



3rd Annual Rural Locum Forum Summary:

February 25, 2017

SUPPORTING RURAL – OUR COLLEAGUES + COMMUNITIES

OVERVIEW

Hosted by the Rural Coordination Centre of BC (RCCbc) and the Rural and Remote Division of Family Practice (RRDFP), the 3rd Annual Rural Locum Forum was held at the Vancouver Island Conference Centre in Nanaimo. The event brought together about 120 people including rural locums, residents, recent medical graduates, experienced physicians, rural leaders, and community/organization representatives to explore opportunities for supporting rural locums in sustaining rural health services in British Columbia. The forum included pre and post conference opportunities for continuing professional development including the ACLS, BLS, CASTED, and The CARE Course; provided opportunities for networking; and showcased some of the various initiatives across the province.

RURAL LOCUM RESOURCES

The following resources were shared at this year's Forum:

- *The Locums for Rural BC Website* has been launched in its development phase and provides a centralized platform for physicians to search for rural locum opportunities in BC. Feedback is welcomed. <https://www.locumsruralbc.ca/>
- RCCbc is hosting a new *email listserv* for locums in rural British Columbia to share questions, ideas, events, and conversations. The official launch of the BC Rural Locum Discussion Group took place at the Rural Locum Forum. To subscribe to the Discussion Group, please email doctor.pamela@gmail.com
- *Pathways* is an online resource that allows GPs and their office staff to quickly access current and accurate referral information, including wait times and areas of expertise, for specialists and specialty clinics. See <https://pathwaysbc.ca/info> for more information.

COMMUNITIES

Following opening remarks from Dr. Rebecca Lindley and Dr. Kimchi Nguyen, the morning kicked off with success stories from Bella Coola and Princeton; two communities that have struggled with practice coverage and are now thriving. Dr. Julia Low Ah Kee highlighted the importance of invaluable staff, student/resident engagement, recreational attractions, and good camaraderie for physician recruitment and retention in Bella Coola. Dr. Ella Monro shared the progress that Princeton has made since the hospital's Emergency Department closure in 2012, strongly emphasizing the power of community in bringing about positive and innovative change in the health care system.



"Where there are roadblocks in the system, physicians will go elsewhere" – Dr. Ella Monro





CONTINUING PROFESSIONAL DEVELOPMENT

The morning featured a number of presentations by experienced rural physicians, including an interactive presentation on patient transport by Dr. John Soles, and an overview of Acute Pulmonary Edema by specialist Dr. Hector Baillie. Dr. John Pawlovich highlighted the importance of providing culturally sensitive care to indigenous communities through respect, reciprocity, and relationships.

Dr. Hector Baillie presenting on Acute Pulmonary Edema

WORKSHOPS

In the afternoon, attendees chose from a variety of workshop topics such as rural and ER cases, Dermoscopy, locum billing, and resiliency. A session was also hosted on 'enhancing rural locum services in BC through collaboration and consultation' and was well-attended by many experienced locum physicians and organization representatives. The workshop included discussion on the current locum framework in British Columbia, identified problems with the current system, and provided suggestions on how to improve locum services across the province.

Dr. Carl Whiteside and Dr. Alan Ruddiman facilitate discussion on 'Enhancing Rural Locum Services in BC Through Collaboration and Consultation.'



RURAL LOCUM TEAMS

The Rural and Remote Division of Family Practice is piloting a ‘Rural Locum Teams’ initiative in collaboration with the Rural Coordination Centre of BC (RCCbc). Rural Locum Teams involve pairs or groups of locum physicians (for example, mentor/mentee or peers) providing practice coverage in a community. Medical residents may also be part of the team.

A lunchtime networking session on Rural Locum Teams garnered interest and discussion among residents and physicians new to practice.

For more information see <https://www.divisionsbc.ca/rural-remote> or contact Kat Brine at ruralandremote@divisionsbc.ca.



At the Friday evening networking dinner, Dr. John Pawlovich and Dr. James Liu highlighted the importance of mentorship and peer support in rural practice by sharing their locuming experience in Dease Lake.



RESIDENTS

Residents comprised a significant proportion of the attendees at this year’s Rural Locum Forum. Many are excited to locum in rural and remote BC communities following graduation. The dialogue highlighted a need for more information to residents about the locum process in British Columbia.

Residents visit various community and organization booths.

KEY MESSAGES

1. There is significant interest to locum in rural BC by residents and transitioning physicians.
2. The face of family medicine is changing. Likewise, practice support needs to adapt/evolve.
3. Physicians want simplified processes and to be valued as a locum in British Columbia (e.g. credentialing, privileging, billing, travel, remuneration). In particular, a province wide credentialing system is strongly advocated for.
4. Consideration should be given to approaching practice coverage needs and strategies from a more comprehensive/diversified lens: that is, coverage of holidays is different from filling physician vacancies, and implications of practice coverage needs vary significantly due to size/remoteness/ other factors.
5. There is significant enthusiasm around the concept of Rural Locum Teams. Further development of the concepts is needed, particularly around matching locum physicians and communities.
6. Rural communities play a vibrant role in supporting physician coverage and bringing about positive and innovative change in the health care system.
7. Attention needs to be given to the practice environment in a community, for example: EMR, equipment, team dynamics and call schedule. (Divisions of Family Practice can play an important role.)
8. There are a number of resources available to physicians (e.g. Pathways, UptoDate), and multiple forums where rural locums can provide feedback on locum experiences and processes (e.g. JSC / JSC Subcommittee on Rural Locums, Rural Locum Listserv, RCCbc rural locum initiatives, HealthMatch BC).
9. There is a need for more information to residents about the locum process in British Columbia.
10. Enhancing relationships/collaboration among physicians, communities, health authorities, and relevant stakeholders is key to improving rural locum services in BC.
11. Greater attention needs to be given to providing culturally sensitive care to First Nations communities. The idea of a community of practice for locum physicians interested in First Nations was flagged for further consideration.
12. Data (including broader population data) and evaluation need to be an integral part of supporting locum physicians in their contributions to rural health services in BC.

WE THANK THE FOLLOWING SPONSORS:

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The Joint Standing Committee on Rural Issues (JSC)
Rural Continuing Professional Development / Rural Education Action Plan (REAP) (Shared)
Creston Valley Health Working Group
Locums for Rural BC/Health Match BC

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Rural Health Services Research Network of BC (RHSRNbc)
Doctors of BC – Community, Partnerships + Integration

Finally, we also would like to acknowledge the Planning Committee members for their time and contribution in developing the objectives and agenda for the forum. As well, the valuable support we received by Ms Lindsay Callan, UBC CPD, and from all the staff from RCCbc and RRDFP.

Planning Committee:

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Ms Katherine Brine
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