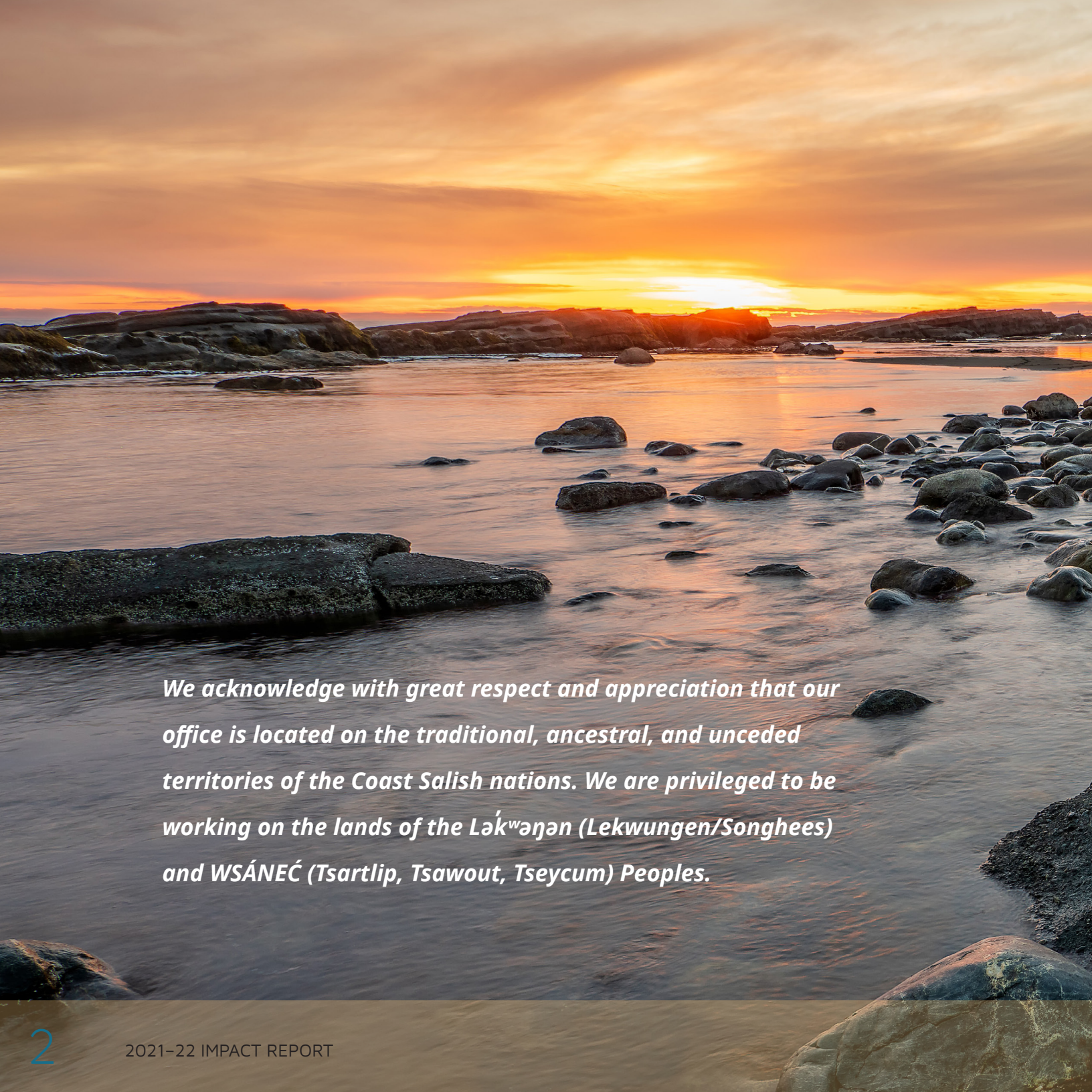


IMPACT REPORT

2021-22

Celebrating 10 Years of VDFP





We acknowledge with great respect and appreciation that our office is located on the traditional, ancestral, and unceded territories of the Coast Salish nations. We are privileged to be working on the lands of the Ləkʷəŋən (Lekwungen/Songhees) and WSÁNEĆ (Tsartlip, Tsawout, Tseycum) Peoples.

TABLE OF CONTENTS

Co-Chairs Message	6
Executive Director’s Message	8
Who We Are	10
Our Year In Review	14
Making Doctors Count	16
Improving Job Satisfaction	18
Supporting Family Doctors	24
10 Years VDFP	32
Gratitude & Recognition	38
Financial Statements	40

Please note that office photos without masks were taken outside of office hours or in non-patient areas, specifically for this report.



