# Creating Solutions for Family Medicine:

# Member Survey Report







BC FAMILY DOCTORS

February 2024

# To the dedicated family physicians of British Columbia:

This survey report is about you and for you. It is a reflection of your concerns about the factors shaping your professional life and future in family medicine. It's a deep dive into your thoughts about the sustainability of primary care itself.

This report addresses a broad spectrum of issues that you face daily, including the weight of administrative tasks, the inequities in your compensation, the lack of respect and recognition you experience, the challenges of integrating team-based care, the need for business and practice supports, and the most vital aspects of your health and wellbeing.

As family physicians, you are the core of our primary care system. You are foundational to ensuring that BC citizens have effective and responsive health care. And you told us in no uncertain terms that for this to be our shared reality, you need change.

## THE SURVEY

In fall 2023, BC Family Doctors sent out a survey to our members: Creating Solutions for Family Medicine. We asked you to help us voice fresh solutions for family medicine by telling us about your day-to-day experiences as a family doctor. We wanted to know your feelings about your compensation, your wellbeing, and the degree of practice support you receive. Our stated goal was, and is, to get at your best thinking on how we can improve your work and life as a family doctor.

The survey launched on October 17 and remained open for a two-week window. During this time, we were delighted to have 662 responses to our set of 22 questions. Twenty percent of the BC Family Doctors' membership spoke out. Respondents came from all stages and types of family medicine, from large and small communities throughout the province, on a variety of compensation models.

We were struck by your detailed and thoughtful responses to the questions, seven of which were open-ended. Going forward, we will use this information to advocate for and negotiate fee-for-service improvements, Longitudinal Family Physician (LFP) Payment Model expansion, and priority-setting for the 2025 Physician Master Agreement. Your contributions will be invaluable going forward.

## IN THIS REPORT

This report is structured into six sections. Each is a priority area that emerged from the survey, improving on our current knowledge and advocacy work:

1. Modernize and Create Equity in Physician Compensation
2. Reduce Administrative Burdens
3. Expand Business and Practice Supports
4. Improve Physician Health and Wellbeing
5. Increase Family Physician Respect and Representation
6. Build the Future of Primary Care

Each section begins with an issue statement, followed by details of what you told us in the survey—and why it matters. We then explore possible strategies to address the issue. For each of these, we conclude with a call to action. We sum up each section by explaining how these strategies can help us build solutions for each priority area, and why it's urgent that we take action now.

As we analyzed your survey responses, we were gratified to find that we have already been pursuing the priorities you care about. Your responses have enabled us to better articulate the issues you're experiencing and propose solid action steps to solve them.

We hope you agree that this document reflects your voice and echoes your real-life experiences. While the challenges are multifaceted, we are ready to take action—to improve patient care, enhance your wellbeing and work-life balance, and ensure a sustainable health care system for BC.

BC FAMILY DOCTORS

# Priority #1:

## Modernize and Create Equity in Physician Compensation

# ISSUE

Family physicians are specialists in primary care. However, this isn't reflected in your compensation, which is less competitive than that of other specialists, and does not reflect your years of training and experience. Moreover, the proportion of your income that goes to overhead is disproportionately high.

Depending on your area of focus, you may be required to be on call 24/7 with inadequate compensation, provide services that are undercompensated, or perform leadership and/or management activities without pay. You often feel pressured to work faster and see more patients to attain a reasonable income. For those of you who take parental leave, that decision makes a significant dent in your finances and your career.

Despite the improvements to fee-for-service and the new LFP payment model, inequities remain among family physicians as well as between family physicians and other specialists.

# WHAT YOU TOLD US—AND WHY IT MATTERS

### Address pay disparities between family medicine and other specialists.

You told us you're frustrated that consultant specialists earn significantly more income than family physicians. Not only does the income disparity rankle; you feel disrespected and undervalued. You pointed out that family physicians often have special training and added competencies that go uncompensated.

Much of this disparity seems arbitrary and historical—without recognition of modern medical practice or the values of our profession. You shared your impression that experience counts for nothing, evidenced by some new consultant specialists' earnings outstripping those of family doctors in practice for over 25 years. You're concerned that unless family physicians can earn a competitive living, medical graduates will avoid the field.

> "If we are properly compensated, there will be more physicians choosing family medicine, a greater locum pool, and therefore less burnout. Compensation speaks to value and directly links to wellbeing."
>
> "Even with the new panel payment, it is not enough. I know this because I teach medical students and very few are interested in going into family medicine when they see what I actually do during the day."

It's time to take a hard look at pay disparities. Establishing pay equity between family physicians and consultant specialists can help improve the culture of medicine and open the door to more collegiality, benefiting patients and the health care system alike.

### Simplify and modernize fee-for-service.

You told us that BC's fee-for-service system is complicated and creates unnecessary administrative burdens for you and your staff. Fee codes are inconsistent, missing, or flawed. Services go unbilled because you don't know or can't find the correct codes. Billings are rejected, and you can't figure out how to fix and rebill them. The current fee-for-service model disincentivizes many kinds of care (e.g., after-hours, long-term care, maternity, mental health, surgical assists) and emphasizes volume at the expense of relationship-based care.

> "I do not want this increasingly complex billing schedule. Every increment results in a nightmare of learning more billing codes with associated refusals and discussions with [BCFD] and MSP to try to justify getting paid. It's absurd and insulting."

> “Complexity and mental health need time; under fee-for-service we are not paid for time. This is a fundamental problem which needs address[ing].”

Fee-for-service codes are challenging for new physicians to learn, and many of you have moved to the LFP Payment Model as your compensation choice. However, fee-for-service must remain a viable choice for longitudinal and focused practice family doctors in order to meet your diverse needs. Some of you wish to continue with fee-for-service, especially if it can be improved.

> “I want us to be well compensated for managing the whole health of a person. I really do try my best to do best by my patients and I want that to be reflected in both respect and compensation. I want to be proud of what I do.”

You also told us you want all payment models to reflect the work you do, with cost-of-living increases built into all compensation.

> “The fact I’m working 30 percent harder to earn the same as colleagues doing less has pushed me to apply for licenses out of province and likely leave. We received virtually no pay raise relative to our ‘salaried’ colleagues.”

We need to simplify and modernize fee-for-service to ensure it remains a viable option, offering parity with other compensation models. It’s the right move for family physicians and for our health care system.

## Improve the Longitudinal Family Physician (LFP) Payment Model.

Many of you told us the LFP Payment Model has been a game changer. We also heard that it still has wrinkles to be ironed out. It does not currently apply to all areas of family medicine (e.g., maternity, inpatient care, long-term care, palliative care), and you pointed out the resultant lack of equity among doctors. Rural physicians identified that the current LFP Payment Model risks destabilizing acute care, as family physicians can earn more working daytime in a clinic than nightshift in an ER. You also told us that the LFP Payment Model will have unintended consequences for episodic health care, as it will draw family physicians away from walk-in clinics.

