Specialists' Perceptions of Family Physicians with Enhanced Surgical Skills:

Findings from an Evaluative Qualitative Study

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Background and Context:

- The nationally-endorsed *Joint Position Paper on Rural Surgery and Operative Delivery* (2015) notes that rural surgical care is 'contingent on genuine and productive relationships between care providers throughout all levels of the health care system.' (1)
- Ideally, these relationships are nested in geographically-based networks of care that support clinical practice and include mentors and teachers, those who accept referrals for patient transports and other professions involved in the surgical care of rural patients. These networks rely on linked and inter-reliant professional and personal relationships.
- Research evidence suggests challenging relationships exist between FPESS and some of their specialist colleagues in Western Canada, demonstrated by an experienced lack of support of FP's seeking procedural training and experiences of lack of support during consultations regarding procedural care in rural communities (2).
- A clear understanding of areas of inter-professional tensions is essential to underscore the networks of care that are urgently needed to sustain surgical and obstetrical services in rural Canada.

Methods and Approach:

- Naturalistic, qualitative research interviewing to answer the question ''What are the perceptions and experiences of Specialist Surgeons and OB/GYNs towards GPs with Enhanced Surgical Skills?'
- 51 participants recruited through third party recruitment, snowball technique and direct contact in BC (n=25), Alberta (n=14) and Saskatchewan (n=12).
- Interviews audio-recorded and analyzed thematically (patterns across the data) independently by 2 researchers.
- Study ethics received from UBC Behavioral Research Ethics Board.

Summary of Findings:

There was recognition by all participants of importance of **meeting the surgical needs of rural residents.** There was dissention on whether this should be done **locally** or **at a larger centre** and if locally, variation on whether it should be done by **FPESS or OBGYN/General Surgeons.**

There was overwhelming **acceptance of FPs doing Cesarean Sections** in rural settings, but dissention on appropriateness of other procedural care.

Participant-identified *context* of the topic included:

- Dueling imperatives of system centralization vs. 'Closer to home';
- Un/under-employed graduating General Surgeons;
- Increasing sub-specialization in surgery;
- Economic constraints reflecting a worsening economy;
- Recognition of vast Canadian geography.

- Advantages of care in referral or tertiary centres were associated with high-volume procedural care (increased safety);
- Participants suggested the need for a trade-off between preference for local care and safety.

General Surgery Practice:

- Potential for rural general surgery given current context of over-supply of urban general surgeons;
- Would require a revision to the current educational curriculum.

FPESS Practice:

- Recognized as meeting the needs of rural residents and providing sustainability to solo specialists.

Perceptions of FPESS Surgical Care:

Positive

- Facilitating Sustainable rural care/filing a niche:
  "Personally, I am very 'pro' surgical services for rural communities being provided by FPESS whether in OB or Surgery in general. Very, very much. I think it is just a mistake to close [small services]. People do not see the impact that closing these services has on the retention of family doctors, on hiring and attracting family doctors."
- Positive Experiences with
- Support for solo specialists

Negative

- More prevalent in urban respondents
- Concerns over training, competence, CME, CQI
  "There is no process for credentialing non-specialized proceduralists (versus those who are fellowship certified and have credentialing process, pass standard and technical milestones); when you have a GPESS they could be a complete flier."
- Sub-standard care (location at the cost of quality)
  "I think one of the things that one has to factor in is almost always, you can travel to a larger centre to get surgical care. You need to use the same argument if someone has a ruptured aneurism and the small town has a surgeon. We do not accept that standard of care. That comes to [the larger centre] and nowhere else in the province. Yes, that's travel, and yes some people will die on route, but a lot more of them would die if surgeons in [small communities] were trying to do that and I think our ability to transport is such that no one would accept those kinds of things being done in small centres."

Necessary Conditions for Practice

- Natural surgical inclination of the practitioner
- Standardized educational curriculum and evaluation (on-going)
  "Physicians need to be involved in CME (trauma rounds, M&M rounds); outreach surgery with FPESS assisting is hugely important; FPESS need targeted CME – with other specialist surgeons. Is there a requirement for (them) to go to surgical meetings? In the surgical specialty, it is a requirement, practitioners have to maintain MainPro credits. [For example], there should be CME for GP endoscopy."
- Practice must reflect needs of the community
- Need to establish rigorous informed consent with patients
  "I think a patient that delivers in a peripheral site should and probably is aware that someone who potentially will do their section is not doing sections three times per day. And that is important information."

Areas requiring further discussion

- Appropriateness of elective versus emergent procedures
  *"The only reason in my mind to do things like a hernia – a hernia is almost always an elective repair – Is to maintain a certain volume of procedures so when an urgent case comes up, you have done the procedure yesterday or last week, so you are still comfortable... Otherwise it is hard to justify that an elective proc*Impact of FPESS on General Surgeons
  edure needs to be done a FPESS ... when with two hour travel you can go to [referral centre] and have the same procedure done by a fully qualified General Surgeon."
- Impact of FPESS on General Surgeons
- Inclusion of endoscopy in scope of practice

References:

1. Iglesias, S., Kornelsen, J., Woollard, R., Caron, N., Warnock, G., Friesen, R., Miles, P., Vogt Haines, V., Batchelor, B., Blake, J., Mazowita, G., Wyman, R., Geller, B., de Klerk, B. (2015) *Joint Position Paper on Rural Surgery and Operative Delivery*. Canadian Journal of Rural Medicine. 20(4): 129-138.

2. Kornelsen, J, Iglesias S, Humber N, Caron N, Grzybowski S. (2013*) The Experience of GP surgeons in western Canada: The influence of interprofessional relationships in training and practice*. Journal of Research in Interprofessional Practice and Education, 2013; 3(1): 43-61.

RPAP The Alberta Rural Physician Action Plan

RCC BC Rural Coordination Centre of BC

SMA Saskatchewan Medical Association