

as doctors—has rarely been more urgently needed. In a local, provincial, national, and global environment of unnecessary strife and easy access to weapons—both technological and verbal—it does indeed take leadership courage to rise above the temptations of the fray to imagine what we need to make positive contributions to complex problems—many of which threaten the survival of ourselves and our planet. Dr Dosanjh's call, as our president, to bring to this crisis our best selves, rather than self-serving finger-pointing, is worth heeding. If we style ourselves as healers of patients and societies, then she points us in that difficult, seemingly impossible direction. And isn't that what we seek to address daily with each patient and each community we serve—from the local to the global? If not us, then who? If not now, when? Thank you, President Dosanjh.

—Bob Woollard, MD
Vancouver

Re: Valuing time and care

While getting a haircut recently (for a price higher than the \$31 average family practice fee) I was thinking about Dr David Chapman's editorial, "Valuing time and care" [*BCMJ* 2022;64:197].

My 40 years as a GP began in 1967. In those days, I would bill MSA \$6 for an office visit. Gold was \$30 an ounce, and a full hour of work on my car at a dealership was \$5. Office overheads were easily manageable, and my secretary could handle the office (and billing) with a typewriter and a telephone. MSA would increase insurance premiums as necessary to cover costs.

Now, health care policy has made MSP payments to family physicians unrealistic, and overheads have become huge. To function properly, a family practice needs a secretary, nurse, and office manager. Their salaries come out of the undervalued payments to family physicians from MSP. Rents have skyrocketed, along with the many other overhead costs.

Recently, my plumber charged \$266 for a 15-minute job that needed no new parts. Asked why, the answer was "overheads." My car

Continued on page 342

News We welcome news items of less than 500 words; we may edit them for clarity and length. News items should be emailed to journal@doctorsofbc.ca and must include your mailing address, telephone number, and email address. All writers should disclose any competing interests.



Left to right: Drs David Richardson, Caitlin Dunne, David Chapman, and Terri Aldred

BCMJ Editorial Board transitions

After 14 years of service at the helm of the *BCMJ* Editorial Board, Dr David Richardson retired from the position in May 2022. Dr Richardson joined the Board in 2006 and became editor in 2008, and the journal has thrived under his leadership. He will be missed by staff, Board members, and readers of his editorials alike.

We are pleased to announce that Dr Caitlin Dunne has been confirmed as the new editor of the journal. Dr Dunne joined the Editorial Board as a member in 2019 and has contributed her enthusiasm and valuable expertise both to her work on the Board and as an author in the journal over the years. She practises in Burnaby as a subspecialist in infertility, egg freezing, and women's reproductive health and is also co-director at the Pacific Centre for Reproductive Medicine and a clinical associate professor at UBC.

Many thanks to Editorial Board member Dr David Chapman, who stepped into the role of interim acting editor while selection of the new editor took place. His calm and thoughtful approach was the steady hand at the tiller that the *BCMJ* needed during this time of transition.

We also warmly welcome Dr Terri Aldred, who is joining the Editorial Board as its newest member. Dr Aldred is Carrier from the Tl'azt'en territory located north of Fort

St. James. She is a member of the Lysiloo (Frog) Clan, who are traditionally known as the voice of the people. She follows her mother's and great-grandmother's line, Cecilia Pierre (Prince). Dr Aldred grew up in both the inner city of Prince George and on the Tachet reserve (in Lake Babine territory) and these experiences helped motivate her to go to medical school so she could give back to her community. She has a doctor of medicine degree from the University of Alberta and completed the Indigenous family medicine residency program through the University of British Columbia. At present, Dr Aldred is the medical director for primary care for BC's First Nations Health Authority, the site director for the UBC Indigenous family medicine program, a clinical instructor with UBC and UNBC, a family physician for the Carrier Sekani Family Services primary care team, which serves 12 communities in north-central BC, and the Indigenous lead for the Rural Coordination Centre of BC. For the past 3 years, Dr Aldred sat as an elected board member for the BC College of Family Physicians. Through her various roles she sits on a number of committees and leads several initiatives on cultural safety and humility. She is also an avid speaker about Indigenous health, cultural safety and humility, and anti-Indigenous racism, and has co-authored articles on diverse topics related to Indigenous health.

