Oncology vacancy in Prince George

Physicians often move to Prince George with plans to stay for a few years but local health professionals are not surprised when they end up staying 20. City residents enjoy the highest standard of living in one of BC’s most diverse regions. Commuting to work from most residential areas rarely takes more than 15 minutes. And when you add in a well-compensated medical career, the combination is often unbeatable. An easy choice... page 2

New Pan-Canadian Framework for doctors

It’s to everyone’s benefit if internationally educated physicians can work to their full capacity upon their arrival in Canada. The challenge is that efficient and consistent processes are needed to assess the qualifications of doctors who have been educated outside of Canada. Read further... page 3

Locum relief for rural physicians

“I have done locums in Clearwater many times in the past eight years. It is my favourite place to work,” said Dr. David Wiseman. “The standards of care here are the best I have ever seen. The team work and professionalism of the medical, nursing, and other staff is very impressive.” More... page 5

Happily settled in Summerland

Dr. Khati Hendry and her spouse, Sally Kilburg, made the move from California to British Columbia in 2004. Knowing that they wanted to relocate to Canada and stay on the west coast, the couple visited a number of places throughout BC looking for the best match. Their story... page 6

COMMUNITIES IN ACTION

Top 10 reasons to choose rural medicine

What do BC physicians love about rural practice?

In a recent survey, rural doctors listed the top reasons they enjoy working in their respective communities. From the sheer breadth of practice to the quality of life, the rewards of rural medicine are huge. Read what these doctors have to say about their practices away from the city. More... page 7

OUR RECRUITERS ON THE ROAD

Meet the Health Match BC recruitment team at the following physician conferences:

June 21 - 24, Edinburgh, Scotland: Royal College of Psychiatry Conference - EICC.
June 26 - 2:00 p.m., Newcastle, England: Physician Information Session - Newcastle Marriott Metrocentre.
June 28, 7:00 p.m., York, England: Physician Information Session - Royal York Hotel and Events Centre.
October 7 - 9, Harrogate, England: Royal College of General Practitioners Annual Conference - Harrogate International Centre.
Oncology vacancy in Prince George

Physicians often move to Prince George with plans to stay for a few years but local health professionals are not surprised when they end up staying 20. City residents enjoy the highest standard of living in one of BC’s most diverse regions. Commuting to work from most residential areas rarely takes more than 15 minutes. And when you add in a well-compensated medical career, the combination is often unbeatable.

“This is one of the most rewarding places you can practise,” says Dr. Winston Bishop, a medical oncologist with Northern Health. “The community grows on you. Even if you don’t like the outdoors, you will still find Prince George a very attractive place. There are so many reasons to come to Prince George, and that is why I am still here.”

State-of-the-art centre

In 2008, the BC government launched a new initiative to combat cancer in the northern part of the province. “The new BC Cancer Agency Centre for the North will provide chemotherapy, radiation therapy, and hormonal treatments administered by world-class oncologists, practicing state-of-the-art solid-tumour medicine,” explains Dr. Charles Blanke, Provincial Program Leader for Systemic Therapy, at BC Cancer Agency.

The new 5,000-square-metre Centre is scheduled for completion by 2012. It will include two linear accelerators for radiation therapy, one computerized tomography simulator, an 11-patient chemotherapy treatment unit, and outpatient clinics. Members of the medical team are Northern Health staff with appointments in the Faculty of Medicine at the University of Northern BC (UNBC).

The Centre’s oncologists participate in the treatment and support of cancer patients in both outpatient and hospital settings. They also have the opportunity to participate in academic research, teaching, and program evaluation at UNBC.

Balanced lifestyle

Just over 80,000 people call Prince George home, and the city also serves a rural population over 300,000. Educational facilities include UNBC and the College of New Caledonia. Cultural activities abound with two museums, an art gallery, a symphony orchestra, and several theatre groups.

As BC’s northern capital, the city is an ideal mix of pristine rural environment and urban convenience. Its location at the crossroads of two major highways, adjacent to the Fraser River, provides access to other parts of the province and neighbouring Alberta.