Despite the simpler billing and higher compensation, the LFP Payment Model is not yet complete. Many questions are still to be addressed about team-based care, complexity of care, panel payments, and other areas. Some of you feel the importance of specialized care (e.g., substance use, palliative care, gender-affirming care) needs further consideration in the next iteration of the model.


> “LFP, although a great improvement, still very much rewards high-output/high-volume practices.”

> “There is too much focus on compensation for procedural practice and I feel penalized when I spend 45 minutes dealing with a complex senior with multi-morbidities and get paid $25—time codes do not adequately compensate for this in my view.”

Great progress has been made with the LFP Payment Model, evidenced by the more than 4,000 physicians who have adopted it. However, much more needs to be done to develop it into a comprehensive, sustainable payment model. Ongoing work is needed to refine the model, expand it to other areas of practice, and address inequities. We also need to provide robust support for family physicians and clinic medical directors to utilize the LFP Payment Model as a springboard to improved ways of practicing.

**Help family physicians with overhead, cost of living, and compensation for administrative tasks.**

You told us that rising overhead costs eat away at your compensation and that compensation has not kept pace. Clinic equipment is ever more expensive, along with rent, utilities, maintenance, IT services, and staff salaries. EMRs carry onerous costs, including licences and tech support, all of which are borne by physicians.

> “It would be really nice to have a monthly allowance from the government to be able to spend on overhead costs such as staff wages, lease payments, and equipment.”

You highlighted how family physicians are expected to function as business owners, focusing on your bottom line—when you’d like to focus on your patients. You pointed out that this may deter new doctors from joining family medicine—especially when they have the option to work at facilities without this overhead burden. You suggested that assistance with overhead may give new doctors the encouragement they need to work in a family medicine clinic.

> “Covering of overhead costs by government will attract new entrants to community family practice and encourage others to stay on.”

You told us that the business side of your work is overwhelming, and that you spend hours dealing with business issues you cannot bill for. When you’re charting late into the evening, you wonder how family medicine can ever make business sense.

> “I have been doing paperwork on my own time for free with no compensation. I would like recognition of this in some form of retroactive payment.”

Getting a grip on your overhead so you can keep afloat relative to the cost of living is essential for avoiding burnout. Some of you said you can’t make your overhead if you don’t work continuously. If you do decide to take time off for a vacation, or if you end up taking unpaid sick days, you still pay overhead as the clinic continues to function. This feels precarious and makes you anxious about what will happen if you need to take a medical leave or extended time off. Some of you said you can’t even take a break for lunch.

You told us you like team-based care and want to see it work effectively, but it doesn’t always feel like you’re working as a team. You question how you can make it work financially when you can’t bill for the work your team members do.

Many of you feel you’re paying excessively for business expenses that are non-negotiable for the delivery of health care. We need to take a hard look at how we can better support you to cover overhead costs and manage related cost-of-living increases.

## IN CONCLUSION

Your role in primary care is crucial, yet you face significant compensation challenges, including pay inequities with other specialists. While progress has been made with fee-for-service, and the LFP Payment Model offers some physicians a new compensation choice, significant improvements to both models must be made. Alternative payment models of all types also need improvements, from rural service contracts to population-based funding. These reforms are not just about pay equity; they are about respecting and acknowledging your invaluable contribution to health care.

To fully address the compensation issues you've raised, we also need to reimagine how we pay for business costs. Team-based care will only work if it can be done without family doctors sacrificing income, time, and their wellbeing. You want to see interdisciplinary team-based care that works for everyone—physicians, staff, patients, and the overall system. And we need to take steps to address the overhead burdens you're currently carrying.

By addressing your compensation concerns, creating parity with consultant specialists, improving and modernizing payment models, and compensating you for overhead, we can strengthen primary care and ensure its sustainability.

BC FAMILY DOCTORS

# Priority #2:

## Reduce Administrative Burdens

# ISSUE

Family physicians spend a disproportionate amount of time on tasks that are tangential to patient care. These include charting, writing referral letters, filling out forms, writing sick notes, dealing with IT, and managing everyday business issues. This ever-increasing administrative load robs you of the capacity to see patients, think about the complexities of care, and even take a lunch break. Importantly, your administrative burden—much of which could be simplified or delegated—prevents you from working to your full scope.

Excess administrative work contributes to turnover in clinics and an increasing reluctance among new physicians to take up family medicine. Unless it's addressed, administrative burdens will continue to lead to burnout and an exodus from family medicine across the province.

A healthy primary care system means we need to keep you—the family physicians at the centre—mentally healthy and satisfied at work. It's imperative that we reduce the administrative responsibilities you're shouldering.

# WHAT YOU TOLD US—AND WHY IT MATTERS

### Standardize government, health authority, third-party and specialty clinic forms.

You told us you're up to your ears in forms—from government to health authority forms, to third-party and specialty clinic forms. And they are all different. You spend a significant chunk of your day filling out forms, with varied layouts and information requests. Even when staff are available to assist with forms, you need to oversee the work.

Not only are forms repetitive and time-consuming; they are painstaking and consequential. If not properly filled out, forms may be rejected, leading to more work.

> "Make it so any form a family physician is asked to complete has been approved by BC Family Docs, preferably with a simple, standardized format."

Even with the burdensome nature of forms, you aren't adequately compensated for the time you spend on them. Meanwhile, they cheat you of time you could be spending with patients or with your loved ones. Forms are the number one pain point for family doctors. Your value to patients comes from being a doctor—not a form-filler. We need to take this seriously.

> "I hope that my skills can be used to practice family medicine. I feel my skills are wasted filling out forms, writing notes, refilling medications. I actually feel there are enough family doctors—we just aren't being used efficiently."
>
> "I hope that family doctors' time is respected, and that we can spend the majority of our time performing patient care, rather than filling out forms, fighting with the 'red tape' processes in the medical system, and charting."

It's time that forms are standardized to improve the quality of your workday and allocate your valuable time for patient care.

### Accelerate efforts to reduce, streamline, and integrate forms into EMRs.

You told us your Electronic Medical Record (EMR) systems are falling short when it comes to storing, filling out, and sending forms. Sometimes you need to fill out forms when it would be more efficient to share the EMR

information directly. Incredibly, fax machines continue to play a role in this busywork. You'd like to see standardized forms, including health authority forms, embedded in your EMR system and updated automatically. You want a more efficient method of adding forms to your EMR.

> "[I have] to use individual forms for every referral, test, request. There are thousands of them. It is a ton of work to add them all to my EMR and without that I have to add demographics manually."

You need to be able to share relevant EMR data with consultant specialists rather than writing a detailed letter. It is 2024—forms should be able to autofill with chart information!

One of the biggest barriers to seamlessly integrating forms is the lack of standardization among EMR systems themselves.

