



SPECIALISTS SYMPOSIUM 2023  
LEARN. SHARE. IMPROVE.

# SPECIALIST SYMPOSIUM 2023 SUMMARY REPORT

## INTRODUCTION

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The Specialists Services Committee (SSC) hosted approximately 170 attendees from all regions of BC to come together in Vancouver on April 27th for the Specialist Symposium 2023: Responding to today's challenges. The aim of the event was to capture the voices of front-line specialists in responding to the challenges of specialist care and setting a direction for moving forward. The program, including speakers bios, can be found here: [2023 Specialist Symposium Program](#)

The event was planned by a Working Group (WG) consisting of physician, health authority and Ministry of Health representatives. The WG met bi-weekly to plan the event, including determining the objectives (Learn. Share. Improve.), the structure, keynote speaker and session topics. Once the topics had been determined, focused WGs were established to further develop the three sessions. The event was CME accredited.

## THE EVENT

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Doctors of BC President Dr Josh Greggain, SSC Co-Chair Dr Jason Kur, and Dr Chris Hoag from Consultant Specialists of BC welcomed the crowd, noting that the Symposium was a unique opportunity for attendees to learn, share, improve and hear from many clinical areas and regions, and contribute their voices to the future of specialist care in the province.


## KEYNOTE SPEAKER: DR ROBERT MCDERMID



Dr Robert McDermid gave the keynote presentation and led a session on changing the narrative of health care in BC through crayons, conversations, and creativity. Dr McDermid encouraged the audience to draw on the paper table cloths with crayons in order to make the space their own. He then led the room through a series of activities designed to get people thinking outside the box and to be creative with their fellow table mates.

Each attendee received a postcard with the statement “I am the kind of person that ...” Dr McDermid encouraged people to think throughout the day of the kind of person that they wanted to be. For those that were interested, he committed to following up with them in a few months to check in and see how they were doing. 40 people indicated that they wanted to be contacted by Dr McDermid.

Following the keynote presentation, three sessions to discuss current priorities in specialist care were scheduled: Specialists’ Response to Primary Care Challenges, Staying Balanced Against the Odds, and Culture, Communities, and Relationships.



**I am the  
kind of person  
that ...**

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I consent to being contacted by Dr McDermid.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile number: \_\_\_\_\_



## SPECIALISTS' RESPONSE TO PRIMARY CARE CHALLENGES

Dr Frank Ervin, Respiriologist, and Dr Ian Schokking, Family Physician, led the session *Specialist Response to Primary Care Challenges*. The session explored challenges related to specialist care for patients without primary care, both in terms of what specialists could do for patients in their care, as well as for patients that needed their care but were not yet connected.

The session, facilitated by Geoff Schierbeck and Marliese van Dijk, invited attendees to come to the front of the room and pitch their response to the “wicked” question, *How can specialists support patients during this primary care crisis?* Specialists, family physicians and patient partners all shared their perspectives. Responses were then themed into 7 pitches, which then became the topic statement for 7 breakout rooms:

[Breaking down the walls](#)

[Shared Care and 2.0 Collaboration](#)

[Legal protection for treatment of out of scope practice](#)

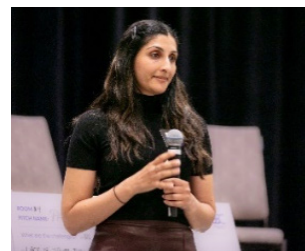
[Specialist team based care using physician extenders](#)

[Integration of communication with SP, FP and Patients](#)

[Patients as powerful – System wide learning on health care](#)

[One source of truth](#)

Participants were asked to ‘vote with their feet’ and move to the topic that resonated with them. A facilitator in each room led participants through a discussion exploring challenges experienced, the proposed pitch that would tackle the challenge, the must-haves to make this idea work, and the nice-to-haves. Participants were also encouraged to scan a QR code that would allow them to become part of future conversations on the topic; however, no participants signed up. Please see Appendix A / click on each title to read a summary of the discussion captured in each room, and action steps following the discussion.



