

GPSC Visioning Process Relationship with Ministry of Health Policy Discussion Papers

Overview

The GPSC has begun an extensive engagement process with family physicians to help create a vision for the future of primary care in BC. The following summary explains the relationship between the GPSC's visioning process and the Ministry of Health's [policy discussion paper](#) issued earlier this year that outlines a strategy for primary and community care. While the Ministry's discussion paper forms part of the landscape for the visioning process, the GPSC's visioning activities are distinct from, and independent of, the Ministry's document. Moreover, the visioning process is not a response to the Ministry's documents but rather being initiated in partnership between the Doctors of BC and the Ministry of Health through the Physician Master Agreement to ensure the views of family physicians are well represented in the provincial discussion on the transformation of primary and community care.

Background

The GPSC is well positioned to provide the family physician voice in the creation of a new vision for primary care in BC and to set directions and priorities for how it will allocate its resources over the next three to five years. The GPSC's momentum and progress are grounded in:

- the stability of a new five year Physician Master Agreement,
- the maturation of, and learning from, previous GPSC incentives and programs, and
- closer partnerships and more constructive and mature dialogue with other sectors of the health care system such as health authorities and community partners.

The 2007 Primary Care Charter recognized that "family physicians are the cornerstone of primary health care. They are part of a broader community network and professional team ...". Given the central role that GPs play, extensive input from family physicians will enable a robust vision for primary care. Direct input into a future vision from as many family physicians as possible will be essential in enabling transformational change.

Doctors of BC and the Society of General Practitioners of BC provided formal [feedback](#) to the Ministry policy papers based on an engagement process which included an online survey, in-person meetings, and a special board session.

- There was general agreement with the directions the MoH is proposing; however, there were significant questions and concerns about how these potential models would be implemented and the process of change moving forward.
- Further clarity is needed about the role of the primary care physician in the broader delivery of primary care, the role of Divisions of Family Practice, especially in terms of interface with the Health Authorities, and the role of the GPSC.

The GPSC, in its mandate of encouraging and enhancing full-service family practice is naturally placed, particularly through Divisions of Family Practice, to engage grassroots family physicians in defining a vision for primary care in BC as well as highlighting areas of alignment and need for further discussion regarding the Ministry's policy framework for primary and community care.

By engaging with divisions through the visioning process, physicians can contribute directly to articulating the future vision for primary care.

Divisions of Family Practice and the GPSC are recognized in the Ministry's policy papers as integral to future reform in primary care and as a pivotal integrator of community primary care services. The policy papers potentially put a huge responsibility on divisions. It will be important to hear directly from the divisions as to where they see their role going into the future.

Additionally, divisions of family practice are potential vehicles for deep transformation of the primary care system as demonstrated by:

- successes to date,
- deep connection to their members with widespread engagement of GPs in local divisions of family practice (currently 35 divisions encompassing more than 230 communities, and representing more than 4,600 members),
- demonstrated physician leadership with more than 260 physicians involved in board leadership positions and many more involved in various divisional working groups,
- detailed understanding of their community primary health care needs through the A GP for Me assessment and planning process,
- partnerships with local health authorities through Collaborative Services Committees, in addition to relationships with other community organizations, specialists, and allied health providers, and
- implementation of innovative and team-based care models in many communities.

The GPSC's visioning process provides an important mechanism for family doctors to share their ideas about how they want to practice and care for their patients in the future, which, in turn, will help shape what primary care will look like in the province.