The history of the Family Practice Oncology Network and its digital future

In 2003, the BC Cancer Agency launched the Family Practice Oncology Network (FPON) to provide oncology education, resources, and connections to strengthen family physicians' ability to care for people living with cancer in their communities. In 2016, FPON expanded to become the BC Cancer Provincial Primary Care Program, with a multipronged mandate:

- Bring the lens of primary care into the strategic work of BC Cancer.
- Facilitate support for primary care providers through education.
- Codevelop primary cancer care guidelines.
- Advocate for clear lines of communication between primary care and oncologists to provide adequate resources to care for this complex population.

Our initial goal was to address the education and training needs for the implementation of general practitioners in oncology (GPOs) so every community with a catchment of 15 000 or more would have access to cancer treatment as close to home as possible through collaborative care with oncology specialists at a regional or provincial centre. The goal has expanded to provide twice-yearly GPO Education Sessions supporting new GPOs, nurse practitioners in oncology (NPOs), and residents in palliative care. Our annual GPO Case Study Day sees case-based, collaborative, interactive

presentations by GPOs and oncology specialists on management topics relevant to GPOs and NPOs in regional cancer centres and community oncology sites throughout BC and Yukon. To promote interprofessional networking, GPO Case Study Day is offered as part of the BC Cancer Summit in November.

Educational activities (many in partnership with UBC CPD) for family physicians and members of the broader primary care team have expanded over the years to include:

- Monthly primary care webcasts (8:00 a.m. on the third Thursday of each month except July, August, and December) with presentations on a variety of cancer topics.
- An annual primary care CME day (next CME event 1 April 2023).
- Twice-yearly production of the *Journal of Family Practice Oncology* (spring and fall).

The journal brings follow-up articles to many of our webinars and CME events as well as updates relevant to community primary care and their patients with cancer. We have also partnered with the Guidelines and Protocols Advisory Committee to develop a number of primary care cancer guidelines, most recently on lung cancer.

Since 2013, the journal has been distributed to 6500 family practitioners, nurse practitioners, and other primary care providers across BC and Yukon in hard copy. Beginning with the fall 2022 edition, the journal has moved to a digital-only format and can be found at www.fpon.ca, along with electronic copies of previous editions.

We have recently developed a database to improve our ability to communicate with community providers about the latest FPON news, educational updates, practice gems, and other BC Cancer primary care communications, including information on the electronic publishing of the journal. To subscribe, scan the QR code and sign up for our communications database.



Questions? Please contact us at fpon@bccancer.bc.ca.

—Catherine Clelland, MD
Medical Director, Primary Care, BC Cancer

The importance of disability insurance review and the GIB period

The standard insurance-industry recommendation is to carry 60% of your net income in tax-free disability insurance, and the Guaranteed Insurability Benefit (GIB) rider is a valuable tool for maintaining the right disability coverage as your practice and income grow over time. Reviewing your disability insurance and exercising your GIB during the annual open enrolment period (1–30 November) will help ensure that your disability coverage continues to protect your needs. The GIB allows you to increase your disability insurance during the open enrolment period by up to \$2500 without proof of health. Your personal tax return and corporate financial statements may be needed to determine that your income justifies the increase.

As your income grows, your lifestyle may grow with it. You may start a family, purchase a home, or begin planning for your children's education. As a physician, you also need to fund your own retirement during your earning years. The disability insurance you needed 3 or 5 years ago may not cover the expenses you have today. If you were unable to work tomorrow due to illness or injury, your family's monthly expenses would continue. Is your current disability benefit enough to maintain your family's lifestyle, or would you face difficult decisions such as canceling your children's activities, pausing mortgage payments or education-fund contributions, or depleting your savings to cover ongoing costs?

To increase your disability insurance outside of the annual GIB period or above the maximum annual limit, or if you did not select the GIB rider when you originally applied for coverage, you'll need to provide proof of health. The insurer will review your existing health and lifestyle to determine your eligibility and may decline your application or issue coverage with exclusions for health conditions or activities.

Scheduling a disability insurance and GIB review with a licensed Doctors of BC insurance advisor will help you protect the lifestyle you and your family enjoy today, as well as your plans for the future. Email insurance@doctorsofbc.ca or call 604 638-7914 for a complimentary meeting.