Learning and Networking in Person Again:

Mid-September, members and specialists came together at the first Dine & Learn outside zoom since March 2020.



ACRONYMS

- CBT** Cognitive Behavioural Therapy
- CME** Continuing Medical Education
- CSC** Collaborative Services Committee
- DoBC** Doctors of British Columbia
- ED, ER** Emergency Department, Emergency Room
- EMR** Electronic Medical Record
- FNHA** First Nations Health Authority
- FP** Family Physician
- GP** General Practitioner
- GPSC** General Practice Services Committee
- IT** Information Technology
- LTC** Long-term Care
- LTCI** Long-term Care Initiative
- MD** Doctor of Medicine
- MHSU** Mental Health & Substance Use
- MOA** Medical Office Assistant
- MoH** Ministry of Health
- NP** Nurse Practitioner
- NTP** New To Practice
- PCN** Primary Care Network
- PMH** Patient Medical Home
- PPE** Personal Protective Equipment
- RN** Registered Nurse
- SIDFP** South Island Division of Family Practice
- SIMSA** South Island Medical Staff Association
- SPPS** Saanich Peninsula Physician's Society
- TIC** Transitions in Care
- ULP** Urban Locum Pilot
- UPCC** Urgent and Primary Care Centre
- VDFP** Victoria Division of Family Practice



This year marks the Victoria Division's 10th anniversary. The role of longitudinal family doctors as the bedrock of our health care system has never been clearer than at this time of crisis. Leveraging the strong community, the resources and the relationships we have developed over ten years, the Victoria Division will continue to successfully co-create and co-lead sustainable local solutions and initiatives to better support physicians and their patients.

CO-CHAIRS MESSAGE

Family Medicine is at a crossroads. Facing multiple crises, we know that many of you are exhausted, burnt out and just hanging on. At the same time, with provincial bridge funding being rolled out and negotiations over a new payment model underway between Doctors of BC and the Ministry of Health, we are encouraged that change for the better is on the horizon.

As family physicians, you are the bedrock of our health care system. It has been heartening to see the groundswell of public support for family doctors over the year. Our hope is that the upcoming provincial support will help all of us who work at the frontlines in primary care to feel valued and to practice in ways that are sustainable and rewarding, and that barriers to longitudinal care being attractive can be removed.

This eventful year also marks the Victoria Division's 10th anniversary. When the Division formed, it started out with a small group of doctors wanting to build community and work together on local primary care supports and transformation. Today, we have grown into a professional organization that facilitates your unique ability to problem-solve and strives to effectively represent you at the tables where local primary care decisions are made. We believe the Division's collaborative relationships with

Island Health, GPSC, our Indigenous partners and the Ministry of Health are considerably stronger today than they were ten years ago.

We are proud that the Victoria Division has continuously seen high levels of member participation. As a result, together we have achieved - and continue to bring about - meaningful change in all the key areas the early boards decided to focus on: long-term care, mental health and substance use (MHSU), care coordination, recruitment, community building, and the patient medical home (PMH).

One of this year's highlights supporting both physician health & wellness and recruitment is the Division's launch of an urban locum coverage pilot. This innovative pilot enables family doctors in existing PMHs to take time off while at the same time offering an attractive pathway into longitudinal practice for family doctors who are new to practice.

With the Victoria Primary Care Network (PCN) now in its second year, much needed supports for patient medical homes have been established. MHSU clinicians, clinical pharmacists, longitudinal case managers and registered nurses are now teaming up with longitudinal family

doctors to help make coordinated team-based care a reality. The PCN work will be integrated progressively more, in hopes that patients will have improved access to the primary care they need while the work in your PMHs becomes more sustainable.

The Long-term Care Initiative achieved some impressive recruitment successes to stabilize long-term care in light of retirement transitions. And in collaboration with the South Island Division, the Victoria Division expanded its Physician Health & Wellness course offerings.

As your Board, we began inviting you to twice-monthly socials to connect and hear what's on your mind. It has been a true pleasure to see so many of you come to these events.

Last but not least, our Transitions in Care initiative implemented a new coordination tool, a nursing discharge list for the heart failure unit, that helps ensure

appropriate follow-up care. We invite you to have a look through the impact report to learn more about the Division's work.