## STAYING BALANCED AGAINST THE ODDS

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Tom Rapanakis facilitated a discussion with four speakers followed by an expert panel discussion. Speakers and panelists:

- Dr Elizabeth Thompson, general surgeon in Comox
- Dr Ashok Krishnamoorthy, psychiatrist working in the Vancouver Coastal Health Region
- Kristy Wolfe, digital storyteller and advocate from Alberta
- Dr Daisy Dulay, cardiologist in Victoria
- Dr Elisabeth Baerg Hall, psychiatrist living in the Vancouver Coastal health Region,
- Dr Anne Nguyen, family physician and addiction medicine specialist in Victoria

Dr Thompson took the stage to share her story of contracting a debilitating illness that required her to stop her practice and seek medical attention, and the impact that this has had on her identity as a surgeon, a mother and a person. Next, Dr Krishnamoorthy shared his experience as an International Medical Graduate who arrived in Vancouver from the United Kingdom. Kristy Wolfe shared how her father, a cardiologist, died by suicide and the impact that this has had on herself and her family. Dr Dulay shared her own experience as a cardiologist who took a medical leave after experiencing work related anxiety and burnout, and how this experience has led her to become an advocate for physician mental health and wellness.

Before opening the panel up to questions, Dr Nguyen provided an overview of the Physician Health Program, a service provided by the Doctors of BC and available to all physicians in BC. The session concluded with a Q&A session where the audience was invited to ask questions of the panel, either through slido or using the mic.

The stories shared by the panelists served to highlight the importance of paying attention to the health and wellbeing of physicians and care givers working today. Dr Dulay asked the audience, *What story would you tell? What story would your family tell? What story would your colleagues tell?* By including a description of the resources available through the PHP, Dr Nguyen and the other panelists hoped to educate those in the room about how to access supports and resources designed specifically with physician metal health and wellbeing on mind.



## CULTURE, COMMUNITIES, AND RELATIONSHIPS



Dr Joshua Greggain, Doctors of BC President, welcomed the audience and panelists to engage in the session *Culture, Communities, and Relationships*. The goal of the final session of the day was to understand the strengths and resources Indigenous communities bring to their members’ health care, and to provide practical suggestions for how physicians can better support and serve these communities. The panel included:

- Stella Erasmus Johnson, a Métis Elder and Northern Michif speaker from McLennan, Alberta. Stella currently lives in Nanaimo and works at Vancouver Island University
- Coreen Paul, a member of the Musqueam Indian Band and Community Relations Manager with the First nationals Health Authority
- Corrine McKay, the Chief Executive Officer of Nisga’a Valley Health Authority
- Dr Michael Dumont, an Anishinaabe (Marten Clan) and member of Shawanaga First Nation. Dr Dumont lives as a guest on the unceded land of the Musqueam, Squamish and Tsleil-Waututh peoples
- Ken Edzerza, past leader of the Tahtlan Central Government

The Indigenous panel members told personal stories and shared their perspectives on the BC health system. Panelists suggested practical strategies for BC doctors and partners to make Indigenous community members feel welcome and cared for when they come to their clinic or interact at the hospital. Examples include placing a land acknowledgement in the office, hanging the artwork by Rain Pierre that was commissioned by Doctors of BC and available to all physicians in the province, adorning their office with cedar, asking their name, kneeling or bending down so that they are speaking eye to eye rather than towering over someone.

Each audience member was given a postcard with Rain Pierre’s artwork on one side, and on the other, individuals were invited to identify who the Indigenous communities are in their region, and to reflect on the question “What can I do tomorrow to connect with my communities?” The session concluded with a Q&A discussion about fostering relationships between physicians and communities.

The Indigenous communities in my region are

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To learn more about how to provide care to these communities, I can contact

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

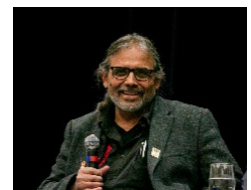
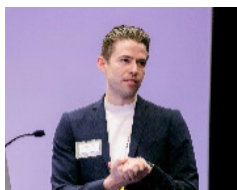
I can connect with these communities by

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SSC** SPECIALIST SERVICES COMMITTEE **Specialists Symposium 2023**  
Learn. Share. Improve.



## CONCLUDING REMARKS

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Dr Sam Bugis, Vice President of Physician Affairs and Specialist Affairs, provided closing remarks and invited patient partners Sandra Ketler and Terry Wilde to the stage to share their thoughts on the day and the path forward. “My message to specialists would be to continue being brave,” stated Ketler. “I know there are challenges, but I want specialists to know that their patients and the community has their backs.”

