

## 1. What is the purpose of the visioning process? How will the information be used?

We all know primary care is changing and the needs of our patients, as well as the ways many family physicians are choosing to practice, are different than they were even 10 years ago. From now through September, the General Practice Services Committee (GPSC) wants to hear from as many GPs as possible. We are launching a province-wide engagement process to help create a vision for the future of primary care that reflects the voice of BC's family physicians. This is every family doctor's opportunity to contribute their thoughts about how they want to practice in the future and the kinds of changes they see on the horizon. The visioning process is an opportunity for family doctors to help the GPSC determine how it will influence policy, set priorities and allocate its resources over the next three to five years.

## 2. How can I participate in visioning?

The visioning engagement process offers four ways for GPs to participate online and in-person. You can stay engaged in the process until the end of September.

- i. Local divisions of family practice and the Visioning Steering Committee are co-hosting in-person visioning meetings across the province. A schedule of these meetings is [here](#) and more are being added over the span of the engagement process.
- ii. If you are unable to attend an in-person meeting near you, [participate in a virtual in-person meeting](#) where you can give your opinion on the same questions discussed in the face to face meetings.
- iii. [Join online discussions](#) with other BC GPs about a range of different topics. You can voice your views about all of the identified topics, see what others are saying, and discuss those views on this discussion platform until the end of September. Topics include walk-in clinics, team-based care, funding models, the role of GPs in hospital and more. New topics are added weekly.
- iv. Tell us [what topics are important to you](#). What are the most important issues to you? This information will be used to guide future discussion topics.

## 3. What is the role of the Visioning Steering Committee (VSC)?

The steering committee's role is to:

- Design and oversee the visioning process, ensuring that family physicians can participate in the visioning process if they choose to do so
- Shape the questions that will be posed through the visioning process
- Help to develop a report that consolidates the viewpoint of family physicians
- Bring forward recommendations for consideration by GPSC and its funding partners.

### **3. Who is on the Visioning Steering Committee and how were members selected?**

There are 12 committee members who include: six Division physician representatives, four GPSC representatives (two physicians representing Doctors of BC, two members from the Ministry of Health), one Society of General Practice representative, one Health Authority representative.

Specifically, the members are:

- Mark Armitage, Ministry of Health
- Dr Shelley Ross, Doctors of BC
- Dr Peter Barnsdale, Doctors of BC
- Dr Jean Clarke, Society of General Practitioners of BC
- Dr William Clifford, Prince George Division of Family Practice
- Dr Renee Fernandez, Vancouver Division of Family Practice
- Dr Lee Mackay, Kootenay Boundary Division of Family Practice
- Dr Scott Markey, Chilliwack Division of Family Practice
- Dr Annette McCall, North Shore Division of Family Practice
- Shana Ooms, Ministry of Health
- Petra Pardy, Fraser Health Authority
- Dr Trudy Woudstra, Cowichan Division of Family Practice.

Division physician representatives were nominated by their Divisions. The six representatives were selected from a list of 25 nominees by a selection team comprised of the two GPSC co-chairs (Dr. Shelley Ross of Doctors of BC and Mark Armitage of the Ministry of Health) and two Division physicians (Dr Shirley Sze, Dr Gary Knoll) who were selected by their peers.

### **4. Will physicians other than those on the steering committee have an opportunity to be engaged in the GPSC visioning process?**

Consultations with family doctors are the foundation of the visioning process and every family doctor will have the chance to participate if they choose to do so. The voice of GPs from across BC will help shape new, innovative programs that will improve patient care and elevate professional satisfaction. We are currently working on ways to help make the process as inclusive as possible.

Opportunities to be involved will include local meetings co-hosted by the VSC and divisions of family practice, as well as a variety of ways to engage online. More information about events and options will be available in the next few weeks and will be promoted to family doctors across the province.

### **5. Will GPs who do not belong to a division of family practice be able to participate in the process?**

Yes. In addition to online options, GPs are also welcome to attend in-person events hosted by a division of family practice in their area, even if they are not a division member.

## **6. What about family practice residents?**

As the newest doctors entering practice, residents are encouraged by the VSC to participate and make their voices heard. We want the visioning process to include the opinions and ideas of physicians across the spectrum of family practice -- from those just entering practice to physicians who are nearing retirement.

## **7. Is the GPSC visioning process the same as the process for reviewing the Ministry's 'Setting Priorities' policy discussion papers?**

No. They are different and independent processes. While the government's discussion papers form part of the landscape for the GPSC's visioning process, visioning is not intended to be a response to the Ministry's documents. Click [here](#) for a summary of the relationship between the Ministry's documents and visioning.

## **8. Why this tight timeline? It feels like token engagement.**

The Visioning process will ensure that the doctors' voice is heard as the GPSC prioritizes its activities and allocation of resources over the next three to five years. The new PMA, which was ratified earlier this year, requires three-year work plans for GPSC, which are due in February of 2016. To meet this requirement, the GPSC needs to begin building its plan in the fall of this year. As well, the GPSC Vision will serve to influence and inform the discussions and decisions currently being considered at other tables around primary care in BC.