

Board Meeting Minutes
 Thursday, January 12th, 2023
 5:30 pm – 8:30 pm
 VDFP Office – 302, 45 Bastion Square

Attendees:

Board members: Ami Brosseau, Sarah Chritchley (chair), Alexandra Dozzi, Melissa Duff (via Zoom), David Harrison, Kristen Iverson, Peter Lockie, Anna Mason, Carien Smit

Staff: Catriona Park, Nicole Dehoop

Mission
Happy Doctors; Healthy Communities.
Vision
We strive to make Family Practice in Victoria fulfilling, sustainable, and attractive to family physicians, to support the provision of excellent longitudinal primary care.
Values
<ul style="list-style-type: none"> • Our work is <u>member-driven</u> in response to <u>local concerns</u>. • We <u>engage with stakeholders</u> to effect needed change at a <u>community and systems level</u>. • We execute <u>innovative solutions</u> grounded in <u>practice- and research-based evidence</u>. • We are committed to being <u>respectful, equitable, and inclusive</u>.

Open meeting

- Dr. Sarah Chritchley chaired meeting as Dr. Duff was attending via Zoom. Meeting opened at 6:00 pm with a welcome, land acknowledgement and introductions.
- The Mission, Vision, and Values were read.
- There was no Director conflict of interest were declared for this meeting.

Urban Locum Program (ULP)

- Program Lead, Becky Litt attended and presented on the work to date and next steps.
- Program Overview:
 - ULP launched October 1, 2022, and first quarter just finished.
 - The pilot runs until June 30, 2024.
 - VDFP is administering for both Victoria and South Island Divisions and FPSC provides oversight.
 - Evaluations are informing Ministry about the provincial spread.
- Benefits for host physicians:
 - Receive up to 10 days of coverage per 12-month period.
 - Infrastructure support costs
 - Expertise/support from Program Lead and administrative assistant to arrange the practice, coverage and get locums into clinics.
 - Provides opportunity to support and mentor new-to-practice locums and encourage them to stay in family practice and our communities.
 - Supports physician health and wellness.

Benefits for locums:

- Administrative support to coordinate payment, scheduling and placements
- Mentorship program
- Flexibility to work around other locums contracts e.g. hospitalists, UPCCs etc.
- Provides experience with different practice types and communities.
- Scheduling app for viewing and claiming available shifts; can read all about the resources at the clinics; available on computer and mobile
- A new way to locum:
 - Goal is to keep to 8-hour shift, no overtime required or weekend or after-hours work.
 - Locum makes a daily rate and overhead payment provided to host FP (no patient quota required)
- Compensation:
 - First 60 days \$850/day take-home rate for 8 hour day
 - After the 60 days, locum given \$6000 bonus and additional \$100 for \$950/day take-home rate
- Host Physician Eligibility:
 - Phase 1 while building the locum pool criteria:
 - Must be a member of the Victoria or South Island PCNs
 - Working a minimum of 0.5 FTE clinic-based, FFS/New payment model, longitudinal care to a panel of patients
- Recruitment statistics:
 - 76 host physicians have joined ULP
 - Host physician applications breakdown:
 - 35 VDFP and 41 SIDFP
 - 36 Victoria PCN, 14 Westshore PCN, 26 Saanich Peninsula PCN
 - 55 host physicians have submitted a coverage request and 37 out of 55 (67%) have been confirmed locum coverage in some portion (Oct 22-Sept 23)
 - Coverage requests have opened up to September 30th, 2023, and within that 12 months 642 shifts have been requested. 218 of those shifts have been matched filling 34% of requests.
 - 17 locums have signed contracts→~3.5 FTE over the pilot term based on 20 days/month
 - An additional four R2s have completed applications to start in July 2023.
 - Mentorship Program:
 - Recruited six community physician mentors across the two divisions
 - First meeting happened last week with the mentors and now trying to find a date to get mentors and locums together for a meet and greet.
- Team is working closing with DoBC on evaluation to determine the provincial spread of ULP.
- Questions/feedback:
 - Do the 2-4 patients per hour include virtual and telephone visits? Yes, although ULP encourages host physicians to have in-clinic coverage rather than locum being at home but contract is flexible to offer a mix.

