

Survey results—What family doctors need

I am sure that by now many of you, GPs and specialists alike, are aware of the failed GP Services Committee (GPSC) proposal from last summer. To try to better understand the needs of family physicians, between 9–21 November 2005 the BCMA asked Ipsos Reid to conduct a survey of more than half of all practising GPs in the province. There was a very impressive response rate of 67% (1,147 GPs). This was the first step in reviewing not only the GPSC proposal defeat, but to also look ahead to determine future directions. The results were received by the GPSC and the BCMA 24 November 2005, presented to the Board on the 25th, and then sent out to doctors 30 November.

The findings were conclusive, representative of the views of GPs across the province, and clear.

With regard to the GPSC proposal, GPs told us that we were on the right track by increasing fees for providing some of the more onerous and time-consuming services to our patients. However, the proposed methods to get there were not acceptable. Reallocation and fee reductions were the two major reasons for the rejection of the GPSC proposal. But they were not the only reasons. Although 78%

said that reallocation, and in particular the reduction of the 0100 office visit fee, was one of the main reasons for voting against the proposal, other reasons included too much administrative work for the proposed increased financial compensation, too much government control resulting in reduced independence, too much complexity, and a failure to recognize the real problems facing GPs. In the survey GPs said that the challenges facing them today include too little compensation as a result of an unacceptably low fee schedule, too many patients (resulting in a considerable workload), lack of effective time management, and limited access to specialists and diagnostic services, among others.

Looking to the future, we were given some definite ideas indicating the direction GPs need to go in order to address these challenges. In order to best support GPs, 65% felt that any new funding should go toward a combination of an across-the-board fee increase, along with funding targeted to specific areas of practice. Securing an increase in funding for currently paid-for items such as managing complex chronic disease, longitudinal care, palliative care, mental health, and

nursing home visits, among others, were ranked high and considered very important by GPs. With regard to the multitude of unpaid services that GPs perform every day, they were quite united in their desire for the following:

- Enhance the current fee schedule for complex problem patients.
- Acquire funding for treating patients who present with multiple problems in a single visit.
- Fund the implementation of IT and electronic records.
- Be paid for the time taken for telephone calls and advice, filling in forms, and other paperwork.
- Fund preventive health counselling.

These are all areas of significant concern to general practice. I have witnessed the changing ways of medical practice since I graduated 25 years ago—and, as I've said in an earlier column, these changes aren't always what we would like to see. Within the last 5 years, 44% of surveyed GPs said they have stopped providing obstetrics; 48% of GPs have already or plan, in the next 5 years, to decrease the number of hours they work in a week; and 25% plan on closing their practice within the next 5 years. Combine this with the shortage of physicians and the fact that 150,000 British Columbians can't access a family doctor and it's clear that positive changes to general practice need to occur.

The survey was invaluable and provided a considerable amount of information regarding the views of British Columbia's general practitioners. We now have a much clearer picture of what GPs expect. I encourage you to read the executive summary and view the PowerPoint presentation of the survey found on the BCMA web site at www.bcma.org.

—Michael Golbey, MD
BCMA President



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