We are proud of what we are able to achieve together and look ahead with hope. Our sincere and deep gratitude goes out to each of you for all that you do every day to improve patient outcomes, and for your continued participation in your Division. We are indebted to the staff and executive director of the Division, too, for their extraordinary support, and to all of our partners for collaborating on primary care improvement. Our gratitude also goes to the Board for navigating these challenging times and for keeping our focus on what most matters to you, our members.



Dr. Caroline van Es + Dr. Tim Troughton,

Co-chairs



ED MESSAGE

EXECUTIVE DIRECTOR'S MESSAGE

I would use the word unprecedented to describe this past year if it wasn't already overused to characterize the past couple of years. COVID is still affecting our communities and your day-to-day work, and the challenges of your current office reality and the primary care crisis are enormous. Even with signs of future relief on the horizon once the equitable compensation for longitudinal family doctors will be available, the ongoing strain has had a huge personal and professional impact on both our members and our Division staff.

Our 10th anniversary brings a mix of pride in all we have achieved to this point, anticipation about what the next months will unveil, and enthusiasm about new opportunities that lie ahead.

Division work is member-driven in response to local concerns, and our staff job is to support family physicians in their role as leaders, help represent you at our collaborative tables, and execute solutions. None of the infrastructure, relationships and supports we may all take for granted existed ten years ago. One of our members recently said: "The Division is a huge work of success. This kind of support, forum and voice is what physicians need and deserve."

Our report highlights examples of our achievements this past year, provides a brief 10-year overview and includes reflections from some of our past Board directors and physician leads. I encourage you to take the time to review.

This year, Physician Health & Wellness has been a focus of our work. As the co-chairs noted, we are excited about the launch of the urban locum coverage pilot that will have an immediate positive impact on both physician health and recruitment. The initial response from locum physicians to sign up for this innovative pilot is encouraging.

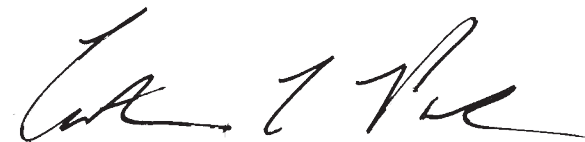
The Division has been very proactive in facilitating contracts for many of our members that better meet their needs, such as long-term locum contracts or group contracts. In many cases, this kept physicians from leaving family practice or provided solutions for significant financial strain and work-life-balance challenges. We also managed to leverage new-to-practice (NTP) contracts to recruit net-new physicians. While our initial hope was to facilitate two of these contracts, the Division arranged the 10th NTP contract in the summer. Our Long-term Care Initiative (LTCI) succeeded at recruiting five new LTC physicians which ensured seamless retirement transitions.

We have been receiving a lot of positive feedback from our members how much of a difference the new allied health professionals supporting patient medical homes within the Victoria Primary Care Network (PCN) are making for them. As the collaborative PCN work moves further ahead, your Division will ensure that any solutions continue to be tailored to your local needs.

To increase the breadth of our Physician Health & Wellness offerings, we developed a new burnout & resiliency workshop, a self compassion course and more in collaboration with the South Island Division. Our Transitions in Care initiative's Familiar Faces team implemented processes to better support patients who frequently visit the emergency room. Further, Division staff continues to work hard on maintaining and expanding other program areas you value and depend upon as well, such as the ever popular Dine & Learn/ Zoom & Learn series, Pathways, and our CBT Skills trainings.

None of our accomplishments would be possible without our talented staff and contractors. I also thank our Board for their leadership and our partners for their collaboration. Most importantly, I thank you for being our member, and for your energy and commitment. I am grateful to be working with all of you and look forward to us advancing new opportunities together in the year ahead.

As always, please be in touch if you wish to discuss anything, need more specific support, or would like to get more involved in any of the work you see in this report.



Catriona Park,
Executive Director



WHO WE ARE

For the past ten years, the Victoria Division has been bringing together physicians to build an engaged community, provide professional support, and co-create and co-lead meaningful change in our community. As a member-driven organization, supporting and advocating for family physicians is at our core. We are a not-for-profit society funded by the Government of BC and Doctors of BC and we work in partnership with the BC Ministry of Health, Island Health, Indigenous partners, and other community organizations.



Vision

Family Practice in Victoria is fulfilling, sustainable, and attractive to family physicians, to support the provision of excellent longitudinal primary care.