- Query about the 17 FTE and why only 34% coverage – Some are only 0.8 and some are 0.25, some locums only want to cover certain clinics, some host physicians are recruiting locums into the program which is good as gives ULP the opportunity to recruit to other clinics. ULP is catering to the locums to ensure they work where they want to work and when. 55 host physicians have submitted at least one coverage request. There has been a good mix of coverage.
- Are they billing FFS and getting hourly wage? There are no slides. AOP is done so coding into EMR so is not rejected. ULP reports what locums are working to ministry as well so goes towards pension contributions etc.
- Do we have any feedback from locums? Yes, first survey has been done and compilation of results will be available in March. ULP working with DoBC analysts and are seeing and monitoring the feedback as they come through. Locum meeting each month to generate ideas and get additional feedback to provide to working group and oversight committee.
- Do locums need to work a minimum e.g. 0.5 to get paid this way? No, locums can sign up and work wherever and whenever they want.
- Hearing details about what the locum rate will be, does ULP know? A recommendation has been put forward and FPSC is negotiating with the ministry.
- Why are FPs who are on group salary not included in ULP? The goal is to support FFS FPs to keep them in practice. Also, because the pool of locums is small right now. Once new payment model is out and more locums signed on the hope is to be able to expand the program to include group salary physicians.
- Is there a minimum FTE for the hosting clinics? The individual clinician needs to be working 0.5 FTE.
- Is there a plan to expand the FTE to less for the hosting clinic e.g. 0.25 returning from maternity leave, caregiver leave etc.? Currently, have not discussed that option. Other concern is that there may not be a locum to match that. Right now most locums are wanting to work 4-5 days/week. When locum pool grows and provincial spread this can be looked at.
- The majority of those who signed up for group contracts are women and now unable to access locum coverage as earning more than FFS is a bias that needs to be looked at. A suggestion from the board that GBA+ lens be applied to ULP.
- Program Lead is hoping this will change once compensation increases.

Action #1: Circulate ULP slides to board members.

Consent agenda

- January 12th Agenda
- ED's Report
- VDFP Project Report
- Board Meeting Evaluation Results – December 7, 2022
- List of New Members
- List of All Members
- Victoria CSC Minutes – October 28th, 2022

Motion: It was moved by Dr. Kristen Iverson and seconded by Dr. Carien Smit to approve the Consent agenda.

All in favor, motion carried.

Review of minutes

- The December 7th, 2022, meeting minutes were reviewed. There were no changes.

Motion: It was moved by Dr. Anna Mason and seconded by Dr. Carien Smit to approve the December 7th, 2022, Board meeting minutes.

All in favor, motion carried.

Member feedback

- There is concern around the LTCI and LTC physicians retiring this year. This has a significant impact on patients in LTC.
- Query: Is the LTC payment model being re-assessed and additional funding coming? Unsure and have not received any information. ED will get more details regarding the funding model and bring back to the board.
- A recruitment event is being held February 9th via Zoom. Broad event for all division members.
- We will co-promote LTCI recruitment at all events (PCN, D & L, coffee talks, beer banter etc.). LTCI physicians have also been doing reach out to their colleagues.
- There is excitement among physicians regarding the new funding model.
- We need to highlight the skills, experience and that the VDFP chair continues to work in family practice. Also, the board is made up of a diverse range of physicians including two residents and a non-physician.

Action #2: Provide board members more details regarding the LTCI funding model

Action #3: Add LTCI recruitment to all speaking notes at events

Action #4: Create a communication piece highlighting the board chair and their work outside of the board.