—Laura McLean, Client Services Administrator
Members' Products and Services

LETTERS

Continued from page 341

dealership attaches an hour-rated fee to each service item, with a charge of well over \$100/hour.

Family practice is an expensive business, but paying for those costs is hamstrung by the inability to pass them on to the customer. They have to come out of the payments from MSP, which have become limited in such a way that they are akin to a salary, without the perks of payments for sickness, holidays, or a pension.

It is no wonder that new physicians are shunning this branch of medicine.

—Anthony Walter, MD
Coldstream

Business Pathways: Where we came from and where we are going

The Business Pathways program (www.doctorsofbc.ca/business-pathways) was initiated by Doctors of BC in response to physician members asking for more information on how to run the business side of their practice.

The Doctors of BC Board of Directors prioritized this work to provide physicians with the business resources and information they needed. Initially, the organization interviewed physicians from across the province in both urban and rural settings to identify business challenges and opportunities to provide clarification. Physicians who were interviewed identified the following as areas of top concern: managing fixed costs, contracts (noncompensation related), billing education and audit prevention, taxes, and human-resource guidance.

This process generated a gap analysis that indicated a need to develop new resources, consolidate important business-related resources from key health care and government partners, and house them in a single easy-to-find location. Business Pathways has started to address these needs by creating new toolkits, resources, and information physicians can access from the website.

Supporting you throughout your career

Business Pathways resources are categorized into three sections to support each stage of a physician's career: starting in practice, managing your office, and closing your practice.

Each section contains information, resources, and customizable templates to help doctors begin to organize their operational tasks, including finding new job opportunities, applying for a licence, incorporating a business, hiring and maintaining staff, planning for emergencies, and preparing for retirement.

Saving on business services

To provide physicians with cost savings in their business operations, Business Pathways has negotiated discounted rates on legal, financial, and professional management services through Club MD, a Doctors of BC program that provides exclusive discounts and deals for members. To keep up-to-date on Club MD offerings, sign

up for the monthly newsletter at www.doctorsofbc.ca/account/subscriptions (member login required).

Leading your practice teams

The human resource toolkit (www.doctorsofbc.ca/human-resources-toolkit) is a step-by-step guide created through consultations with family doctors and specialists in both urban and rural communities to support physicians with hiring, managing, and terminating staff. The toolkit includes practical and customizable templates and tools, and information that can be



adapted to suit the needs of any clinic, in three easy-to-navigate sections:

- Hiring and onboarding
- Managing staff and the work environment
- Ending employment

Preparing for an emergency

The contingency planning toolkit (www.doctorsofbc.ca/contingency-planning) was developed, with input from the Emergency and Public Safety Committee and a physician consultation group, to help doctors prepare their practices and personal affairs for unexpected emergencies, ranging from natural disasters to office damage and physician illness. Since all businesses in British Columbia are required by WorkSafeBC to have an emergency plan, the toolkit helps doctors meet this requirement by supporting them to create a business continuity plan for their clinic.

New resources in the toolkit provide information on how to notify staff, patients, and

other key partners during an adverse event, create a plan to streamline processes during a crisis, identify essential services, and ensure timely retrieval of critical records.

Connecting with us

Business Pathways is continually developing resources to help physicians as a practical one-stop shop for navigating business needs. Through robust discussions and feedback from our Doctors of BC colleagues, physician consultation groups, government, and all BC physicians, the Business Pathways program is committed to ensuring the information and supports provided by the program are useful and valuable to members.

Physicians can keep up-to-date with new releases from the Business Pathways program by:

- Subscribing to DocTalks: A Doctors of BC podcast for short episodes from physicians and other experts about topics that doctors will find practical and useful as they run their business. All episodes can be found at www.doctorsofbc.ca/doctalks.
- Reading the Business Corner (www.doctorsofbc.ca/business-corner), which features articles on a variety of practical topics about business operations.
- Participating in educational webinars. Past sessions have focused on topics such as preventing physical and online violence for doctors, optimizing safety with WorkSafeBC, and need-to-know information about incorporating a practice (www.doctorsofbc.ca/managing-your-practice/business-pathways/virtual-events).

We value your feedback, comments, questions, and suggestions. Visit the Business Pathways Contact Us page (www.doctorsofbc.ca/business-pathways/contact-us) to submit a query.

—Holly Pastoral

Program Manager, Physician Business Services