> "Care Connect, eForms, Provincial Attachment System, etc. They are all housed in different areas and I need to log in differently for each. It would be nice if they were all in one place."

Unless EMR systems can be aligned, interoperability issues with forms will persist. Documentation needs to be centralized, accessible, and secure. It's time to say good riddance to the fax machine.

For this to happen, you need tech support. You told us you don't want to end up with a dozen log-ins and passwords. You need help with set-up. Your staff need training. In tandem with these improvements to your EMR and IT system, you want major improvements to systems infrastructure and integration throughout BC. We need to identify the obstacles to EMR form functionality and map out the steps to overcome them. This will transform your experience of providing care and improve patient access throughout the province.

### Transfer responsibility for Special Authority forms to pharmacists.

Of all the forms that darken your day, the Special Authority form singles itself out. You told us you want pharmacists to take responsibility for this form. You find it galling that this form specifies what you can prescribe and that if you don't fill it out accordingly, it will be rejected. This requires you to spend valuable time looking up drug details, prices, and other coverage information.

> "[I] hope to see a decreased form burden with pharmacists' support for SA forms. Utilizing our pharmacist colleagues and their knowledge even further than we have would also support primary care."

With their enhanced role in team-based care and their ability to prescribe a subset of medications, pharmacists are in a good position to take on the Special Authority form.

### Create pooled referrals/centralized intake systems.

You told us that having a pooled referral system could simplify the patient referral process. Linking the system to your EMR to autofill forms with the relevant information would eliminate the need for multiple, non-standardized specialist forms. Forms would update automatically as needed.

A centralized intake system would also relieve you of the time spent researching which consultants cover which body parts and subspecialties, helping you refer your patients to the right doctor and creating efficiencies in communication with consultant colleagues.

We need to work together with consultant groups to develop standardized, centralized intake systems that streamline referrals—allowing you to spend less time on this administrative chore.

## Limit sick note requirements for Government of BC and Health Authority employees, and table sick note legislation.

You told us sick notes are frustrating because they take time and require you to assess a patient's wellness for work without sufficient information to determine whether they can return to the job. The requests are especially senseless for short absences from work, and you told us you sometimes don't bother billing or can't bill for them.

> "I usually no longer charge for a sick note, as the billing is tedious for such a small amount."
>
> "This is a waste of our time. The patient calls and says they missed work and I give a note based on their reporting to me. If the person is trusted to do the work of the company, why will they not trust them when they report illness? I am not giving medical care, so [I] do not charge MSP, and I feel bad charging the patient who has already lost the days of work."
>
> "Sick notes for short absences from work ... wastes an appointment slot as the worker is usually better, but the worker (your patient) is caught in the middle."

You're particularly annoyed by sick note requests from health authority and government employers, as these groups are charged with improving our health care system. You want to see limitations on sick note requirements for health authority and Government of BC employees, taking a big first step toward reducing sick note burdens on family medicine clinics.

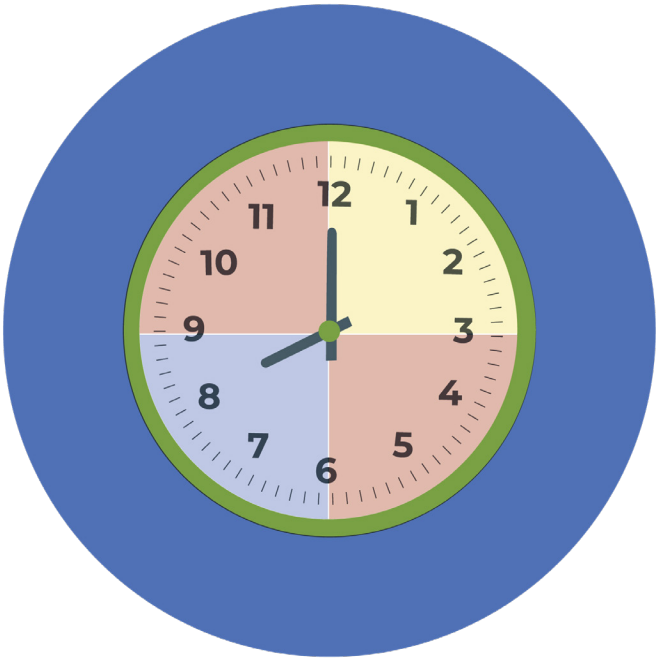
You also want to see sick note legislation tabled in BC, following on the work done in other provinces.

We need to lobby the provincial government to limit the circumstances in which employers can require sick notes, eliminating requirements for short-duration sick notes. This will increase access for patients who need it, make our system more efficient, and give you back some of your day.

## Deal with information overload.

You told us the amount of information you're obliged to consume, digest, incorporate and respond to is overwhelming. You're in the centre of a maelstrom, with vast streams coming at you—mail, email, consults, hospital summaries, lab results, faxes of all things, and much more.

> "I get notification of Admission or ER visit, then Discharge Report, Notification of Discharge, all labs and imaging done, sometimes even progress notes in hospital. Each requires some acknowledgement. A more streamlined summary of hospital care in one single document would be much better, WITH clear action items for the family physician."



> “There needs to be more support for dealing with the inbox, which is relentless and requires attention 7 days per week.”

Often, this information is replicated in multiple ways, wasting your time and adding to your overload. MOAs have thickets of information to search through, which you have to help them make sense of. In addition, you are burdened by lengthy, time-consuming reports.

> “Pharmacists who prescribe or extend a prescription are helpful, but please ask them to limit their notes to us to one page. Tell CPAP companies that I don’t want to look at 10 pages of squiggles; a one-page summary is more respectful of my time. Help community care to collect the standardized information before asking me to take on a new LTC client; reading incomplete packages and asking for the required items is a waste of everyone’s time.”

In responding to incoming requests, you’re often forced to perform redundant tasks, such as copying information from one format to another. When filling out forms, you’re frequently asked to provide irrelevant information.

> “I despise being asked, after writing a thorough referral letter, to transcribe all of the same information onto a standardized clinic referral form.”

Only 57% of you say you have control over your workflow. Getting a handle on information overload is one step toward helping you get back in the driver’s seat of your practice. We need a thorough evaluation of information flows throughout the health care system in order to identify how we can simplify and streamline.
Provide financial support to clinics to hire administrative staff.

You want to be able to provide competitive salaries to hire and retain MOAs, but your budget only goes so far. Staffing expenses aren’t limited to salary; they also encompass statutory holiday pay, vacation and benefits, and other human resource–associated costs. The turnover of MOAs can be high, and you lack the resources to incentivize them with a competitive benefits package, nor do you have capacity to support them to excel in the role.

> “MOAs are burned out. Struggling to keep staff who are trained, it takes time to train MOAs, then they leave because the work is so hard. Support for them would be awesome.”

In some cases, MOAs are paid by the health authority, defraying your costs, but you lack control over their hiring or training. If they are insufficiently trained, you end up picking up the slack to onboard them.
You’d also like flexible options for hiring MOAs, such as access to a pool of part-time temporary MOAs so you can cover a variable calendar.

