

## Beyond Recruitment: Making Better Use of Existing Health-Care Capacity in British Columbia

Recently, a [story highlighted](#) that the Province of British Columbia spent approximately \$165,000 on a two-day coffee truck campaign in Seattle as part of its efforts to recruit health-care providers.

Let me be clear at the outset. Recruitment matters. British Columbia needs health professionals, and we welcome those who choose to build their careers and lives here. Many of our colleagues who trained outside of Canada, including in the United States, make meaningful contributions to patient care every day.

This is not a critique of them. It is, however, a moment to reflect on how we are approaching the broader challenge of access to care. Because while we are looking outward, there is still significant, underutilized capacity within our own system.

An estimated 700,000 British Columbians do not have access to a family doctor or nurse practitioner (and this number varies depending on the source). Many are still seeking care, often navigating a fragmented system, relying on walk-in clinics, or delaying care altogether. This is not just a workforce issue. It is a systems issue.

Across British Columbia, naturopathic doctors are already providing accessible, community-based care to thousands of patients every day. Our focus is on prevention, early identification of illness, and the ongoing management of chronic and complex conditions. This work helps patients stay well, avoid deterioration, and reduce the need for more intensive and costly care later on. While we are one part of a broader group of regulated health professionals contributing in similar ways, naturopathic doctors represent a significant, existing source of capacity that remains underutilized within the health system.

The question, then, is not whether we should recruit. Of course we should. The more salient question is whether we are fully using the resources we already have.

When prevention and community-based care are under-supported, the consequences are predictable. Patients wait longer. Conditions become more complex. More people end up in emergency departments and hospitals for issues that could have been addressed earlier. We know this.

We also know that supporting providers to work to their full scope, particularly in community settings, improves access and reduces pressure on the system over time. The evidence is consistent. When care is delivered earlier, and closer to where people live, outcomes improve and costs are better managed.

In that context, the coffee truck is not really the issue. The \$165,000 is not, in itself, what matters. In a provincial health budget, it is a small amount. What matters is what it represents.

It reflects a continued emphasis on external recruitment without a parallel, visible commitment to fully integrating and utilizing the providers who are already here, already trained, and already caring for patients.

If even a fraction of that focus were directed toward enabling better integration of naturopathic doctors into the health system, whether through referral pathways, access to diagnostics, or inclusion in broader care models, the impact for patients could be immediate.

For patients, this translates into more timely access to diagnosis and treatment, less duplication in care, and the ability to receive the right care from the right provider at the right time. It also reflects a broader truth that a sustainable health system depends not only on recruitment, but on making better use of the capacity that already exists.



British Columbia has made important commitments to team-based care, improved access, and system redesign. These are the right priorities. The next step is to ensure that these commitments extend to all regulated health professionals who are already contributing to patient care in meaningful ways. That includes naturopathic doctors.

We are ready to be part of the solution, not as an add-on, but as a fully integrated component of a system that is increasingly focused on prevention, early intervention, and community-based care.

This points to a broader need for balance. Alongside continued investment in recruitment, there should be equal focus on integrating and making full use of the providers already practicing in British Columbia. Doing both well is what will ultimately expand access and ensure patients benefit from the full range of care available.

That is the outcome that matters.

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