## EVALUATION

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The Symposium participant evaluation was administered at the end of the day through the QR code placed on the tables. 29% (48/167) participants completed the evaluation. Participants were asked about their overall experience at the Symposium: 85% agreed that the event met its stated objectives, was a valuable use of time, and that they would recommend to a colleague. 83% agreed that participating energized them in their work. Through open ended questions, the majority of respondents described the symposium as being a successful event where they were able to connect and network with their peers. In addition, participants described the event as being a great platform for tackling specialist priorities in the province. For the survey results for each session, please see Appendix B.

## NEXT STEPS

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The conversations and feedback generated during the Symposium served to highlight the importance of engaging with specialists and partners to better understand the existing challenges and potential opportunities facing the health system today. To ensure that specialists are provided with an opportunity to connect and collaborate on specific issues, the SSC will be planning several smaller-scale events that will be specialty, priority or initiative focused. Smaller scale events will allow for enhanced networking opportunities and collaboration amongst participants who share a common goal and interest. Continued engagement with section heads and Medical Staff Association (MSA) presidents throughout the year will remain a priority of the Committee, particularly in regards to engaging specialists on key health system priorities. Larger events will remain more general in focus and will occur on a bi-annual basis.



# APPENDIX A

## Specialists Response to Primary Care Challenges – Breakout Rooms

PITCH Name	Breaking down the walls
<i>Challenges</i>	<ul style="list-style-type: none"> <li>• Rural communities have high waitlists &amp; lack of specialists</li> <li>• Large geographic distances</li> </ul>
<i>The idea</i>	The idea Centralized BC wide Specialist Services/referrals and provincial cross border agreement (BC/AB)
<i>Must-haves</i>	<ul style="list-style-type: none"> <li>• Clear roles and referral process</li> <li>• Triage protocols (more community level care)</li> <li>• Right fit</li> <li>• Seamless</li> <li>• Patient responsibilities clear (remote monitoring)</li> <li>• Team based care (physician, RN, NP etc.)</li> </ul>
<i>Nice-to-haves</i>	<ul style="list-style-type: none"> <li>• Central EMR</li> <li>• Virtual tech support</li> <li>• Patient led navigators/advocacy</li> <li>• Transport</li> </ul>
<i>Opportunities</i>	<ul style="list-style-type: none"> <li>• The SSC-funded <a href="#">Enhancing Access initiative</a> provides specialists and their partners with funding to engage with one another and trial innovative approaches to enhancing access and referral processes</li> </ul>

PITCH Name	Integration of Communication with Specialists, Family Physicians and Patients	
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Space</li> <li>• Remunerative structure</li> <li>• Lack of incentives</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of cohesive location of information of patients</li> <li>• Lack of integration of the system</li> </ul>
<b>The idea</b>	<ul style="list-style-type: none"> <li>• Electronic solution and access to support integration</li> <li>• Support for SP to manage referral population</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure FP for longitudinal care is integrated</li> <li>• Team based care</li> <li>• Focus on wellness versus illness</li> </ul>
<b>Must-haves</b>	<ul style="list-style-type: none"> <li>• One source of truth with privacy</li> <li>• Renumeration structure</li> <li>• Support for patient access,</li> </ul>	<ul style="list-style-type: none"> <li>• Navigation assistance</li> <li>• Pilot for integrated care and sub-specialty</li> <li>• Include patients in dialogue of care</li> </ul>
<b>Nice-to-haves</b>	Simplify the system	
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>• The SSC-funded <a href="#">Enhancing Access initiative</a> provides specialists and their partners with funding to engage with one another and trial innovative approaches to enhancing access and referral processes</li> <li>• The SSC-funded <a href="#">Specialists Team Care Collaborative</a> (STCC) has created a network of community specialists that collaborate and innovate across and within specialties, and with other health professionals, to offer high quality and timely specialist care.</li> </ul>	<ul style="list-style-type: none"> <li>• Since early 2019, Doctors of BC has engaged with members in an effort to find tangible solutions to alleviate some of the burdens doctors, and other health care professionals, face everyday. Guided by this work, the Council on Health Economics and Policy (CHEP) at Doctors of BC published a policy paper Creating Space for Doctors to be Doctors: A Cumulative Impact lens on Physician Demands.</li> </ul>



