My goals: Unity, relevance, and stability

As I write this column, it is two weeks to the day that I become your president. Like many, if not all, of my predecessors my feelings are mixed. Making the change from 33 years of full-time general practice in Terrace to a totally different job, if even only for one year, is somewhat daunting. Having said that it is also very exciting and a privilege that I take extremely seriously.

Directly after the BCMA's Annual General Meeting, your Association is planning to make its submission to BC's Conversation on Health. The physicians of BC are on the front lines of health care and witness daily the inadequacies of the system. Our submission is a comprehensive and thoughtful document that makes some bold recommendations. It is posted on the BCMA web site and I hope that you will have the opportunity to review it.

Aside from ensuring government seriously considers our Conversation on Health recommendations, I have several priorities for this upcoming year that I will be addressing.

My first priority is a topic that several of my predecessors also determined to be important: physician unity. What I'm hearing these days from colleagues in BC's urban areas, here in the Lower Mainland and in Victoria, is that fewer and fewer family physicians are keeping hospital privileges. As a result, there is a growing disconnect between GPs and specialists. Working in a rural area, my colleagues and I have more opportunities to collaborate—especially in the hospital setting. Unfortunately, these occasions occur less frequently in the urban areas.

I also see the growing lack of unity at the Association level. We have two societies—one representing general practitioners, the other representing specialists, and each society represents its members' interests as fervently as possible. That is their job. However, we must think of ourselves as physicians first, and GPs and specialists second. If we don't, we'll end up a weaker profession, and both physicians and our patients will suffer the consequences. That will not help us in terms of future negotiations, and will certainly not help us get the care our patients need. For me, losing sight of that obligation would be the worst thing that could happen.

My second priority is something that associations everywhere find challenging: how to stay relevant to members, especially younger members whose interests are pulled in different directions. This past year Dr Margaret MacDiarmid devoted considerable time guiding and mentoring medical students, and I wish to continue her good work. Of course the BCMA has its own agenda—we hope that some of the students we spend time with now will become active in the Association early on. But the real benefits will accrue to the students and to the profession as a whole. This past year students from all four years of study said they were interested in topics such as presentation skills, debt management, media training, lobbying, and conflict resolution. All of these are very interesting and relevant topics that I look forward to continuing on with.

My third priority is the particularly stable relationship with the provincial government we are currently experiencing. It is more stable now than it has been in years—which is great. It's to our benefit, and our patients' benefit, to keep it that way.

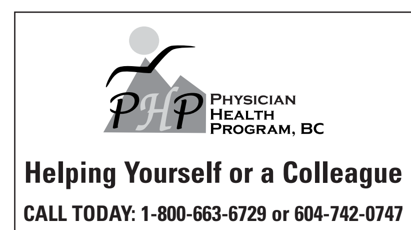
Much of that is due to the 2006 negotiated agreement. The 6-year agreement signed last year gave us funding for critical matters such as addressing the needs in primary care, specialist disparity issues, information technology, and initiatives developed to attract and retain doctors to this province. It also provided the opportunity for physicians to work closely with government and health authorities to ensure these critical issues are developed and implemented quickly and fairly.

Working together in such a close way has helped break down old barriers. We are already seeing this result from the work flowing out of the agreement.

Examples of cooperation include the Joint Standing Committee on Rural Issues, which has been allocated nearly $70 million for the retention and recruitment of rural doctors; the General Practice Services Committee, whose job it is to find ways of keeping the GPs we have and encouraging more students to become family physicians; and the Physician Information Technology Office. For the first time there is a program being developed with physician input that will set a common standard for EMRs and make funding available for doctors to get online.

You will be hearing from me on these topics and more as the year progresses. I look forward to meeting as many of you as possible, and I welcome your input and comments.

—Geoffrey Appleton, MD
BCMA President



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