Review of action items

- Action items were reviewed.
 - #1-4 – complete
 - #5 – continue to work on Indigenous representative for the board
 - #6 – on the agenda
 - #7 – interactive video onboarding options – in progress
 - #8 – on the agenda
 - #9 – GBA+ course – All have completed course.

After Hours Call Pilot (AHCP)

- Drs. Duff and Chritchley are on the steering committee and provided an update.
- The board discussed concerns regarding the scope of change involving NPs as initially NPs were not involved in this project.

- The board discussed removing support of this pilot but agreed sending a letter to the steering committee outlining their concerns would be the next step.
Action #5: Draft a letter to AHCP SC regarding concerns with NPs involvement in the AHCP.

Review of VDFP Bylaws

- The task group had first meeting on January 10th, 2023.
- Task group will focus on what needs changing in the bylaws alongside board policies that are embedded within and propose changes.
- Plan is to bring to proposed changes to the February 9th board meeting with a final draft to the board in March.
- Also, found a lawyer chosen for the legal review of bylaw changes.

In-camera 7:15 pm -7:20 pm

Executive Director and Operations Coordinator left the room.

Break 7:20 pm – 7:30 pm

Report from Nominations Committee

- The Nominations Committee met December 10th, 2022 and recommendations were circulated to the board via briefing note.
- Indigenous, New-to-practice and Finance roles are for consideration.
- Discussion/feedback:
 - Community members could sit at FAAC and would not be required to sit on the board so that would leave more space for FPs on the board.
 - Fill the Indigenous and Finance roles as clinical and NTP directors are already on the board.
 - A final draft of bylaws will be ready by March and can wait until after that time to proceed with any appointments and/or a new call for these roles.
- The board will continue to look for Indigenous candidates. Profile will be shared with the Indigenous Collaborative.

Action #6: Share Indigenous board member profile with Indigenous Collaborative.

Provincial PCN Governance Refresh

- The PCN Governance Refresh summary was circulated as part of the update:
- Highlights:
 - There are potential implications for VDFP for the Victoria PCN SC and CSC.
 - There is more flexibility, but governance will be going back to the divisions.
 - FPs will be leading PCN SC.
 - CSCs will be the formal partnership table to integrate the five streams of service, including PCNs, within the broader system.
 - Commitment to development and delivery of culturally safe services
 - Flexibility for clinics to employ and contract.

- The provincial working group is working on the PCN governance. Dr. Duff sits at that committee.
- There is a regional session on January 26th. Board chair, CSC co-chairs, and ED are attending.
- PCN Governance Refresh is a standing agenda item at the CSC as we will continue to work in partnership with Island Health and others.
- We discussed the need to have an initiative to cultivate leadership separate from the board leadership.
 - See if past PMH SC interested.
 - Re-start PMH neighborhood meetings or have a general event

Action #7: Request January 26th regional invite be sent to all board members.

Update from Communications Committee

- A briefing note was circulated to the board asking their thoughts on where best to announce publications and appointments, medical equipment, and clinic services/resources offered by members.
- A new Cheers platform is being tested and recommendation is any appointments should go on there.
- Advertising of medical equipment should go on Victoria Hive or appropriate Facebook page.
- Discussion/feedback:
 - The board agrees with the recommendations from the Communications Committee.
 - NewsFlash is already too long. It would be important to know what members are clicking on to see what they are interested in.
 - Many are not interested in publications or appointments.
 - Many do whether or not publications and appointments should be included in the NewsFlash

Communication with Members

- We want to hear from members to bring forward their ideas and interested in getting involved. There are opportunities for engagement and leadership.
- We continue to actively recruit an Indigenous board member.
- The board is inclusive and made up of a diverse group of community longitudinal family physicians, residents, and a non-physician.

Review of action items and evaluate today's meeting.

- Action items were not reviewed.
- All completed board evaluation survey.

Meeting adjourned at 8:30 pm
Next Board meeting: February 9th, 2023
5:30-8:30 pm – VDFP Office