

British Columbia Society of Rheumatologists: Update

By Jason Kur, MD, FRCPC

The British Columbia Society of Rheumatologists (BCSR) has had a very active year. In 2010, the BCSR elected a new President after many years of dedicated service from Dr. John Kelsall. There have been two major areas of interest for the Society over the past 12 months: the critical shortage of rheumatologists in the province and the need for new support for community rheumatology practices.

Critical Shortage of Rheumatologists

Focus has been drawn to the critical shortage of rheumatologists in the province. A member survey was undertaken in 2010 and published in the April 2011 *British Columbia Medical Journal*. The results were rather alarming. Currently there are only 32 full-time equivalent rheumatologists in the province. The age of rheumatologists in

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B.C. is also older than the national average for specialists. Estimates of 24 clinicians to retire in the next 5 to 10 years far outpace production by the University of British Columbia (UBC) training program. It is anticipated that demand for rheumatology services and the wait-times to see a rheumatologist are going to worsen. Given that many interventions for inflammatory diseases are required early to prevent long-term damage, this is going to present significant challenges. Changes to how out-patient care is delivered in the province will be necessary if quality care of inflammatory diseases is to continue.

New Projects in B.C. Rheumatology

To that end, the BCSR has been working diligently on implementing new care items made possible by the Labour Market Adjustment Funding granted to rheumatology. These new funds, focused on four initiatives, should have significant impact on our practice. In the process of being implemented for spring/summer 2011 are the following:

- A multidisciplinary consultation that will provide rheumatologists the ability to involve a nurse in a patient's management plan.
- An immunosuppressant review tool that acts as a care plan check-list for patients receiving high dose immunosuppression.
- A complex consultation code, similar to other cognitive specialties, for complicated inflammatory diseases.
- A directed rheumatology-referral review mechanism, whereby rheumatologists can intervene in the work-up and management of patients before consultation, given the current lengthy wait times.

It is our hope these new initiatives will help the access and delivery of care in the province.

Enhanced Communication

The BCSR has placed greater focus on membership-engagement with the launch of a quarterly newsletter and regular member updates. The major meeting of the BCSR will occur in conjunction with the B.C. Rheumatology Invitational Education Series (BRIESE), which will take place on September 30, 2011, in Vancouver.

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