> “[I’d like] improved supports for splitting time caring for patients in hospital and in the community. It is difficult to take time away from the office while continuing to pay staff/ expenses while working in hospital.”

In addition to MOAs, you said you’d appreciate other non-clinical staff who can help with panel management and business support. These staff would be able to help you use your EMR more efficiently, improve your daysheet, and optimize team-based care.

Staffing is a significant line item in your budget, and we need clinic funding to help you recruit, hire, and retain non-clinical team members and make team-based care a success.

## IN CONCLUSION

It's clear that administrative burdens are more than just a hindrance to your daily workflow. They are significant obstacles to providing quality patient care and are a source of professional frustration and burnout. The variety and complexity of forms, the inefficiencies in how EMR systems deal with those forms, the deluge of information you manage, and the need for more administrative staff are pressing issues that demand immediate action.

By standardizing forms, effectively integrating them into your EMR system, shifting responsibilities for Special Authority forms to pharmacists, implementing pooled referral systems, modifying sick note requirements, and tackling the problem of information overload, we can make a significant dent in your administrative overload. We also need to advocate for financial support so you can hire and retain staff.

These steps are vital to improve your work-life quality and to ensure the sustainability and effectiveness of primary care in BC. By proactively addressing these challenges, we can support you to work to your full scope, using your skills and dedication to make primary care stronger and more patient focused. These changes are essential to enable you to do what you do best: care for patients.

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# Priority #3:

## Expand Business and Practice Supports

# ISSUE

Family physicians support team-based care, and you recognize the challenges to implementing it. The financial implications are significant, putting you in the position of needing to recoup costs associated with technology, human resources, administration, and leadership—while supporting allied health care roles in a cost-effective and equitable manner.

You didn't go into medicine to be a business owner, and yet you are, dealing with staffing challenges, training, recruitment and retention, and a perpetual scramble to find locums to cover you. Instead of earning a comfortable living, many of you experience financial strain. Lack of support for hiring registered nurses and other allied health professionals hinders your ability to practice true team-based care, ultimately impacting your patients.

Without financial and practical assistance to optimize your practice, it will become increasingly difficult to find and keep physicians, which will destabilize your clinic and the larger health care system.

# WHAT YOU TOLD US—AND WHY IT MATTERS

### Increase funding for business costs and overhead

You told us that new compensation models are only beginning to address the financial challenges of running a community-based clinic. With new labour requirements such as paid statutory holidays and additional sick days for employees, along with inflation and rising rents, your overhead costs continue to grow. Without appropriately calibrated payments for business costs, you have no way to recoup such costs.

> "Business cost premium please. As a physician and clinic owner we are not keeping up with inflation and the new model has exacerbated the problem."

Without support to run your practice, you continue to struggle with the business side, which robs you of time with patients. Moreover, it's demoralizing to find yourself in what feels like a no-win situation. If family physicians can't run their practices efficiently and support their staff, it will be difficult to attract and retain new doctors.

Let's rethink the business cost payments and overhead funding to make them an enabler for you and your team.

### Compensate and train family physicians who act as medical directors.

You told us the medical director role is essential for ensuring your clinic maintains standards as mandated by the College of Physicians and Surgeons of BC. Yet this role is often performed without appropriate compensation or recognition.

Formalization and funding of the medical director role would provide an opportunity for leaders to build team-based practices more strategically, delegate simpler care to less experienced physicians, and focus on more complex patients. This will benefit not only those of you who lead, but also those of you who are new to practice or mid-career, as it will create learning opportunities and enhance collegiality.

Less than half of you believe you have the training and support to engage in clinic leadership as a medical director. You told us you could benefit from HR and leadership training and resources to help your practices become more efficient and to develop robust career pathways.

It's time to better support, fund, and train medical directors and other clinical leaders, so that you can grow and learn in these roles over the course of your career.

### Enable team-based care.

You told us you enjoy working in a team-based setting where patients have access to a range of clinicians, including RNs, LPNs, and other providers, yet your practice is financially challenged to support these roles. This means you end up performing tasks that could be delegated, thereby freeing you up to see more patients and focus on complex care needs.

> "There is no way to have a nurse in practice right now on LFP. I am syringing ears, putting cryo repeatedly on warts and giving injections—this is not good use of your primary care specialists—this needs to be fixed as a top priority and I want to choose the nurse—not health authority staff."

You also told us that, even if your practice has allied health care roles, they're not working to peak efficiency. Team-based care, while intended to create efficiencies, is sometimes implemented without appropriate supports and with little benefit to patient flow. Not only would you like funding to hire nurses and other allied health care roles; you'd appreciate support to deploy them and work together effectively. In fact, funding for this purpose is one of your top-three practice support requests.

In addition to funding, you want coaching for your entire team to integrate team-based care and establish roles and responsibilities. You recognize that team-based practices have the potential to be a one-stop shop for patients.

> "EVERY office should be provided a mental health counsellor and social worker, nurse, scribes, physician assistant, pharmacist, and nurse practitioners."

Despite your enthusiasm for team-based care, you expressed significant concern about the scope of allied health care providers. You want better-defined parameters around what nurse practitioners and other roles can do as well as what they are accountable for. You expressed concern about various health professional roles being mistakenly conflated by patients, and you worried about having to train and supervise allied health care roles without any compensation.

> "I see a value of having nurse practitioners and PAs in clinics, but I am concerned that the government and public seem to think these are equivalent to family doctors and can be replaced by family doctors. If I am expected to be "supervising" a physician assistant, I should be compensated for the additional work and liability this requires."

To date, team-based care has felt largely experimental. It's time to assess what works and what doesn't—and then take steps to formalize best practices, along with financial supports to sustain this model of practice.

### Standardize EMRs and fund technological supports.

You told us that EMRs cause significant frustration. They lack interoperability with other systems, they aren't standardized, and they fail to simplify processes such as filling out forms. EMR systems require training to master, and their capabilities may not be fully known and leveraged. EMR systems are costly in terms of licensing and technical upkeep. You told us that when you have a technical issue, you get a support ticket and then have to wait for assistance.

You told us you'd like to see your EMR linked to other systems, facilitating referrals, forms, pharmacies, and labs. You want to do more with your EMR, and instead, it's creating headaches and workload.

> "We can't even get half of the hospital records to load half the time, and the log-ins are a joke; half of our office has given up because it never worked to begin with. Pharmanet, we just call the pharmacy."

EMRs have the potential to connect providers across the province, streamline patient care, and minimize redundancies. Unless they are standardized and training is provided to use them to their full scope, their value will go unrealized. EMRs must be universalized, with centralized contracts for preferred/recommended EMRs to ensure health care systems talk to each other.

It's time to standardize EMRs, leverage their capabilities, and provide on-demand tech support to relieve the burden on family physicians, and improve record keeping and communication for patients across the province.

