

Division of Family Practice: Meeting the unique needs of rural communities

The number of divisions of family practice in BC continues to grow, with four now representing communities in rural parts of our province: East Kootenay, Kootenay–Boundary, Shuswap–North Okanagan, and the South Okanagan–Similkameen, the last including rural areas such as Oliver working collaboratively with smaller urban centres such as Penticton.

If there's one thing that is common to these divisions, it's that no two are alike. Each is distinct in terms of its geographic composition, its population and health care needs, as well as its individual family physician members and their relationships with their communities. Over time, we've learned that the model needs to be flexible and adaptable to each area's uniqueness.

In order for rural divisions to be effective, one of the first things we needed to adapt was the funding model. Recognizing that these divisions would have both a smaller critical mass of members and greater geographic distance between participating communities, the General Practice Services Committee (GPSC) and the Joint Standing Committee on Rural Issues (JSC) have jointly contributed additional funding for rural divisions. They've also agreed to have representation on one another's committees in the interest of ensuring that all opportunities are realized and all consequences of division activities are considered.

"The GPSC has been very forward looking in coming to the JSC and saying, 'what else needs to happen to make this work?'" says Dr Granger Avery, co-chair of the JSC.

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"It's a tremendous concept, and we should work hard to make sure it's available to all doctors across the province. One of the most attractive things about divisions is that they allow for real dialogue among physicians, as well as between physicians and government on an equal footing."

There's widespread agreement on this point among doctors already involved in rural divisions. Dr James Levins, a Salmon Arm family physician who sits on the board of the Shuswap–North Okanagan Division, says the Collaborative Services Committee (CSC) is giving him and his fellow doctors access to the Ministry of Health and the GPSC that was not previously available to them. "The willingness of the partners to work together is very positive," he says. Salmon Arm had for years been experiencing a gradual loss of family physicians working in its ER, resulting in a serious physician shortage. They're now succeeding in attracting the ministry's attention on this issue, thanks to the Divisions of Family Practice model and their CSC committee.

This experience is echoed by Dr Martha Wilson, a Nelson family physician and chair of the Kootenay–Boundary Division board. "Rural doctors are independent thinkers by necessity, but we haven't had the opportunity to be heard in the past. Now we will have a voice at the CSC table and there's a real possibility for changes." Although newly formed, the Division has already had a posi-

tive impact on Kootenay–Boundary members who are discovering common regional issues and a shared desire to develop solutions that put the patient at the centre.

The East Kootenay Division is looking forward to the difference that being part of a provincial movement can make. Family physicians in Kimberley and Cranbrook are already quite well connected and have ideas for improving primary care in their communities. All involved are excited to have Creston on board to share their ideas and challenges. Local family physician Dr Greg Andreas says in the past these communities have lacked the organizational ability and finances to take ideas to the next level. "Now we can employ the division funding and infrastructure to explore plans and turn them into projects."

In Oliver, part of the South Okanagan–Similkameen Division, doctors have been struggling with declining physician coverage at a regional hospital. Oliver family physician Dr Peter Entwistle feels the Division has given doctors a framework to address the issue. "We have new authority as members of the CSC," he says. "Before we were shouting loudly, but there was never anyone listening. Now we realize we all want the same thing—service that is robust and sustainable."

—**Brian Evoy, PhD**
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 Divisions of Family Practice
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