

Reflections on 10 Years VDFP

Some of our members and former Board directors reflect on the Division's anniversary.

10 YEARS VDFP

Community-Building

When I heard about Divisions of Family Practice over ten years ago, I immediately thought: This sounds like a great opportunity for Victoria! I was a new family doctor in town and felt very disconnected from the medical community. I noticed many family doctors were islands of themselves and we were all trying to resolve our respective issues alone. Soon after I made the call to Doctors of BC (BCMA at the time), the Victoria Division was formed and took off from zero to full momentum.

Bringing doctors together and offering ways to get involved was a true paradigm shift. The first Board prioritized networking and CME, and began to address local issues with a grassroots approach. Dine & Learns to get to know our specialists and regular Division socials quickly became strong pillars of our growing community. I continue to be struck by what we can create together and encourage all members to get involved.

*Dr. Valerie Ehasoo,
2011 – 2020 Board Director
(Co-Chair 2011 – 2014,
Secretary 2015 – 2019)*



Advocacy & Transformation

At our first Division meeting ten years ago, I said our mission is to funnel the grassroots energy, wisdom and frustration of our members and channel it into positive change. At the time, the infrastructure, knowledge and resources to do this were still in their infancy.

Today we have a professional organization that helps physicians to work together, contribute to solutions, and get heard at the collaborative tables where local primary care decisions are made. The support, forum and voice we have now is what family physicians need and deserve.

As a consequence, material transformational work has come to fruition e.g. in the Long-term Care Initiative, MHSU and Transitions in Care. We are also starting to reap the benefits of our PMH and PCN efforts. What's next is to integrate this vast and complex work to ensure access to longitudinal care in a sustainable and rewarding way.

I couldn't be more proud of how the Division has evolved.

*Dr. Aaron Childs, 2011 – 2017
Board Director (Co-Chair 2011
– 2012), Collaborative Services
Committee Member since 2021,
PCN Neighbourhood Co-Lead
since 2021*



Long-term Care

Two things became very clear to me during my Care of the Elderly fellowship: Long-term Care (LTC) work was what I really wanted to do, but I needed to help improve things before I was willing to do it! I was fortunate that the Division was founded at that exact time and prioritized the frail elderly from the outset.

The TORCH (Towards Optimized Residential Care Health) model was developed early on to address seven barriers, including geographic distribution of care homes; locum coverage; issues with remuneration; and confidence in providing care to LTC patients. After the TORCH launch, the official Residential Care Initiative (now Long-term Care Initiative) formed and enabled the next big stride: on-call groups that brought material relief to physicians.

LTC kept on improving and today, physicians love their work and are engaged in a community of excellence they are proud to be a part of. It's been a privilege to be involved with this impactful work and a joy to be supported by talented LTC staff.

*Dr. Ian Bekker, 2012 – 2019
Board Director, LTCI Steering
Committee member*



Pathways

I am proud how family doctors have come together to problem-solve issues in areas where nobody else could identify how important those issues were for family doctors and patients.

That's certainly true for Pathways, our one-stop website with information about specialists, referrals, community services and patient resources. Years ago, each office was struggling to gather and maintain this crucial information on its own. Pathways, first developed by one division and then adopted and tailored locally by divisions in collaboration with GPSC, has made a profound difference. FPs can now go through their work day with their EMR and Pathways and UptoDate and have everything they need at their fingertips.

I find that the work of divisions lies in addressing these day-to-day issues that we can impact. With the support of division staff, you can make improvements in these areas not just for yourself, but for all the FPs in the community. I encourage all members to continue to be involved.

*Dr. Kathy Dabrus, 2012 – 2019
Board Director, Pathways
Physician Lead*



Supporting Practice

Reflecting on my 30 years as a family physician in Victoria, and my six years as Co-chair for the VDFP, I am recalling the many things the Division has facilitated which improved my ability to practice.

The list is long and includes: excellent CME events; an innovative CBT program; an LTC coverage and call system; EMR support; a hospital e-notification system as well as Pathways. More recently, the Division provided much needed support to my practicing colleagues during COVID, in collaboration with Island Health. The VDFP also connects FPs in the community and welcomes and orients new family physicians. I have fond memories of meeting with new-to-town physicians, as part of the Division 'Welcome Wagon'.

The Division encourages physician input on committees and working groups. It was the Care-of-the-Elderly working group that I was involved in that produced the Physician Connector service which dramatically cut down my office time to access services for our most complex patients.

I have been proud to be a part of the Division and impressed by my colleagues' commitment, passion and hard work to further support family practice and patient access to quality primary care.

Dr. Steve Goodchild, 2013 – 2019 Board Co-Chair, currently Medical Director Primary Care Strategy at Island Health



CBT Skills Groups

Thank goodness for the Division! It was in 2015 that Victoria psychiatrists and family doctors worked tireless hours at a dining room table to begin to close the massive gap in care for patients with mild to moderate mental health conditions. The CBT Skills Group project was born.

From the outset, the Victoria Division was extremely supportive and provided strong leadership by navigating the many curveballs our collaborative group encountered along the way. Quickly, this Shared Care Committee funded project turned into a success story for patients, physician facilitators, referrers, and the mental health system alike.

Fast forward to 2022, CBT Skills Groups have surpassed any and all expectations 1000 times. The program has grown from a local grassroots initiative under the wing of the Victoria Division into a collective of physician facilitators offering CBT Skills Groups to patients across BC. It has made a material difference in the lives of many patients and physicians. The program is a great example of how with Division support, passionate teams can take a tiny idea and make big change happen.

Dr. Lauren Dake - Family Physician and CBT Skills Group Facilitator



Care Transitions

In the early days, and still today, the Division enables us local family doctors to find our collective voice and advocate for ideas that make sense for patients, practices, and the community.

I was able to experience the benefits early on: When community family doctors generally lost hospital privileges years ago, we completely lost knowledge of what happened with our patients in the hospital – we didn't even know who died! I remember complaining about it at hospital meetings, and running from door to door with the same desperate question, "Can you help me?", without success.

Right then the Division formed and they said yes when I asked. Dr. Laura Phillips teamed up to help and thanks to great collaborative work and to Division and Shared Care support, e-notifications launched 18 months later. They closed the gap and were eventually adopted provincially. Ever since, the Transitions in Care team has been busy fixing communication gaps in the system.

Especially in these troubled times, I am thankful to be part of our strong and caring Division community.

Dr. Lisa Veres, 2014 – 2017 Board Director, Transitions in Care Co-Lead



Relationships with Indigenous Partners

Having served our Division for nine years, I can see how it has matured as an organization with its relationships, problem-solving approaches and structures. One thing we've learned is that relationships are at the core of achieving change. The Division has certainly developed extensive relationships with all of its partners over the years.

I am particularly proud of how the relationships and structures we share with our Indigenous partners are evolving. What began with coffee shop meetings with some personal First Nations Health Authority contacts has resulted in our Division having its first Indigenous Board member, an Indigenous Collaborative to better guide primary care for Indigenous people, a material role for cultural safety in the Victoria PCNs, and an expanded Victoria Native Friendship Center in our community.

We have learned a lot about how everyone's experience of health care is different; we know that much work still needs to be done to achieve the goal of fully honoring every person's right to care in their own culture. I am truly honoured to be a part of this journey!

Dr. Katharine McKeen, 2013 – 2021 Board Director (Co-Chair 2015 – 2021), Collaborative Services Committee Co-Chair 2015 – 2021, Indigenous Collaborative Member since 2020, PCN Steering Committee Co-Chair since 2021

