president's
comment

Collaboration: Changing the face of health care

Christmas came early for me on Friday, 5 December at 7:31 a.m., when I received the results of the vote of our new Physician Master Agreement (PMA). An overwhelming 91.4% of the 3546 members who cast a ballot voted in favor of accepting the agreement—a near record-breaking number that is a solid endorsement for what I believe to be an exciting agreement.

Why exciting? Because the Negotiations Department successfully delivered what we as physicians have clearly identified as priorities—a stronger voice of influence in the health care system and expanded collaboration with government. These priorities enable us as a profession to be partners in progress, to make a meaningful difference, and to be a profession of influence.

We haven't always had a collaborative relationship with government. There was a time when harsh mutual criticism was the norm: a time in which our profession was implacably locked in an arm-wrestling match with them. I remember our association displaying messages decrying government policy on highway billboards. I remember doctors going to that place they hate to go and withdrawing services to patients. And I also remember sitting at the mediation table in 2001, sharing our profession's dismay, when government introduced legislation negating our mediated settlement and deeming it "never to have existed." It was a very difficult and demoralizing time for the profession, with neither side making any discernible progress in reaching its goals.

This dissatisfaction with the status quo was shared by both sides, and it resulted in the 2002 Physician Master Agreement that created an experiment in cooperation and collaboration—a committee with a small budget and an even smaller expectation of success. A committee called the General Practice Services Committee (GPSC).

Over the last 14 years this collaborative approach has resulted in great successes for both parties. It has improved patient care and reduced costs of care, enhanced the self-worth and professional self-esteem of physicians, and increased our overall professional influence and overall remuneration. In fact, the renaissance of primary care has even been attributed to this collaborative approach! And today we have a number of joint committees—GPSC, the Specialist Services Committee (SSC), Shared Care, the Joint Standing Committee on Rural Issues—which have all been recognized as contributing to recent noteworthy advances in our profession. Even the PITO process, while now complete, was the work of a collaborative committee.

That brings us to today. We have a new PMA and a new 5-year mandate to continue innovation through this collaborative approach. Some of the ways we will do this include:

- A first-of-its-kind, made-in-BC initiative that allows specialists and facility-based physicians to have influence within their health authorities over matters as significant as planning, budgeting, resource allocation, bylaws, and their own working environments. This is a game changer!
- Engagement with GP physicians with focused practices, a cohort previously caught between GPSC and SSC who are now engaged and funded through Shared Care.
- Significant allocation of funds toward recruitment and retention issues for both specialists and family physicians in rural and remote areas.
- Funding for access-to-care issues through A GP for Me, residential care, and other GPSC initiatives.

So, while the bulk of the work of negotiations may be over, the work of getting down to business and making these promises on paper a reality is just beginning. It will be a time of significant change and opportunity, a time in which I encourage you to get involved and be engaged because engaged physicians are better able to influence positive change in their environments, in the services they provide to patients, and in the health care system as a whole. In my opinion, this is a wonderful and exciting time to be a physician in BC!

—Bill Cavers, MD
Doctors of BC President

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