### Provide enhanced MOA training and establish an MOA temp pool.

You told us it's a challenge to recruit and retain skilled MOAs and that you spend considerable resources and time getting MOAs up to speed on administrative procedures, medical vocabulary, and EMRs. You've noticed MOA training can be patchy and sometimes informal as opposed to standardized, which results in unpredictable learning curves for new hires. During their ramp-up time, you find yourself doing tasks that would best be done by an MOA.

> "I spend a ridiculous amount of time doing MOA work, made worse by the fact that things are continually being lost when faxed to the lab or to clinics at hospital."

You're aware MOAs have a demanding job. They work at a fast pace and are the front line when it comes to dealing with patients. Burnout and a high quit rate are common. You'd like to see supports that would help them interact with challenging patients. And you'd like financial support so you can provide competitive salaries that will help retain them.

> "I want help being able to find, pay, and retain good MOAs. As soon as they are trained, they often go to much better paid jobs at specialty offices."

You'd like to help MOAs work more efficiently and take on enhanced duties such as injections and simple treatments that can be overseen by a physician. You'd like to receive financial supports for the necessary training, or even performance incentives for MOAs.

Even with well-trained MOAs, you still have the challenge of covering vacation and sick time. You told us you'd like access to a pool of trained MOAs, including part-timers to give you flexible coverage options.

You need access to an established and reliable pool of MOAs to enable you to concentrate on medicine, safe in the knowledge that your administrative processes are well in hand.

**Develop and incentivize a robust locum pool.**

You told us that finding a locum is one of your biggest stressors and that it can make or break your chances of going on vacation—or even taking a sick day. Depending on your area of practice or geographical location, access to locums may be more difficult than average. The challenge of finding coverage has scared off some physicians from taking on a permanent role, and for others, it's accelerated their journey toward retirement.

> "I am a new grad and locuming, and the main reason I am not taking on my own panel yet is because I know how hard it is to find locums to take time off... especially for those few of us who provide maternity care/on-call OB care."
>
> "I would have stayed with my family practice longer if I could have found a locum for longer than one week at a time, once or twice a year."

Ideally, a locum would be matched to your practice and have the training and experience to support your patient panel. In practice, this is difficult to achieve, especially on short notice. You spend significant energy and time trying to find suitable locums, and you're often discouraged from taking time off because it's just too much hassle. This puts you at risk of burnout.

You pointed out that locums aren't always remunerated well and that programs such as the Rural Locum Program can't always ensure reliable coverage. While there are many potential locums, especially among the semi-retired cohort, they may decide not to locum because the licensing fees are not pro-rated for part-time work.

Having locum coverage is a critical issue for the wellbeing of family physicians. Without locums, there is a sense of precarity and—when you absolutely need to be absent—a sense of desperation. If you can't take time off or have a sick day, you risk your mental health and may even experience burnout, leaving your patient panel vulnerable.

> "Locum availability and support is critical to an ongoing healthy family physician population both in terms of emergencies and also day-to-day sustainability."

We need a dependable network of locums who can be easily and immediately accessed, and who are remunerated appropriately.

## IN CONCLUSION

Despite your support for team-based care, financial and practical challenges hinder its implementation. You struggle to recoup costs for technology, human resources, administration, and allied health care roles within your practice. You're burdened with HR responsibilities. And you're devoting uncompensated time to leadership to hold the team-based care model together. All of this leads to financial strain, creates burnout, and ultimately compromises patient care.

You've voiced the need for supports, such as the business cost premiums, allied health care funding, staff funding, EMR/IT funding, no-cost supplies, and training to help you make it all work. In addition to financial support, you described an urgent need for a reliable locum pool so you can take vacations and sick time.

If we can modernize practice supports and implement them across BC, we can help your practices run effectively, ensuring that you can practice at the top of your scope and provide maximum benefit to your patients.

BC FAMILY DOCTORS

# Priority #4:

## Improve Physician Health and Wellbeing

# ISSUE

As a family physician, you experience a daily paradox: While advising patients on work-life balance, you struggle to maintain your own. Long hours, high patient volumes, and on-call requirements compromise your ability to meet even basic personal needs during work hours. Lacking benefits such as paid leave, a pension, and coverage for sick days, you grapple with burnout and reduced personal wellbeing. This, in turn, impacts patient care, which leads to your feelings of moral distress.

# WHAT YOU TOLD US—AND WHY IT MATTERS

### Negotiate extended health benefits, dental and insurance coverage, and a pension plan.

You told us you find it demoralizing to find yourselves without the benefits that other professionals enjoy. In fact, only 8% of you report having benefits that you don't have to pay for. Benefits are not just perks; they are fundamental contributors to personal wellbeing. As family physicians, you understand that when patients lack benefits, they may forgo beneficial treatments and suffer health consequences—and the same is true for you.

In addition, you're struggling with the question of how you will retire. Without a pension plan, retirement represents a sudden drop-off in income, a lack of long-term financial security, and disappointment that this is how a long and otherwise rewarding career ends. As physicians, you know that financial security is one of the keys to health and wellbeing. So why don't you have it? Don't you deserve peace of mind?

Benefits are also critical from a systemic perspective. The field of family medicine is in desperate need of new recruits. We must be able to attract them with a competitive benefits package commensurate with that of other professions.

> "I want the same benefits, pensions, and leave as our nursing colleagues."

It's time you had a benefits package that recognizes your professional standing and protects you against the unexpected.

### Provide paid sick days and vacation time and ensure locum coverage is available.

Not only is your time off unpaid—it's often hard to get time off at all. Locum coverage can be hit-or-miss, especially in rural areas. The onus is on you to find a locum, even when you're too ill to work. You told us you often can't even take a sick day, let alone a three-week vacation. In addition to scrambling to cover your practice when you're away, you experience financial stress, as you may still be responsible for overhead. As a result, you may end up delaying, canceling, or minimizing your vacation time because it's simply too stressful to go away. The possibility of being sick for an extended stretch of time is a constant source of anxiety. To truly walk the talk about health and wellbeing, we need to value it for doctors as well as patients.

> "I hope to see actual wellness. Paid vacation time and paid sick time with locum coverage so doctors don't have to choose between patient care and their own wellbeing."

Paid sick time is vital for family physicians to feel comfortable taking a sick day when you need to. But it's only going to work if we can also make sure coverage is available. We need to build a robust locum pool and make it easy for family physicians to access it.

### Provide better parental leave benefits.

While the gender pay gap is not as invisible as it once was, lack of parental leave prevents us from closing it fully. You told us that taking time off to build a family penalizes you financially and limits your ability to develop your career. You pointed out that parental leave is standard for many other professionals and that it's a key component of personal wellbeing for anyone who plans to have a family in the near term or the future. As such, parental leave should be viewed as a potential recruiting tool.