PITCH Name	Shared Care and 2.0 Collaboration D/W	
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Fee structure</li> <li>• Coordinating time</li> <li>• Documentation</li> <li>• HHR crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Legal responsibility</li> <li>• Ministry of Health buy-in</li> <li>• Patients without MRP</li> </ul>
<b>The idea</b>	<ul style="list-style-type: none"> <li>• Collaboration between specialists and family physician patients</li> <li>• More conversations between SP and FP</li> </ul>	<ul style="list-style-type: none"> <li>• Supported by structures, process and billing (EASY billing)</li> <li>• Specialist out-patient practice</li> </ul>
<b>Must-haves</b>	<ul style="list-style-type: none"> <li>• Patient quarterback</li> <li>• Listening skills</li> <li>• Billing codes – streamlined</li> </ul>	<ul style="list-style-type: none"> <li>• CMPA involvement</li> <li>• Remuneration</li> <li>• Team based care</li> </ul>
<b>Nice-to-haves</b>	<ul style="list-style-type: none"> <li>• Shared EMR (publicly funded) that includes patient access</li> </ul>	
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>• The <a href="#">Shared Care Committee</a> provides funding to Specialists and Family Physicians who are interested in co-leading projects designed to address local gaps in care</li> </ul>	

PITCH Name	Patients as Powerful – System wide learning on health care	
<i>Challenges</i>	<ul style="list-style-type: none"> <li>• No centralized referrals</li> <li>• Lack of trust between provider groups</li> <li>• Fear of consequences of advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Creating a source of truth relies on the patients – so hard</li> <li>• Tension between access and quality</li> </ul>
<i>The idea</i>	<ul style="list-style-type: none"> <li>• Feedback loops to providers</li> <li>• Structures to help consolidate and synthesize information held by patient</li> <li>• Health system education that starts early – specific knowledge on system navigation driven by DoBC</li> </ul>	<ul style="list-style-type: none"> <li>• Written education standardized consult summaries written in plain language</li> <li>• Remove barriers to patient partner participation in structural solutions (ie. compensation)</li> <li>• Public education campaigns for HAs, MOH and patients</li> </ul>
<i>Must-haves</i>	<ul style="list-style-type: none"> <li>• Name the power imbalance – disrupt it</li> <li>• It is their medical record</li> </ul>	
<i>Nice-to-haves</i>	<ul style="list-style-type: none"> <li>• We want learning to happen that starts with support, connection before content</li> </ul>	
<i>Opportunities</i>	<ul style="list-style-type: none"> <li>• The SSC-funded Physician Quality Improvement team has put together a <a href="#">Meaningful Patient Partner Engagement - A Guide for Projects and Committees (October 2022)</a> to encourage</li> </ul>	<ul style="list-style-type: none"> <li>and uphold clarity and consistency for patient partners and health care partners. Teams engaging with patient partners are encouraged to use the guide</li> </ul>

PITCH Name	Legal protection for treatment of out-of-scope practice	
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Understand the CMPA support</li> <li>• Acknowledgement specialists are doing this work</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of resources to support specialists to provide this care</li> </ul>
<b>The idea</b>	<ul style="list-style-type: none"> <li>• Front end support for specialists</li> <li>• Identify colleagues – network of support ‘plus one’</li> <li>• Increasing specialists to specialist consults by renumeration them</li> </ul>	<ul style="list-style-type: none"> <li>• Bring the college into this discussion/ work in evaluation of system</li> <li>• Stepped approach to handling complaints</li> </ul>
<b>Must-haves</b>	<ul style="list-style-type: none"> <li>• Education to medical students and residents</li> <li>• Refresher from staff</li> <li>• Practice parameters set by self or employer</li> </ul>	<ul style="list-style-type: none"> <li>• More specialist</li> <li>• Access ‘Up to date’</li> <li>• Specific supports for new to practice physicians</li> </ul>
<b>Nice-to-haves</b>	<ul style="list-style-type: none"> <li>• CPD online</li> </ul>	
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>• The Canadian Medical Protective Association (CMPA) can provide guidance – call 1-800-267-6522 to speak to a physician advisor</li> <li>• The CMPA has a FAQ section of their website focusing on medico-legal risks, scope of work and CMPA assistance: <a href="https://www.cmpa-acpm.ca/en/covid19/medical-legal-risks-scope-of-work-and-cmpa-assistance#due-to-shortage-of-health-care-workers-additional-responsibilities">https://www.cmpa-acpm.ca/en/covid19/medical-legal-risks-scope-of-work-and-cmpa-assistance#due-to-shortage-of-health-care-workers-additional-responsibilities</a></li> </ul>	

