GP Surgery And Anesthesia In BC

Dr. Stuart Iglesias

January 5, 2012
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 community
     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?
Changes in Rural Surgery: 1995 - Present

1995 : BC’s Small Volume Programs-GPS

1. Hazelton
2. Smithers
3. Burns Lake
4. Vanderhoof
5. Fort St. James
6. Fort St. John
7. Fort Nelson
8. Dawson Creek
9. Kitimat
10. 100 Mile House
11. Golden
12. Revelstoke
13. Creston
14. Castlegar
15. Grand Forks
16. Princeton
17. Fernie
18. Lilloet
19. Bella Coola
20. Bella Bella
### Changes in Rural Surgery: 1995 - Present

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

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Rural Coordination Centre of BC
Enhancing Rural Health Through Education
# Changes in Rural Surgery: 1995 - Present

**1995 : BC’s Small Volume Programs-GPS**

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## Changes in Rural Surgery: 1995 - Present

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

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Small, now Large, Volume Programs (Spec. Sx)
Since 1995: Attrition In Small Volume GPS Programs

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<th>1995*</th>
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<td>Small Volume Programs</td>
<td>20</td>
<td>7</td>
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<tr>
<td>FPA</td>
<td>53</td>
<td>12</td>
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<td>GPS</td>
<td>41</td>
<td>10</td>
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** Survey (1) RCCBC, Dr. L. Prinsloo (FPA); (2) Dr. S. Iglesias (GPS)
## Scope Of Practice Of GPS in Small Volume Programs

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<th></th>
<th>1995</th>
<th>2011</th>
<th>Hypothesis: mostly C/S?</th>
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<td>c/s only</td>
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<td>c/s and appy</td>
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<tr>
<td>FPA and GPS</td>
<td>7</td>
<td></td>
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<td><strong>Total GPS</strong></td>
<td><strong>41</strong></td>
<td><strong>10</strong></td>
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Changes in Rural Surgery: 1995 - Present

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
9. 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

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<tr>
<th></th>
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<th>GPS</th>
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<td>Small Volume (7)</td>
<td>12</td>
<td>10</td>
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<tr>
<td>Large Volume (18)</td>
<td>69</td>
<td>30</td>
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2014: BC’s Rural Surgery

FPA
- Small Volume: 12
- Large Volume: 69

GPS
- Small Volume: 10
- Large Volume: 30
Changes in Rural Surgery: 1995 - Present

### 2014: BC’s Large Volume Programs

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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

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<tr>
<td>BC</td>
<td>20 (11)</td>
<td>41 (29)</td>
<td>53 (28)</td>
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<tr>
<td>AB</td>
<td>41 (27)</td>
<td>70 (63)</td>
<td>85</td>
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<tr>
<td>SK</td>
<td>8 (8)</td>
<td>11 (28)</td>
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<tr>
<td>MB</td>
<td>7 (5)</td>
<td>17 (9)</td>
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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?
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?
Talking Points

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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?
Talking Points

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• Significance for FPA
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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
Talking Points

• Changes in Rural Surgery 1995 – Present
• Significance for FPA
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• How We Might Go Forward? FPA
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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 ??
Talking Points

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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

C/S

GPS

LARGE VOLUME PROGRAMS

FPA

Specialist Sx (local or itinerant)

Diagnostic Imaging

GPOB
INTERFACE: GPOB / FPA / GPS

SMALL VOLUME PROGRAMS