

# **GP Surgery And Anesthesia In BC**

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#### Does It Matter?

Infrastructure/cornerstone of rural health care

- Programs (Maternity, ER)
- Recruitment and retention
- Inclination to care for the reasonably ill patients
- Community economic and social resource

# Has the Delivery of Rural Surgery Changed?

- New data
  - 1. List of FPA's by community (LP-RCCBC)
  - 2. List of GPS by commuity
    - 1. Incomplete data on their scope of practice
    - 2. Nothing on their location/scope of training

## Talking Points

- Changes in Rural Surgery 1995 Present
- Significance for FPA
- Significance for GPS
- •How We Might Move Forward? FPA
- •How We Might Move Forward? GPS
- •Role for RCCBC?



#### 1995 : BC's Small Volume Programs-GPS

1. Hazelton

8. Dawson Creek

15. Grand Forks

2. Smithers

9. Kitimat

16. Princeton

3. Burns Lake

10. 100 Mile House

17. Fernie

4. Vanderhoof

11. Golden

18. Lilloet

5. Fort St. James

12. Revelstoke

19. Bella Coola

6. Fort St. John

13. Creston

20. Bella Bella

7. Fort Nelson

14. Castlegar



#### 2011: BC's Small Volume Programs-GPS

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#### 4 Small, now Large, Volume Programs (Spec. Sx)

Hazelton

2. Smithers

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#### Since 1995: Attrition In Small Volume GPS Programs

	1995*	2011**
Small Volume Programs	20	7
FPA	53	12
GPS	41	10



<sup>\*</sup> Iglesias et al. Advanced Skills by Canada's Rural Physicians. Can J Rural Med 199; 4(4):227-31.

<sup>\*\*</sup> Survey (1) RCCBC, Dr. L. Prinsloo (FPA); (2) Dr. S. Iglesias (GPS)

#### **Scope Of Practice Of GPS in Small Volume Programs**

	1995	2011
c/s only	15	Hypothesis: mostly C/S?
appy only	1	
c/s and appy	18	
FPA and GPS	7	
Total GPS	41	10



#### 2014: BC's Large Volume Programs

1. Cranbrook

2. Nelson

3. Trail

4. Salmon Arm

5. Williams Lake

6. Powell River

7. Sechelt

8. Squamish

Duncan

10. Port Alberni

11. Campbell River

12. Prince Rupert

13. Smithers

14. Terrace

15. Vanderhoof

16. Quesnel

17. Fort St. John

18. Dawson Creek

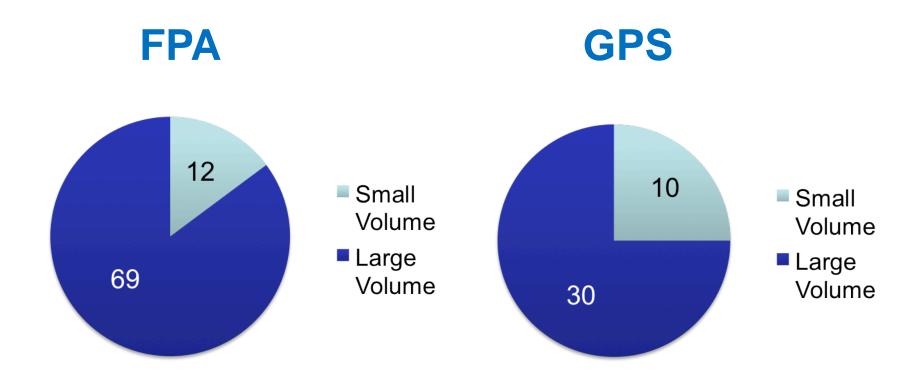


#### 2011: BC's Rural Surgery



	FPA	GPS
Small Volume (7)	12	10
Large Volume (18)	69	30

## 2014: BC's Rural Surgery



#### 2014: BC's Large Volume Programs

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Nelson

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## Why The Change?

#### •Health Policy?

- Few training programs for full service GPS
- Regionalization
- •Evolution of Surgery?
  - MIS surgery
  - Imaging, especially CT and U/S
  - "Superhero" not sustainable
  - Loss of generalism in Gen Sx





## Small Volume Programs by Province

	PROGRAMS	GPS	GPA
	2000 (2011)	2000 (2011)	2000 (2011)
ВС	20 (11)	41 ( <mark>29</mark> )	53 ( <mark>28</mark> )
AB	41 ( <mark>27</mark> )	70 ( <mark>63</mark> )	85
SK	8 (8)	11 (28)	19
MB	7 (5)	17 ( <mark>9</mark> )	22

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## How FPA Has Changed

- Expanded Career Tracks For FPAs:
  - Family medicine/anesthesia
  - Anesthesia/ER
  - Anesthesia
- CME
  - Improved availability, accessibility
- More volume, more complex cases
- Improved relationship with specialists (fragile?)