We need to show our commitment to gender equity by providing robust parental leave that enables physicians of all genders to build families without sacrificing their financial or career health.

### Provide mental health and other wellbeing supports.

You told us you're concerned about burnout and that you have little time for self-care. Sometimes there isn't even a moment to go outside and take a walk. You told us it's important to counteract work pressures with opportunities to engage in healthy behaviour.

You suggested that coaching could provide you with mental health support. You said it would be helpful to have healthy food available at hospital workplaces, so you can access it quickly and not resort to vending-machine junk food. You said you could benefit from access to a gym or an allowance for wellbeing supports generally. As family physicians, you advise people on a daily basis on how to improve their mental health. It's time you received that same care for your own wellbeing. We need to find ways to build positive mental health and wellbeing supports into practices.

### Improve the Physician Health Program.

You told us that despite the value of the Physician Health Program (PHP), it's a drop in the bucket against the mental health challenges family physicians face. You find the number of sessions inadequate and the types of providers limited. You expressed questions about PHP confidentiality and quality.

You'd like to see fundamental changes in PHP so that it becomes a gateway to needed mental health and substance use supports, including coaching.

We need to build PHP into a program that can truly support physicians, and that you will feel confident about accessing.

### Address workplace standards and ensure physicians are able to take breaks, have meals, and take care of other bodily needs.

Shockingly, a quarter of you told us you could not meet basic bodily needs during your workday. Less than two-thirds of you have control over your workflow. Given time constraints and patient volume, you sometimes skip lunch. Combined with an inability to take vacations or sick days, these are serious risk factors for burnout and ill health, and they also pose risks for patients and the sustainability of the health care system.

> "I rarely leave my desk for more than 5 minutes a day to use the bathroom and grab nuts between seeing patients…"

No one can work under these conditions indefinitely. It is crucial that we examine workflows and build in supports for physicians to regain control so they can take a breath and attend to their own needs. If we do not address workplace standards—including patient volume and pace of work—we will continue to see an exodus from family medicine by existing physicians, and a shunning of family medicine by new recruits.

> "I hope to see reduced daily administrative burdens such that I can actually take a lunch break!"

Let's think about what an ideal workday for a family physician looks like, then put processes and supports in place to make it a reality.

### Address physicians' practice environments with agreements outlining fair and equitable working conditions.

You told us the demands placed upon family physicians are unreasonable compared to those placed on other clinicians, and that your compensation does not account for these extra responsibilities. Your patient volume is higher, as is the administrative burden. You'd like to see nurse practitioners, pharmacists, and allied care providers take on responsibilities commensurate with their roles—with a clear understanding of the physician's role as team leader.

> "I hope to see a health system that values family doctors and the skills, training, and work that they do. I hope to see a system that DOES NOT equate nurse practitioners to family physicians. There is absolutely a role for NPs, but they should NOT have the same scope as a family physician; I hope to see a system where NPs work within family medicine clinics, to support patients of multiple family physicians for specific things. I feel that the 'scope creep' needs to be an area of advocacy by the BC Family Doctors, as otherwise the work we do will continue to be devalued, which is already being seen as we are 'replaceable.' NPs have a strong union behind them; it is up to the family physician organizations in BC to work together on this issue."

We need to clarify the roles and responsibilities within clinical teams. ensuring that everyone is compensated fairly for their role and scope of practice. We need to ensure that interdisciplinary team members complement each other and result in increased efficiency, not tension between colleagues.

### Abolish the culture of overwork.

You told us there is a rampant culture of overwork, with expectations on family doctors to perform all tasks in a practice. An emphasis on volume—especially when you can't meet overhead responsibilities without working at and beyond maximum capacity—creates a risk of burnout and also detracts from the quality of care you can reasonably deliver.

> "The idea that medical martyrdom (working until you break) is noble or admirable. In the long run, it ultimately robs patients and communities of a greater number of high-quality physician hours than they would have gotten in a culture where health care providers are encouraged to also care for themselves."

Team-based care is an opportunity to transform the culture into one where roles are distributed throughout clinics, allowing you to practice to your full scope and avoid burnout. Let's take steps to develop a primary care culture that encourages self-care among family physicians and doesn't incentivize overwork.

**Create systemic supports, including training for physicians and staff to deal with abusive patients**.

Concerningly, over 20% of you don't feel your workplace is free of violence, verbal abuse, and discrimination from patients and co-workers. You told us you've been subject to frivolous complaints and that you need your safety concerns to be taken seriously.

> "I wish BC Family Doctors would advocate for zero tolerance of the abuse and entitlement we have experienced from patients lately, ironically post COVID. This is true for medicine across the board. Who is advocating for physicians' safety and mental health?"

We need to put systems in place that ensure your safety, so you feel good about coming to work and are supported to have positive interactions with patients and colleagues.

## IN CONCLUSION

Preserving family physician health and wellbeing is critical for the sustainability of the profession. A variety of supports can improve mental health and wellbeing and protect doctors from burnout. These include benefits—extended health and dental benefits, insurance, parental leave benefits, as well as a pension plan, paid sick days, and vacation time. As well, mental health supports, coaching, and access to healthy food and exercise can help. And, for these considerations to truly be effective, they need to be implemented in tandem with systemic change. Let's have a conversation about the culture of family medicine, why it's so demanding, and how to build practices that are equitable and supportive.

BC FAMILY DOCTORS

# Priority #5:

## Increase Family Physician Respect and Representation

# ISSUE

Family physicians feel undervalued by patients, colleagues, and the larger health care system. You are acutely aware that the hidden curriculum and culture of health care considers you as "less than" your consultant specialist colleagues, despite the vital role family physicians play in the healthcare system. This is leading to unprecedented levels of burnout, as well as challenges attracting new doctors to family medicine, both which threaten the sustainability of health care in British Columbia and the well-being of family physicians. We can work together to ensure family doctors are respected for the critical role you play as the cornerstone of the health system.

# WHAT YOU TOLD US—AND WHY IT MATTERS

### Acknowledge the foundational role family physicians play in our health system.

You told us you want to be valued for your role as the foundation of the health system. You establish longitudinal relationships with patients and their families, providing cradle-to-grave care that goes beyond prescribing and problem-solving to encompass the wider social determinants of health. Yet you feel devalued and dumped on, with no acknowledgement of the vital role you play for your patients and for the health system.

> "I hope we will once again be respected in and accountable to our role as the foundation of the health care system and receive the necessary support from the College, the Ministry of Health, and our specialist colleagues in order to function effectively within an efficient and fair health care system."

It's time we recognized the foundational role family doctors play.

### Recognize family physicians as specialists in family medicine.

As family physicians, you want to be recognized and respected for your central role in fostering and managing the health of British Columbians.

You told us the urgent family physician shortage is just one factor contributing to the diminishment of respect and recognition. You feel overwhelmed by the volume of patients you care for and the attendant pace of work. You struggle to get locum coverage for sick days and vacations, which puts you on a never-ending treadmill and contributes to the feeling of being devalued.

