

Letters to the editor

We welcome original letters of less than 500 words; we may edit them for clarity and length. Email letters to journal@doctorsofbc.ca and include your city or town of residence, telephone number, and email address. Please disclose any competing interests.

Re: Primary care is the focus of Simon Fraser University's new School of Medicine

Congratulations to Simon Fraser University on the opening of the Stephens Family School of Medicine. I am writing to seek clarity on a statement made by the dean of medicine, Dr David Price: "We're starting with family medicine residencies, but our commitment is to increase to a number of other primary care residency specialties, like pediatrics, psychiatry, and general internal medicine" [*BCMJ* 2026;68:196-198].

As a general internist, it is a surprise to see general internal medicine considered a primary care residency specialty.

I witnessed the launch of general internal medicine as a subspecialty in my career. The subspecialty serves both the acute and chronic internal medicine care needs of many adults in British Columbia and throughout Canada. It is a growing field that will continue to provide excellence in care over time.

Many individuals struggle to access specialty care, and our specialty is no different. I don't like having a 2-year wait list, but it serves as a reflection of the incredible need for specialized care. Transferring the role of primary care to already overburdened specialties needs review and consultation. We all realize the desperate need for primary care and hope the Stephens Family School of Medicine will be a move forward in educating our future primary care experts. I can comment only on my own area—providing primary care along with specialty service would not be realistic and would drastically increase my already-too-long wait list.

—Jane McKay, MD, FRCPC

Clinical Associate Professor, UBC Division of General Internal Medicine

Re: Primary care is the focus of Simon Fraser University's new School of Medicine

As presidents of the Section of General Internal Medicine and the BC Pediatrics Society, respectively, we would like to congratulate Dr David Price and his colleagues on the exciting progress toward opening Simon Fraser University's new Stephens Family School of Medicine. We also warmly welcome the inaugural class of medical students and look forward to working with them as they begin their careers.

However, we believe it is important to clarify one point. While pediatricians and general internal medicine physicians care for patients with complex, often undifferentiated medical conditions, these are not primary care specialties, as described by Dr Price [*BCMJ* 2026;68:196-198] and in the Stephens Family School of Medicine's mission and vision statements. General internists and pediatricians are consultant specialists who provide referral-based care after 4 to 5 years of postgraduate specialty training.

This distinction is more than semantic. Accurate understanding of general internal medicine and pediatrics in BC (and across Canada) has implications not only for patients and learners but also for physician workforce planning, remuneration, credentialing, licensure, and recognition of internationally trained physicians. As health care systems increasingly recruit physicians from different training backgrounds, precise terminology is essential to ensure that physicians are recognized for the roles and expertise for which they have been trained.

We are grateful that SFU has recognized the value of general internal medicine and pediatrics and the need to strengthen

these chronically under-resourced specialties. As the new medical school takes shape, we look forward to helping educate the next generation of physicians and helping ensure that learners understand the unique and essential role that pediatrics and general internal medicine play in British Columbia's health care system.

—Paul Hertz, MD, FRCPC

President, Section of General Internal Medicine

—Stephen Tsai, MD, FRCPC

President, BC Pediatric Society

Author replies

Thank you to Drs McKay, Hertz, and Tsai for drawing attention to an important distinction in terminology in my recent interview about Simon Fraser University's Stephens Family School of Medicine.

They are, of course, correct that specialties such as general internal medicine, pediatrics, and psychiatry are not primary care specialties. My comments should have more accurately referred to primary care and other community-based specialties, and I apologize for my error.

This distinction is well understood within our school and is reflected in how we are developing our medical education and postgraduate training. We are careful to emphasize to learners the distinct and complementary roles of family medicine, general internal medicine, pediatrics, psychiatry, and other specialties in the health care system.

Our intent is to prepare new physicians to meet the needs of communities across British Columbia while recognizing and respecting the unique expertise and contributions of each discipline. I appreciate the

letter writers for providing the opportunity to clarify this important point.

—David Price, BSc, MD, CCFP, FCFP
Dean, Stephens Family School of Medicine

Bad booking protocol

As a physician who is also a patient, I feel a responsibility to draw attention to what I perceive as bad protocols or habits by physicians. On this occasion, I am speaking out against a common booking protocol used by many specialists.

When a specialist receives an email referral from another physician, they respond to the email, but they do not contact the patient at that time. They contact the patient only weeks or months later, when an appointment becomes available. Meanwhile, the patient is left with no knowledge as to whether the referral went through and no idea of how long they will have to wait for their appointment. I find this protocol to be rude and insensitive of the patient's needs.

The suggestion that the patient should contact the referring physician to find out how long they are expected to wait is unprofessional and inappropriate. So is the suggestion that the patient should phone the specialist to find out.

The appropriate protocol is for the office of the referred physician to contact the patient at the same time they contact the referring physician to tell the patient that the referral has been received and that an appointment will be made for them in however many weeks or months.

I recently discovered that some hospital departments are also following this booking protocol; from the perspective of a patient, this is a definite decline in service. Not knowing if your requested CT will be in a week or a year is very unsatisfactory.

—Ben R. Wilkinson, MBBS, FRCSC, MBA
Cedar

Re: Bad booking protocol

Dr Wilkinson's letter raises a critical concern: Patients should not be left wondering whether a referral has been received or how long they may wait for care. However, individual physicians are not solely responsible for clear, effective communication, and this is not simply a question of professionalism. It is a question of how our increasingly complex health care systems can facilitate communication in ways that improve the patient experience as well as overall system efficiency.

The College of Physicians and Surgeons of BC's Referral-Consultation Process guideline emphasizes timely, clear communication and shared responsibilities between referring and consulting physicians. These principles are important. However, achieving them requires designing a system to support the principles, rather than simply adding more administrative tasks to a physician's workload.

Doctors of BC's Council on Health Economics and Policy has repeatedly highlighted the cumulative burden of administrative work. Tasks that appear small and reasonable in isolation, such as an additional phone call, email, or form, become

substantial when multiplied across hundreds or thousands of patients. The result can paradoxically be less physician time available for direct patient care.

Referral communication is, therefore, best approached as a system-design problem. Patients should receive confirmation that their referral has been received, information about anticipated wait times when available, and clear instructions about whom to contact if their condition changes. But these functions should increasingly be supported through coordinated referral systems, technological infrastructure, and cross-platform communication that supports notifications, wait-list management, and appropriately resourced administrative teams. Our province's health care system is far too complex for this to be an individual clinician's burden.

Patients deserve transparency, but physicians also deserve systems that enable transparency without having to take on the responsibility of operationalizing it.

—Inderveer Mahal, MD
Editorial Board Member, BC Medical Journal

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