It’s easy to find the perfect life balance in Prince George. Outdoor recreation includes golf, skiing, fishing, hunting, hiking, team sports, and wilderness adventure. Affordable housing and land plus low transportation costs make this thriving regional centre the lowest-cost city of this size in the province.
New Pan-Canadian Framework: what it means for doctors

Related story:
The impact of the Labour Mobility Act on physicians… page 4

It’s to everyone’s benefit if internationally educated physicians can work to their full capacity upon their arrival in Canada. The challenge is that efficient and consistent processes are needed to assess the qualifications of doctors who have been educated outside of Canada.

That’s why a new federal-provincial accord, The Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, was released last fall.

However, it is still up to the provincial physician regulatory authorities – such as the College of Physicians and Surgeons of BC (CPSBC) - to establish the standards that will ensure the delivery of quality care to the public.

Public commitment

The Framework is a public commitment to make life easier for immigrants wanting to work in a regulated profession in Canada, but it’s not a legal document. Internationally educated physicians are to receive clear information, fair treatment and prompt communication throughout the assessment process. The Canadian system is complex and can be frustrating. It will take collaboration among the stakeholders to reduce duplication and make the system more efficient.

Lack of capacity

“From the College’s perspective, there has always been, and will continue to be, a significant lack of capacity to appropriately assess a physician’s skill and knowledge where that qualification has been obtained in a jurisdiction that is unknown or unfamiliar to this College,” writes Dr. Heidi Oetter, CPSBC Registrar, in their recent newsletter.

“Pilot projects such as the Western Alliance for the Assessment of International Physicians have demonstrated that competency-based assessments for entry-to-practise licensure are time and resource sensitive,” she adds. “Moreover, from the pilot project data, the high cost of competency-based assessments must also recognize that not all candidates are assessed as eligible for licensure.”

More residency positions

“We congratulate the government for its commitment to address physician supply by increasing the capacity to train physicians in BC. This includes both the expansion of the medical school at UBC and the addition of more residency positions for Canadians who have obtained their medical degree outside of Canada as announced in the recent throne speech,” says Dr.Oetter. “Domestic and international mobility of physicians is another solution to our provincial physician shortage.”

But, she concludes: “The College’s task is to ensure that the government’s desired flexibility in registration and licensure does not compromise what the citizens of BC expect of a regulatory authority – that only those who are competent and professional are granted a licence for independent practice.”

Two phases

The Framework targets several health and allied health professions, for implementation of a 12-month credentialing recognition process by the end of 2010. This list includes registered nurses, physiotherapists, medical laboratory technologists, pharmacists and occupational therapists.

During the next phase of implementation ending December 2012, the framework will be implemented for six occupations, including physicians.
The impact of the Labour Mobility Act on physicians

Main story: New Pan-Canadian Framework for doctors... page 3

The Labour Mobility chapter of the Agreement on Internal Trade (AIT) was signed by the provinces, territories, and the federal government in 1994 to reduce barriers to the free movement of persons, goods, services, and investments in Canada. Changes are being made that will affect over 100 occupations, including physicians.

Chapter 7 (Labour Mobility) addresses the elimination or reduction of labour mobility barriers. The intent is to enable any worker who is licensed, certified, or registered by a regulatory authority to be granted access to employment opportunities in their occupation in other provinces with mutual recognition of their qualifications.

The Chapter 7 amendments are, in general terms:

1. elimination of provincial residency requirements as a condition for employment or certification

2. individuals certified by a regulatory body in one province must be able to gain certification in the same profession in any other province upon application to the responsible regulatory body, without a need to complete any additional training, experience, examinations, or assessments as part of the certification process.

The amendments reflect a movement towards a pan-Canadian consensus on many professional competencies.

CPSBC’s perspective

In the most recent newsletter of the College of Physicians and Surgeons of BC, Dr. Heidi Oetter wrote in her Message from the Registrar:

‘With the recent proclamation of Bill 11, the Labour Mobility Act, the College is now required by law to recognize for licensure any physician in good standing who holds an unrestricted licence in another Canadian jurisdiction.

Practically speaking, this means that the College cannot impose a requirement upon an extra-provincially duly licensed physician for further examinations or assessments.