> "I want to see a clear and powerful shift in the messaging in medicine and in society at large, where family physicians are as highly respected and valued as other specialties."
>
> "I hope to see the public's trust rebuilt in the expertise of family physicians. I hope to see a renewed understanding, respect, and appreciation of family physicians across the medical community and all levels of government."

We know we must advocate for the recognition of family physicians as specialists in family medicine, emphasizing our unique expertise in providing comprehensive primary care.

### Improve working relationships with consultant specialists.

We need honest conversations and efforts to define the role of the family physician in relation to consultant specialist colleagues and other health care providers. Without this candour, role confusion will prevail, which will further exacerbate the sense that family physicians are being disrespected. Persistent misunderstandings

may add to existing tensions and detract from the cohesion of team-based practices—further demoralizing family doctors. It may also result in an exodus from family medicine. We can work to respect and value the roles of physicians of all specialties—because we are all in this together.

### Provide opportunities for family physicians' voices to be heard.

You are concerned about your lack of a presence at decision-making tables. Given family physicians' centrality to the health care system, you want to contribute meaningfully to strategic planning and leadership. But without the time, compensation, and support to participate at the leadership level, your voices continue to go unheard. This is a lost opportunity for the health care system writ large.

We need more opportunities for family doctors to actively contribute to decisions and policies that affect your profession. You need to have a seat at the table where decisions are made that impact the future of primary care.

### Help patients understand the expertise of family physicians in relation to other roles such as nurse practitioners, pharmacists, and consultant specialists.

You want patients to understand the expertise you bring to bear in your work—the specialized knowledge required of a "generalist" physician and the critical role you play as a patient navigator in a complex medical system.

As family physicians, you've expressed your support for interdisciplinary teamwork. However, you find your role being conflated with other roles, with the word "provider" serving as an umbrella term including clinicians whose training and experience differ vastly. For example, some patients are under the misimpression that nurse practitioners receive the same level of training as doctors, or that pharmacists have a similar prescribing scope of practice. This is further reinforced by compensation inequities, with many of you noting that the differential between doctors' and other clinicians' pay is not commensurate with the differential in training and experience.

> "I want family doctors to be recognized for our training and the value that we provide in primary care, different from both specialists in other areas and alternative care providers. I hope that respect for doctors will decrease abuse, harassment, threats, and frivolous complaints from patients. I hope that the 24/7 call requirement will be able to be fulfilled by dedicated and funded call groups. I want to be compensated fairly and have team supports for spending time with and treating patients. I want medical students to be excited to choose family medicine again."

You want to see patient education campaigns that highlight the unique expertise and pivotal role of family physicians in providing primary care. These communications should emphasize the value of the longitudinal relationships you establish with patients. They should clarify what a family physician is and does, how your work intersects with that of other clinicians, and what a family physician can do for patients. It's about valuing the knowledge, skills, and expertise family physicians bring to their work every day.

## IN CONCLUSION

By recognizing family physicians as specialists in family medicine, clarifying your role to patients, promoting collaboration, supporting you to participate in leadership roles, and ensuring you have robust representation on decision-making committees, we can help family medicine regain its respected place within the health care system, benefiting patients and doctors alike.

BC FAMILY DOCTORS

# Priority #6:

## Build the Future of Primary Care

# ISSUE

Primary care is in crisis. As a family physician, you're inundated with administrative work, unable to control patient volumes, and so mired in clinic operations that you can barely envision the future. You care deeply about your patients and the future of family medicine, but the unreasonable demands of your work cause you to doubt you can continue. You've witnessed other family doctors leave their practices because they've run out of options, and you desperately hope this isn't in your future too. You're not just worried about your own career—you're profoundly concerned about the impact on your patients and the health care system. Without ongoing systemic change, the improvements that have been made won't be enough to retain family physicians, and that will put BC's population at collective risk.

# WHAT YOU TOLD US—AND WHY IT MATTERS

### Make family medicine attractive to medical students.

You told us how important it is to maintain a steadfast focus on ensuring that longitudinal family medicine remains an attractive career option for medical students. Unfortunately, there is a prevalent public perception that family physicians occupy a lower rank than consultant specialists and a similar rank to other allied health care providers. This perception has been amplified by the integration of nurse practitioners into primary care, as patients may not distinguish between NPs and physicians.

If the public remains under the misimpression that family physicians are lowly providers, inevitably this will stigmatize the field of family medicine. Given the option to pursue a path toward greater compensation and respect, medical students can be expected to avoid family medicine.

> "It seems that there's no appetite or interest from the med students I teach nor the family med residents."
>
> "I just want things to get better enough that people stop quitting and med students want to do this job. I want it to be recognized as the foundation of a healthy population and valued as such."

Medical students may be further disincentivized from joining family medicine by the hectic pace, undesirable tasks, and lack of work-life balance they perceive in this field. When they do get the opportunity to train in primary clinics, they may not get a fulsome experience, as doctors are both overwhelmed by their workload and underpaid for teaching.

We need to be able to demonstrate to medical students that family medicine is a viable and respectable field where they can earn comparable pay relative to other areas of practice. And we need to support physicians to provide them with positive training experiences.

### Enhance family physicians' ability to engage in leadership work.

You told us you're eager to engage in leadership work, but your day-to-day workload precludes meaningful participation. To succeed in leadership, you need a healthy, supportive environment, as well as coaching. You need team-based care to be structured effectively so you can delegate tasks to others while mentoring other team members. This will allow you to practice at the top of your scope and devote more attention to your patients.

Fewer than half of family physicians report having support in place to engage in leadership. In addition to

being strapped for time and lacking specific leadership training, you're financially disincentivized to lead. If you can't participate in leadership, your input into the system changes that are so vital will be limited. As a family physician, you have the best vantage point to identify how we can make BC's health care system stronger. The need for family physician leadership has never been more urgent. We need to fund and support you to share your perspectives and ensure your voices are heard.

### Provide opportunities for family physicians to influence policy, planning and large-scale system change.

You told us you don't always feel well represented by governing bodies and you want a seat at the table when it comes to rethinking primary care. You find that policies and regulations often come from the top down, and you'd like to have more decision-making power and autonomy.

While there are some opportunities for family doctors to improve family medicine at the practice level, you are subject to a relentless workday that leaves you feeling disempowered and unable to make real change. Without access to decision-making opportunities, family physicians will be unable to influence system change. Failing to include you is a grave mistake, as you have on-the-ground knowledge and expertise about what's working and what needs to be improved. You're caught in a tough place—you lack the time to participate, and you need to be compensated for your time.

We need to create more opportunities for family doctors to have a presence at all decision-making tables that affect your practices and primary care generally, and we need to value your input and participation.

