

Physicians: WorkSafeBC is here for you too

In this column, we often address physicians as providers: professionals who ensure workers across BC get the care they need to recover from work-related injuries. This month, we address you as workers yourselves: people who face unique physical and psychological risks at work.

At WorkSafeBC, we have seen that violence and other threats to safety are top of mind for many. In 2022, half the physicians surveyed by Doctors of BC said they had been involved in or impacted by a physical or psychological safety incident in the last year, with psychological safety incidents being more common.¹ Meanwhile, the increasing complexity of care that patients require—for mental health disorders, multisystem diseases, and comorbidities—has changed medicine, as have an increasing administrative burden and COVID-19. Surveys of Vancouver-based physicians conducted in the fall of 2020 found burnout rates ranging from 51% to 68%.^{2,3}

Against this backdrop, we want to remind you that our mandate includes compensating eligible physicians who are injured or become ill at work, as well as helping to make all physicians' workplaces safer—including psychologically.

We are here for you when you sustain a work-related injury

According to WorkSafeBC data, from 2018 to 2022, physicians made an average of just 10 claims per year for which WorkSafeBC began paying compensation. This accounts for less than 0.1% of such claims from health care and social services workers during that time frame. During those

5 years, 12 of the physician claims were related to violence in the workplace.

There are likely complex reasons why few physicians are initiating claims. Some physicians may not be considered a "worker" under the Workers Compensation Act. As a physician, you are covered as a worker under the Act if you are:

- A salaried employee receiving a T4.
- Working for your corporation that has registered with us.
- An independent operator who has purchased WorkSafeBC Personal Optional Protection.⁴

If you have worker status and are injured in the course of your work, we encourage you to file a claim with us right away by calling 1 888 967-5377. If you are unsure if you have worker status or would like to attain it, see the guide at www.worksafebc.com/physician-guide-to-registration.

We are your partner in building a psychologically healthy and safe workplace

All BC employers must ensure the health and safety of their workers and any other workers at their workplace. Employers are required to provide any necessary information, training, and supervision to their own workers. In a multi-employer workplace (such as a health authority site), one "prime contractor" must ensure everyone's occupational health and safety activities are coordinated and that they maintain a system or process to ensure compliance with occupational health and safety regulations.⁵

As the regulator for BC workplaces, our role includes conducting workplace inspections for compliance. We are also here to support and educate employers on health and safety, including psychological safety. We recently published our mental health strategy, which is a framework for our work

in this area moving forward. We will continue to partner with organizations such as SWITCH BC, which works to improve the health, safety, and well-being of BC health care workers.⁶ We are also here to support you with any questions or concerns you may have.

Learn more about making your workplace safer

If you have questions about your personal health and safety or your workplace's health and safety, call our prevention information line at 1 888 621-7233.

You can reach a WorkSafeBC medical advisor via the RACE app or by calling 604 696-2131 or 1 877 696-2131 (toll-free).

To learn about your responsibilities as a worker and/or an employer, watch the recorded webinar "Optimizing Your Practice: WorkSafeBC and Safety at Your Workplace," available at www.doctorsofbc.ca/business-corner/worksafebc-webinar-doctors-how-optimize-safety-your-practice. If you are part of a physician group that is interested in attending a future Mainpro+/MOC Section 1 session on a similar topic, leave us a voicemail on the medical services contact line at 1 855 476-3049.

To read our mental health strategy, visit www.worksafebc.com/mental-health-strategy. ■

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—Jacqueline Holmes
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WorkSafeBC

References

1. Doctors of BC. 2022 health authority engagement survey report. Accessed 24 January 2024. www.doctorsofbc.ca/sites/default/files/2022_health_authority_engagement_survey_report.pdf.

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After completing her residency, she moved to Kamloops, where she spent her entire medical career caring for children and their families. As head of the department of pediatrics, she was instrumental in starting a neonatal intensive care program at Royal Inland Hospital.