Physicians seeking registration and licensure in BC must:

• complete an application
• undergo a criminal record check
• provide evidence of good character
• confirm currency of practice, as well as
• produce a Certificate of Professional Conduct from their home jurisdiction.

This legislation brings to fruition the federal/provincial/territorial governments’ vision of domestic mobility of regulated professions across Canada.

Through our national body, the Federation of Medical Regulatory Authorities of Canada (FMRAC), all of the medical regulatory authorities are working cooperatively to develop a national entry-to-practise standard for physicians who have completed all or part of their medical training outside of Canada. (Physicians who have completed their training in Canada including MD, LMCC plus certification with one of the two national colleges already have full mobility as they meet the requirement for licensure in every jurisdiction in Canada.)

While significant work needs to be completed, we recognize that the Agreement on Internal Trade has forced the colleges across Canada to come to a consensus on a national standard. If we were to continue a patchwork of registration standards, jurisdictions with lower standards would be portals of entry to any province in Canada under labour mobility legislation.”
Locum relief for rural physicians

“I have done locums in Clearwater many times in the past eight years. It is my favourite place to work,” said Dr. David Wiseman. “The standards of care here are the best I have ever seen. The team work and professionalism of the medical, nursing, and other staff is very impressive.”

Dr. Wiseman can easily compare Clearwater to a lot of places. After completing his residency at McGill University, he worked for 34 years in rural and remote communities including 30 in BC, and 20 in Nunavut and the Northwest Territories. Today, he’s one of the many locums that provide coverage for rural practitioners in BC through the Rural GP Locum Program.

Supporting rural doctors

Established by the BC Medical Association and the Ministry of Health Services, the program assists rural general practitioners (GPs) in taking reasonable periods of leave from their practices. Knowing they can secure subsidized relief for continuing medical education, vacations, or health needs is very reassuring for rural doctors. The program also provides locums with opportunities to practice in rural areas, giving them a chance to explore communities before deciding on where to settle.

Physician benefits

The Rural GP Locum Program is available to all rural physicians practising medicine in an eligible Rural Subsidiary Agreement (RSA) community with seven or fewer full-time family practitioners. Depending on the designation of the RSA community, rural physicians who meet the criteria may each request from 28 to 43 days of locum services per year, with each request lasting a minimum of five days, unless it’s for weekend coverage, for a minimum of 3 days. They receive 40% of the payments made by the Medical Services Plan to cover the overhead costs of their clinics.

Since locums are hired by the program as independent contractors, the host physician is not responsible for them as employees. However, they are responsible for arranging accommodation and transportation for the locum, while in the community.

Qualified locums

All locums must:

• be a general practitioner licensed to practice in BC
• have a current certificate in ATLS and ACLS
• be a member in good standing with the Canadian Medical Protective Association (CMPA) or carry an alternative medical malpractice insurance.

The locums are paid by the Rural GP Locum Program. They are eligible to receive a travel honorarium from $50 up to $600 and a guaranteed daily rate from $750 to $900 when providing coverage in eligible RSA communities.

They are eligible to receive payment for on-call and the Rural Retention Program fee-for-service premium. They are also eligible to receive the flat fee sum if they live and practice for nine months of the year in eligible RSA communities.

Locums can also opt for weekend coverage, providing three days of relief for rural physicians. The guaranteed daily rate for weekend coverage ranges from $2,000 to $2,450, depending on the designation of the RSA community.

For details on the program and application forms, please contact:

Physician Compensation Rural Practice Programs
Ministry of Health
Rural GP Locum Program
2-1, 1515 Blanshard St
Victoria BC
Tel: 1.877.357.4757
Fax: 1.877.387.4757
Email: HLTH.RuralPrograms@gov.bc.ca.
Dr. Khati Hendry and her spouse, Sally Kilburg, made the move from California to British Columbia in 2004. Knowing that they wanted to relocate to Canada and stay on the west coast, the couple visited a number of places throughout BC looking for the best match.

Dr. Hendry added that she made the move to Canada so she could “really be able to practise medicine and enjoy it, versus being caught up in the nightmare of US healthcare politics.”