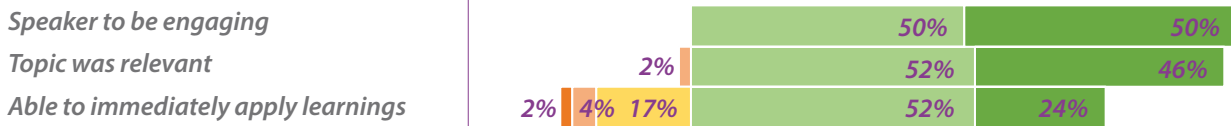
PITCH Name	One Source of Truth	
<i>Challenges</i>	<ul style="list-style-type: none"> <li>• Vendors that are not Canadian companies</li> <li>• Companies that don't have public interest at heart</li> <li>• Legislation limitations</li> </ul>	<ul style="list-style-type: none"> <li>• Vendors are private for profit optics of working together in a publicly funded system</li> <li>• Access to devices, connectivity between records</li> </ul>
<i>The idea</i>	<ul style="list-style-type: none"> <li>• Success, accessible publicly owned platform built in</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration with all users (patients, providers, allied health, policy makers) that enables physicians to provide optimal accessible care</li> </ul>
<i>Must-haves</i>	<ul style="list-style-type: none"> <li>• The platform</li> <li>• Portability</li> <li>• Ability to scale up</li> </ul>	<ul style="list-style-type: none"> <li>• Easy to use</li> <li>• Help desk</li> <li>• Leverage existing expertise</li> </ul>
<i>Nice-to-haves</i>	<ul style="list-style-type: none"> <li>• The platform</li> <li>• Allow appointment scheduling</li> <li>• Embedded patient resources</li> <li>• Provider templates</li> </ul>	<ul style="list-style-type: none"> <li>• Dashboard</li> <li>• AI generated summaries</li> <li>• Filter and search functions</li> <li>• Community connections</li> </ul>
<i>Opportunities</i>	<ul style="list-style-type: none"> <li>• Dawn Lake is the Director of Doctors of BC's Digital Health Strategy. Her team is committed to engaging specialists in the development and roll out of the provincial strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback and comments related to Digital Health challenges and opportunities gathered at the Symposium will be brought forward to the Digital Health Office for consideration</li> </ul>

PITCH Name	Specialist Team Based Care using Physician Extenders
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Team not funded</li> <li>• Time and overhead to get team set up</li> <li>• Complex patients have multiple docs</li> <li>• Finite time – doing it alone doesn’t allow physician to do practice at top of scope – burnout!</li> </ul>
<b>The idea</b>	<ul style="list-style-type: none"> <li>• Develop models in specialist care to allow physicians to work at the top of their scope and minimize non-clinical work with physician extenders to maximize patient care</li> </ul>
<b>Must-haves</b>	<ul style="list-style-type: none"> <li>• Allows physician autonomy while maintaining accountability</li> <li>• Adequately funded for all team members</li> <li>• Simplified communication mechanism</li> <li>• Scalability</li> <li>• HR support needed</li> <li>• Cost effective</li> </ul>
<b>Nice-to-haves</b>	<ul style="list-style-type: none"> <li>• Leverage partner with HA to coordinate resources</li> <li>• Networks</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>• The SSC-funded <a href="#">Specialists Team Care Collaborative</a> (STCC) has created a network of community specialists that collaborate and innovate across and within specialties, and with other health professionals, to offer high quality and timely specialist care. Feedback and comments brought forth at the Symposium will be considered for future iterations of the STCC Toolkit</li> </ul>

## APPENDIX B Evaluation Results

### KEYNOTE SESSION

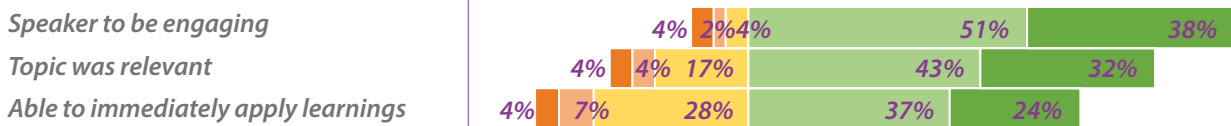
■ Strongly Disagree  
 ■ Disagree  
 ■ Neither Agree nor Disagree  
 ■ Agree  
 ■ Strongly Agree



Top-Two Box scores: 100%, 98%, and 76% (n=46)