In her early years, Judith was a competitive swimmer. She lived for her dogs, and over the years she enjoyed the company of many female black Labrador retrievers. She was always interested in everything to do with her homeland.

She loved the outdoors. In her spare time she enjoyed cross-country skiing, hiking, fishing, and grouse hunting. Her favorite vacation was an annual getaway to the Chilcotin to camp and hunt grouse.

At her request, there will be no service. In lieu of flowers, donations to one of the following organizations in memory of Judith Naylor would be appreciated: BC SPCA, a local food bank, or the Royal Inland Hospital Foundation.

—Susan Endersby
Kamloops
—Sharon Frissell
Kamloops

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2. Khan N, Palepu A, Dodek P, et al. Cross-sectional survey on physician burnout during the COVID-19 pandemic in Vancouver, Canada: The role of gender, ethnicity and sexual orientation. *BMJ Open* 2021;11:e050380.
3. Cheung KW, Lyons L, Poonja Z, et al. Physician burnout during the COVID-19 pandemic. *BCMJ* 2023;65:53-57.
4. Nomura Schwab K. Are you covered? Physicians and WorkSafeBC insurance. *BCMJ* 2022;64:323.
5. Workers Compensation Act, RSBC 2019, Part 2, Division 4. Accessed 24 January 2024. www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/workers-compensation-act/part-2-occupational-health-and-safety.
6. Doctors of BC. First steps: A summary report on the first memorandum of agreement on physician health and safety 2019–2022. Accessed 24 January 2024. www.doctorsofbc.ca/sites/default/files/2019-2022_phs_agreement_-_summary_report_first_steps_april_2023.pdf.

Continued from page 58

6. World Health Organization. Elimination of hepatitis by 2030. Accessed 19 January 2024. www.who.int/multi-media/details/elimination-of-hepatitis-by-2030.
7. Public Health Agency of Canada. Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030: A pan-Canadian STBBI framework for action. Accessed 19 January 2024. www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework.html.
8. Government of BC. Province takes action to eliminate hepatitis C [news release]. 30 July 2023. Accessed 19 January 2024. <https://news.gov.bc.ca/releases/2023HLTH0104-001243>.
9. Canadian Network on Hepatitis C. Roadmap project. Accessed 19 January 2024. www.canhepc.ca/en/elimination/roadmap-project.
10. Hepatitis Elimination Roadmap British Columbia. People. Accessed 19 January 2024. <https://hepfreebc.ca/people>.
11. British Columbia Centre for Disease Control. Clinical prevention services. Accessed 19 January 2024. www.bccdc.ca/our-services/service-areas/clinical-prevention-services.
12. BC Hepatitis Network. Staff directory. Accessed 19 January 2024. <https://bcheperg.org/about-us/staff-directory/>.

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Malaysia to Vancouver on her own to visit us, the diaspora. To this day, I still have no idea how she completed her point-of-entry airport card.

“Yes, I know that brand. It is the rooster brand. Sriracha sauce,” I said. I could tell he was smiling.

“It should be here.” But it was not. I gestured for him to wait while I asked. It turned out they had none because of a supply chain issue and spoilage of chili peppers in California. He wanted to know if it would be another few days before the sauce arrived. “No. Many weeks. They cannot make more at the factory!”

I suggested alternatives—garlic chili paste, sweet Thai chili, Jamaican Tabasco sauce? He shook his head at every option.

“I like rooster. It is the only one,” he said, and wandered off with a bag of bananas.

At the till, the cashier was smiling. She had watched the exchange and now joined in on the discussion. “There is no substitute! The others are too sweet. We cannot use that on our food. We are Indians! We need spice. Our mouths need to burn!”

I had come in to get potpies. Instead, I was given a sweet memory of my mother.

In the parking lot, the guy beside me looked over, probably wondering why a middle-aged woman was laughing by herself in her hot car on a super hot Kamloops summer afternoon. I was thinking of my mom in heaven and how she doesn’t need to go by the picture of the rooster anymore because she can finally read. ■



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