### Provide retirement support to physicians, including support to transfer panels to others.

You told us that retirement is a consuming anxiety. You're worried about who will replace you when you retire, and how to transfer your patients without complication. You'd like to be able to mentor your replacement, not simply move your panel over, but there is no compensation to do so. If you can't find a replacement, your anxiety is even more dire. You don't want to orphan your patients, but you can't go on indefinitely—and in many cases, you've already delayed retirement because you don't have a solution for your patient panel.

> "When you have always gone above and beyond, it's important that patients understand that we need a life too, and that being a doctor is not a calling; it's a lot of time sacrificed for education, away from family, persistence in training, … I wish for things to be better for my colleagues, not worse [like] what my colleagues left for me (skim the cream and leave a mess)."

For those of you who'd like to retire gradually, you'd like to be able to wind down your patient panel in a logical fashion, transferring patients to doctors who are in a good position to take them on and knowing they will be well cared for. This is the essence of longitudinal family medicine. But more often than not, patient panels are transferred with urgency and desperation—not the intentional process that would be ideal. This results in upset patients, overwhelmed doctors, and inevitable gaps and errors. Without a supportive retirement process,

patients will receive unsatisfactory care and physicians will continue to experience guilt upon retiring and resentment at feeling forced to remain in practice. This is unsustainable.

Furthermore, those of you wanting to ease out of practice by doing locum work told us you're struggling to make financial sense of the decision, as licensing costs are disproportionately high. We should make every effort to keep you, as a valuable and experienced locum pool, in part-time practice by subsidizing the fees you pay to do so.

Even if we create financial and structural supports to enable smoother retirements, the primary care system will not benefit unless we also attract new doctors. For many family physicians, the ability to retire comes down to having a new, incoming physician. If we can't maintain a steady flow of new recruits, especially to rural and remote locations, patient panels will end up being abandoned. In worst-case scenarios, doctors will keep working beyond their comfort level and may even die leaving full panels.

We need to develop a streamlined pathway to retirement that includes specific supports to transfer panels so that patients receive coordinated care and physicians have assurance that their patients are in good hands.

### Assist international medical graduates to transition into practice.

In a province experiencing an unprecedented doctor shortage, the inability to quickly train and onboard international medical graduates (IMG) represents a critical gap. Unless we streamline the IMG assessment process, numerous doctors who are ready and willing to work in BC will go elsewhere.

> "I am an IMG who moved from the UK…. I know and am in touch with hundreds of doctors who would like to move to BC to practice, but they often choose Ontario and Alberta due to an inordinately long and not well-organized process of registration and licensing. Improvement to this will greatly increase the number of family doctors who choose BC. I would like BC Family Doctors to help work with CPSBC to bring about these changes."

You also pointed out that IMGs are often subject to return-of-service requirements that may disincentivize them to take up practice in BC. If we cannot make it easy and appealing to work as a family physician in this province, we will miss out on opportunities to attract and recruit doctors who can help fortify our ailing health care system—all while the system continues to bleed as physicians retire or leave practice prematurely. International medical graduates are a key piece of the sustainability puzzle. BC is not currently graduating enough physicians to fill its current and future needs. Let's find a way to onboard and support IMGs so we can keep our system (and these valued physicians) strong and resilient.

### Create a Digital Health Strategy that works.

You told us in numerous ways that EMR systems are frustrating for family physicians. Whether failing to integrate with other systems, failing to simplify processes, or causing downtime due to technical issues, EMRs are a thorn in your side. You'd like to see EMRs facilitate communication between clinics and hospitals and among health authorities. You'd like patient information to be readily visible, including specialist consults, test results, and lab notes. You'd appreciate integration with pharmacies and labs.

Importantly, you told us you'd like EMRs to be universal, centralized hubs that will talk to each other seamlessly and create efficiencies instead of causing confusion. It's time to get serious and set a provincial standard that will enable true integration and remove barriers to implementing digital health solutions and electronic prescription service.

Moreover, EMRs create a considerable administrative burden. Being able to use them effectively involves training and detailed knowledge, resulting in protracted onboarding periods for new MOAs. EMR systems also

contribute to your sense of helplessness. You told us you feel you're at the mercy of EMR vendors; in fact, many of you feel you're working for EMRs and not the reverse. These systems aren't saving you time.

> "It takes almost 30-45 min to fill out an antenatal record on EMR compared to half that time on paper."

EMR systems don't just cost you time; they cost money. In addition to licensing costs, you're subject to tech support and training costs too. In small practices, these costs are spread among a smaller number of doctors and can become onerous. In larger team-based care settings where multiple clinicians access the EMR, the cost and complication are multiplied. You told us you'd like both financial support and advice regarding IT infrastructure, network maintenance, data security, and ongoing upgrades.

Within BC, EMR systems have been battling for supremacy for many years, with various groups promoting different systems. And EMRs aren't the only problem. With respect to the broader digital health system, multiple logins and passwords may be needed to access various sites, making it time-consuming to get a full clinical picture of a patient, especially if they have multiple touchpoints within the health care system. IT systems house forms that are anything but standardized, leading to enormous frustration for all who use them. With a Digital Health Strategy Working Group in place, we can make some headway toward full EMR integration and open the door for digital solutions that will ultimately help both family doctors and their patients.

## IN CONCLUSION

Addressing the crisis in BC's primary care system requires immediate action. Family physicians contend with overwhelming administrative work, which, coupled with anxieties surrounding retirement, may disincentivize you to continue working in family medicine. With limited leadership opportunities and a lack of support to transfer your panels, you feel disempowered and unable to contribute to system transformation.

Significant structural changes are needed to forestall the exodus of physicians from family medicine, including retirement support, leadership coaching and training, and representation at decision-making tables. In tandem with these approaches, we need to improve IMG assessment and supports to ensure a continuous supply of family doctors. And finally, we need to alleviate physicians' administrative burden with a universal system that links health care system nodes together—while relieving physicians of IT and tech support costs so you can focus on family medicine.

These steps are key to relieving physician strain, reconnecting family physicians to the joy of practicing medicine, and building a resilient, patient-centred primary care system in BC.

# Report Conclusion

What you told us in the Creating Solutions for Family Medicine survey vividly highlights the urgency and complexity of the challenges you face practicing family medicine. While these issues impact you personally and professionally, they are also interconnected concerns that affect the overall health and efficiency of the health care system.

The priorities outlined in this report—modernizing your compensation, reducing administrative burdens, expanding business and practice supports, improving your health and wellbeing, giving you respect and representation, and shaping the future of primary care—are crucial both for your professional satisfaction and for patient care.

Addressing these priorities will require collective action, encompassing family doctors, consultant specialists, health authorities, and government bodies. By working together and advocating strongly for family physicians, we can forge a stronger, more effective, and patient-focused primary care system.

We are grateful for your thought-provoking responses to our survey, and we commit to you that we will work for change on your behalf and in partnership with you. Beyond professional necessity, this is an essential step toward enhancing the health and wellbeing of our entire province.