The couple considered the type of practice, the amenities of the towns, the general ambience and most importantly, finding a place where they could happily live. They settled on Summerland as the best place to establish Dr. Hendry’s family practice.

Any international move to a new medical system is not without its challenges. Fortunately, Dr. Hendry didn’t have any major glitches making the transition, but she did experience some anxiety and stress negotiating the maze of exams and legal requirements to set up practice in British Columbia.

“There are always adjustments to a new medical system,” she said. “Health Match BC made it much easier.”

Almost six years later, Dr. Hendry has a well-established practice in Summerland where she is enjoying a better quality of life and in an environment that is much more supportive of being a family doctor. Her biggest professional joy is “working in a health system that allows me to focus on patient care.”

British Columbia is well known as a lifestyle destination and Dr. Hendry’s experience is no exception. She enjoys the outdoors, has been more physically active, is finding time to enjoy hobbies such as watercolour painting, and happily takes time to explore a beautiful part of the world.

The couple also enjoyed traveling to Vancouver for the 2010 Winter Olympics in February. They attended a few events at Whistler, on Cypress Mountain and in Vancouver, explored the local neighbourhoods and experienced the enthusiastic downtown crowds.

Dr. Hendry offered some advice for other physicians thinking about making a move to BC.

Personally, she noted, “When relocating a family – be it a spouse, partner, or a family with children – it is important that the family is going to be happy with the new life.” Their move to Summerland has worked out extremely well, as they have found a place within a community that has been welcoming to them both.

Professionally, she advises physicians to “be aware of, and to fully understand, the exam procedures and requirements in advance.” She added: “There will always be hoops to go through, so it is helpful to have Health Match BC to help navigate those hoops.”
Top 10 reasons to choose rural medicine

What do BC physicians love about rural practice? In a recent survey, the favourite aspect was the sheer breadth of medicine.

“I have the chance to say ‘I can do that’ more often than ‘I can refer you,’” says Dr. Daile Hoffmann, who practised in rural Ontario and on the Gulf Islands before settling in Creston.

Hand in hand with a broad scope of practice are the continual learning opportunities.

“You’re challenged to think on your feet and be creative, adapting to the resources you have at hand,” she adds.

Dr. Trina Larsen-Soles, former president of the Society of Rural Physicians of Canada, agrees. After 23 years of practising in Golden, she still finds new challenges: “I see a huge variety of interesting medicine here. The nature of our work in rural communities is that it is constantly challenging and generally interesting.”

Independence and autonomy

“BC rural physicians enjoy a much greater degree of independence and autonomy than is available in an urban practice. While part of the Health Authority, the practice of each individual physician remains their own responsibility, paying attention to their personal requirements and those of the community,” says Dr. Granger Avery, Executive Director of the Rural Coordination Centre of BC, and a family physician in Port McNeill for 34 years.

Teamwork is also a rewarding factor. “You work together in a collegial team with other professionals, contributing whatever you can according to your training and experience,” adds Dr. Hoffmann.

Rural physicians have the opportunity to build closer relationships with patients. “You know your patients better, and can often care for them better because you learn things they might not necessarily tell you. The flip side is that they know more about you as well, but there are ways to set boundaries,” says Dr. Larsen-Soles. “Overall, it is very satisfying to see your patients going about their lives. Now I am caring for the children of children that I delivered.”

Joys and challenges

The solitude of a rural setting, amazing recreational opportunities, and short commute times are other highlights. “Living in a rural community gives you some space to breathe. Your kids are able to explore outdoors without constant surveillance,” says Dr. Hoffmann.

Greater independence often means more flexible work hours. “Working arrangements may vary widely,” says Dr. Avery. “That allows for individual decisions around the time and type of recreational activities. For example, I have often been out crabbing, fishing and hunting for a few hours before hospital rounds.”

The lower cost of living is also an advantage. The average house price in BC was $517,000 in March 2010, versus $693,000 in Vancouver. Commercial real estate is also less expensive, which translates into lower overhead for clinics.

The rural doctors that we spoke to meet the joys and challenges of rural practice head on – and would never have it any other way.