### SPECIALISTS' RESPONSE TO THE PRIMARY CARE CRISES

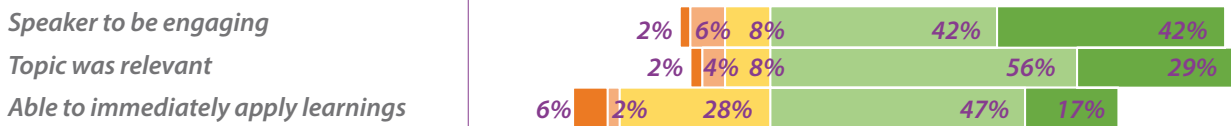
■ Strongly Disagree  
 ■ Disagree  
 ■ Neither Agree nor Disagree  
 ■ Agree  
 ■ Strongly Agree



Top-Two Box scores: 89%, 74%, and 61% (n=47)

### STAYING BALANCED AGAINST THE ODDS

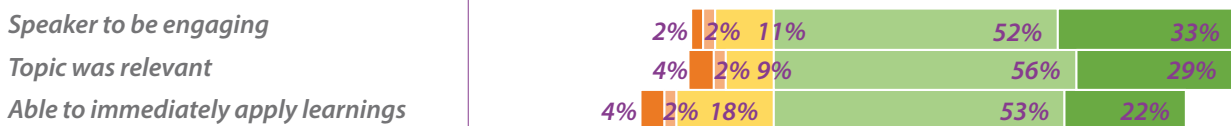
■ Strongly Disagree  
 ■ Disagree  
 ■ Neither Agree nor Disagree  
 ■ Agree  
 ■ Strongly Agree



Top-Two Box scores: 83%, 85%, and 64% (n=48)

### CULTURE, COMMUNITIES, AND RELATIONSHIPS

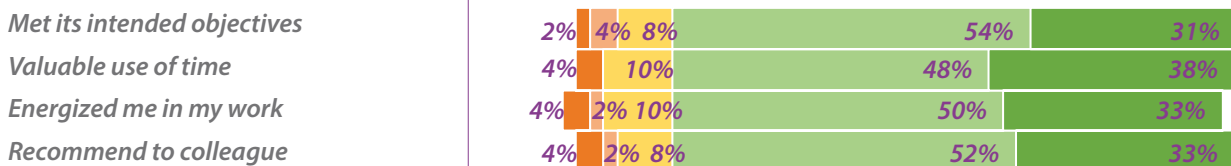
■ Strongly Disagree  
 ■ Disagree  
 ■ Neither Agree nor Disagree  
 ■ Agree  
 ■ Strongly Agree



Top-Two Box scores: 85%, 84%, and 76% (n=46)

### OVERALL SYMPOSIUM EVALUATION

■ Strongly Disagree  
 ■ Disagree  
 ■ Neither Agree nor Disagree  
 ■ Agree  
 ■ Strongly Agree



Top-Two Box scores: 85%, 85%, 83%, and 85% (n=48)

## PERCEIVED BIAS

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- 85% (40/47) answered “No” to any perceived bias, whether industry or other in the Symposium.

## OPEN-ENDED RESPONSES — SUMMARY

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### WHAT DID YOU LIKE MOST ABOUT THE SYMPOSIUM?

- Networking, connecting with colleagues, sharing ideas and listening to others
- Focus on physician mental health and work-life balance
- Interactive nature of the agenda
- “Meeting with colleagues in person and the discussion with the exchange of ideas was very satisfying. I was also moved by the storytelling session and exploring the various struggles physician go through to keep up with life and work balance.”

### WHAT COULD HAVE IMPROVED YOUR EXPERIENCE

- More small group interaction, brainstorming and connection
- Improved agenda – improved pacing of the sessions, more participant-driven sessions, topics that are pertinent to specialists
- Awareness on behalf of attendees that the day was to focus on specialist issues
- “The topics in afternoon sessions were important; however, after traveling the day before and lunch, it was a challenge for me to stay focused on both sessions as there was little interaction between the presenters and the rest of the group.”

### I AM MOTIVATED TO CHANGE MY PRACTICE IN THE FOLLOWING WAYS

- Personal reflection, listen and engage more meaningfully with patients and colleagues
- Focus on collaboration, getting involved
- Learn more about the First Nations communities in their region
- “Improving connection to wellness and EDI for both physicians and patients”