



**The Physician Medical Home includes six levels of physician needs. Each level identifies the specific needs of physicians as human beings, workers, and health care leaders.**

**It describes a working environment that allows physicians to provide optimal patient care and to create a sustainable primary care system.**

## 1. HEALTH AND WELL-BEING

**What It Means:** A physician's achievement of optimal health and well-being. The ability to function at full capacity emotionally, socially, mentally and physically. Finding resilience and joy in practice.

### **What Family Doctors Need:**

- Ability to meet basic bodily needs in the workday.
- More control over workflow. Time off for self-care and rest, for family and friends.
- A change in the physician culture that upholds self-sacrifice as necessary for the greater good, requiring long work days, exhaustion and burnout.

## 2. SAFETY AND SECURITY

**What It Means:** The ability to practice in a safe, healthy working environment which includes, but is not limited to, physical and psychological safety, equity, anti-racism, and gender parity. A physician's ability to achieve both physical and economic security, including fair remuneration and benefits.

### **What Family Doctors Need:**

- A safe, healthy and respectful workplace which provides physical and psychological safety, free from violence, verbal abuse and discrimination.
- Income security and remuneration that reflects the full scope of longitudinal care work, including direct and indirect care duties. Equitable compensation with our specialist colleagues that recognizes family doctors as specialists in primary care.
- Fair working conditions with basic employment standards upheld, such a reasonable working hours, regular breaks, paid sick and vacation time, and health benefits.

## 3. PRACTICE SUPPORT

**What It Means:** Optimization of the Patient Medical Home where family practices operate at an ideal level to provide longitudinal patient care. Infrastructure and practice management supports to reduce administrative burdens and increase physician time with patients. Models of care and remuneration that offer choice, workload balance, team support and opportunity.

### **What Family Doctors Need:**

- Improved patient access to primary care, consultant care, and other services to ensure equity for all patients in BC.
- Team-based care supports, including social work, nursing, mental health counsellors and other allied health professionals.
- The ability to use virtual care as a complement to in-person care within established patient-physician relationships. Ongoing remuneration for virtual care that remains equivalent to in-person care services beyond the pandemic.

## 4. COMMUNITY

**What It Means:** Connection and cohesion among family doctors, between family doctors and other specialists, and with allied care providers. The building of coalitions amongst partner organizations and with patients as allies to support a strong healthcare system.

**What Family Doctors Need:**

- Support for community spaces and organizations for family physicians in order to build connection, share, and problem-solve together.
- Collaboration and community-building at all levels of the health system, including partnerships between physicians, physician-led organizations, health authorities, and the Ministry of Health.
- Generation of new relationships to improve primary care with patients, health professionals, and community groups working together to address community health needs.

## 5. RESPECT

**What It Means:** Acknowledgement and appreciation of a physician's role in care delivery, patient advocacy and as team members. Fostering of mutual respect and empathy between physicians and patients. Recognition of family doctors as specialists in primary care.

**What Family Doctors Need:**

- Increased acknowledgement of the value of primary care.
- Investment and support from government, physician organizations and the larger community for family physicians' role as the foundation of the health care system.
- Recognition of family doctors as specialists in primary care.

## 6. AGENCY

**What It Means:** A physician's connection to purpose and meaning in their work. Opportunities for leadership and service to our patients and communities. The ability to influence and improve care delivery from an individual and system level.

**What Family Doctors Need:**

- Training, resources and support to engage in medical leadership to improve health care delivery.
- Opportunities to work collaboratively with other system leaders to influence policy, planning and large-scale system change in BC health care.
- Commitment from all stakeholders to build a primary care system where family physicians thrive as the cornerstone of an integrated system of care.