Mission

Happy Doctors, Healthy Communities

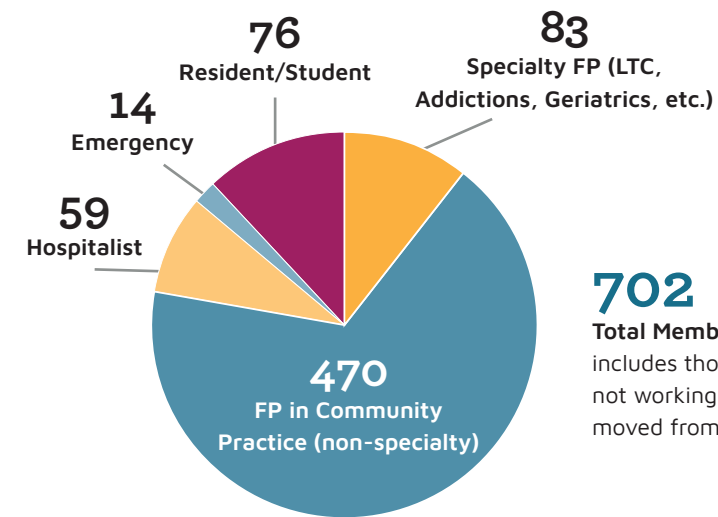
Approach

- Ensuring our work is member-driven in response to local concerns.
- Engaging with stakeholders to effect needed change at community and systems levels.
- Committing to being respectful, equitable, and inclusive.
- Executing innovative solutions grounded in both practice-based and evidence-based research.

Goals

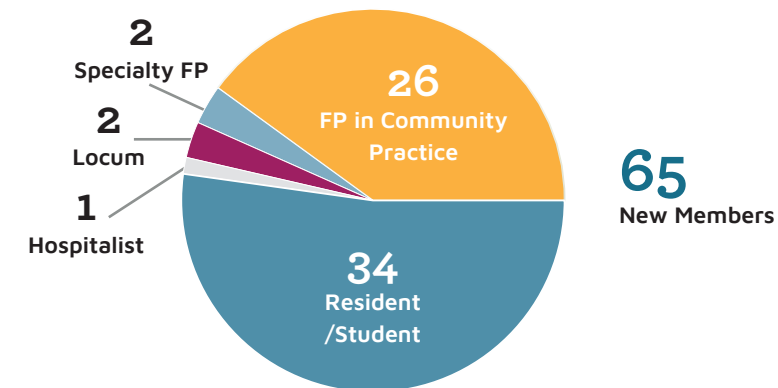
- Improving family doctor wellness and job satisfaction.
- Supporting family doctors' ability to meet their patients' needs.
- Affirming the value of family doctors by amplifying their voice and experience.

Membership



702

Total Members includes those who are not working, retired, moved from BC



65

New Members

“It’s an ongoing win how the Victoria Division keeps that many physicians involved.”

– MEMBER

87%* of Members Are Actively Engaged

Of those:

- 65% access services or participate in Division offerings
- 15% work with us on system/practice changes in leadership positions
- 8% are leading our work

*April 1, 2021 – March 31, 2022. Of the remaining 13%, most are informed but not involved, and either retired, not living locally, or working outside of family practice

BOARD MEMBERS

2021-22 Board of Directors

Six new directors joined the Board in 2021. Thank you to all directors for their contributions over a challenging year.

Past Board Members as of 2012

Thank you to all of the Board members over the past ten years, for their dedication and leadership.



Dr. Jody Anderson



Dr. Alexandra Dozzi, R2, since 04/22



Dr. Ami Brosseau



Dr. Anna Mason



Dr. Caroline van Es, Co-chair



Dr. Ian Bekker



Dr. Dara Behroozi



Dr. Bill Bullock



Dr. Aaron Childs



Dr. Kathy Dabrus



Dr. Valerie Ehasoo



Dr. Steve Goodchild



Dr. David Harris



Dr. Martha Macdonnell



Dr. Jean Maskey



Dr. Katharine McKeen



Dr. Molly Neil



Dr. David Harrison



Dr. Geoff Inman, Secretary



Dr. Irina Simin, R2, until 03/22



Dr. Jessie Singh, R1, until 06/22



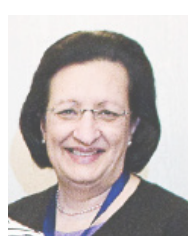
Dr. Elisabeth Pharo



Dr. Lorne Verhulst



Dr. Irfan Rajani



Dr. Tejinder Sidhu



Dr. Greg Siren



Dr. Lisa Veres



Dr. Melissa Duff



Peter Lockie, Treasurer



Dr. Sarah Chritchley



Dr. Tim Troughton, Co-chair

- **Annual General Meeting**
- **Zoom & Learn:** Update on IUDs, Implants & Miscarriage
- **LTCI Learning Series:** Insomnia
- **PCN Learning Lab:** Primary Care Clinical Pharmacists