## How FPA Has Not Changed

- Training program:
  - Same training for small vs. large volume programs?
  - No standardized curriculum
  - No certification
- Home?
  - CAGA?





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## What Has Changed For GPS

#### Past:

- Broad scope of practice
- Small volume programs
- Present:
  - Mostly c/s
  - Large volume programs
  - Improved relationship with Specialist OB



## What Has Not Changed For GPS

- Few Training opportunities
  - Only in Saskatchewan
  - BC's C/S program
- Relationship with surgeons
  - Gen Sx: impossible(except U of S)
- Credentialling is problematic
- CME-none at all
- •Home?





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### How We Might Go Forward? FPA

- Database:
  - Survey who is doing what/where
- Training program
  - Cognizant of small vs large volume programs
  - Largely **not** community driven
- CME
- Home
  - Responsive to different constituencies
  - RCCBC





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## How We Might Go Forward? GPS

- Database:
  - Survey who is doing what/where(incl spec)
  - Site visits
- Training program
  - GP C/S: is there a BC program?
  - Full service GPS
    - No teaching site in BC
    - Link with Sask-distributed education model?
- CME-presently none at all
- Home
  - -RCCBC??





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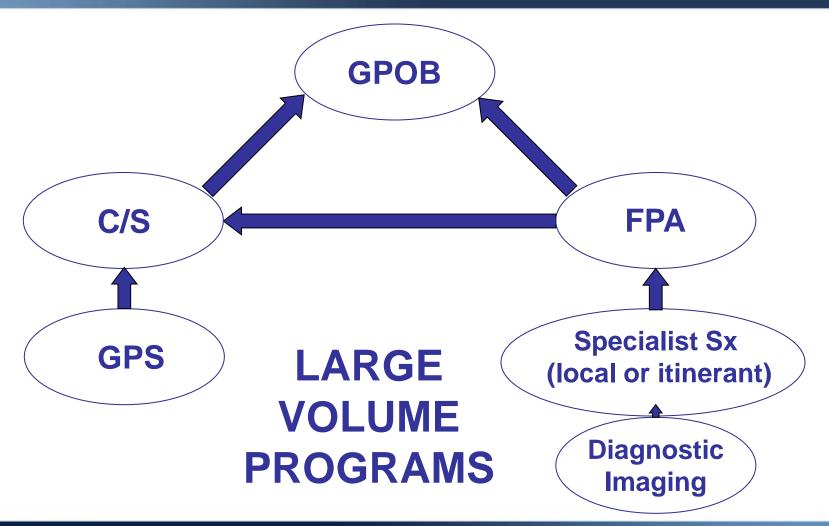
#### Role for RCCBC

#### To provide a home for FPA and GPS:

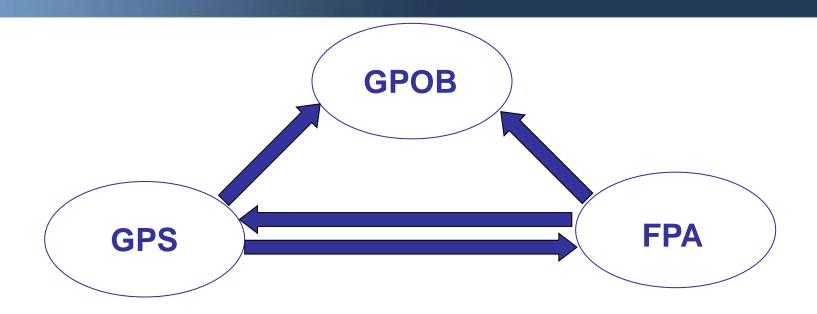
- Database (surveys, site visits)
- List serve/ teleconferences
- Training Programs-moving the agenda forward
- CME- organization/sponsor
- Liaison with other provinces (RPAP, U of S)
- Advocacy-Ministry, HA's, Medical Schools
- Admin support



#### INTERFACE: GPOB / FPA / GPS



#### INTERFACE: GPOB / FPA / GPS



## SMALL VOLUME PROGRAMS

# DISTRIBUTED SURGICAL TRAINING PROGRAM ( U of S, UBC )