- **TiC stakeholder engagement event:** Identifying gaps in care for patients initiating suboxone in the ED
- **All-member PCN Update webinar**

- **LTCI Saanich Peninsula recruitment event**
- **LTCI Learning Series:** Dementia Behaviour Complications
- **Zoom & Learn:** Aroga Lifestyle Medicine
- **PCN Learning Lab:** Wellness Monitoring Program

- **TiC and Island Health implement e-notifications of deaths of ED patients who were not yet admitted**
- **Zoom & Learn:** General Surgery
- **LTCI Learning Series:** The Eden Alternative

- **Physician Wellness:** 8-week Mindfulness Group for MDs starts
- **Zoom & Learn:** Eating Disorders
- **LTCI Learning Series:** Wounds 2.0
- **PCN webinar:** Group Contracts

- **PCN resources:** Longitudinal case managers, MHSU consultants and pharmacists start supporting FPs
- **Physician Wellness starts two 8-week CBT Skills for MDs groups**
- **Zoom & Learn:** Neurology
- **LTCI Learning Series:** Management of late-stage Parkinson's

- **Division seeks new recruits at national medical conference**
- **Physician Wellness:** Mindfulness part 1 workshop; Narrative Medicine event
- **First annual learning retreat for Residents**

- **Welcome and Thank You event at the Delta hotel recognizes new and retiring members**
- **LTCI Learning Series:** Diabetes
- **Physician Wellness:** Mindfulness part 2 workshop
- **PCN Learning Lab:** Polypharmacy
- **PCN Learning Session:** Delivering primary care to Indigenous communities

- **Board initiates twice-monthly Coffee Talks and Beer Banter to connect with members**
- **LTCI finishes filming 10 educational LTC videos**
- **TiC implements nursing discharge checklist in RJH's new heart failure unit**

- **Urban Locum Pilot starts accepting host applications**
- **Division facilitates signing of 10th NTP contract since April 2021**
- **Indigenous PCN Manager hired**
- **PCN Brushing Ceremony for National Indigenous Peoples Month**

- **Family BBQ for members of VDFP, SIDFP, SIMSA, SPSS**
- **Welcome event for new Residents**
- **Physician Wellness:** 8-week Self-Compassion Group starts
- **In-person Dine & Learn: Pain Management**
- **LTCI Learning Series:** Improving Goals of Care Conversations
- **Webinar:** New-to-Practice Physician Contracts
- **PCN in Practice:** Longitudinal Case Management
- **PCN delivers pins and booklets for National Day for Truth and Reconciliation to all FP offices**

- **Urban Locum Pilot schedules first locums in host clinics**
- **Physician Wellness webinar:** Addressing Physician Burnout Effectively
- **Zoom & Learn:** Paediatrics
- **Joint IT Working Group hosts Privacy Breach Response workshop with Doctors Technology Office**
- **TiC Thank You Dinner celebrates first in-person meeting since 2020 and 9 years of TiC work**
- **LTCI Leadership Dinner – first in-person dinner since 2019**

PRIVACY BREACHES:
How to Develop an Effective Response Plan
Oct. 20th

What do you do when it happens to you?

Zoom & Learn Eating Disorders Interdisciplinary Roundtable
Friday, March 9, 2022 | 7-8:30pm

Presenters: DRENE BOE, FP + MARILEE PUMPLE, Registered Dietician, Eating Disorders Program, MCFD :: Diagnosis and Management of Eating Disorders
RELEI JOHNSON, FP :: Medical Monitoring of Eating Disorders
L. FROST, Regional Eating Disorders Liaison, Island Health :: Registered Dietician + PATIENT + FAMILY PARTNERS :: Presentation and Tertiary Care for Eating Disorders

VIC-SI LTCI LEARNING SERIES EVENT
TUESDAY June 14 2022 5:00 PM PT

WHO SHOULD ATTEND?
This presentation is open to physicians, nurses, and allied health professionals practicing in long-term care.

T2DM FOCUSED UPDATE:
SGLT2 Inhibitors and GLP1 agonists in Long-Term Care
Join colleagues for an evening of education in the new LTCI Virtual Learning Series

Register
BY FRIDAY, MAR 4

SHORT COURSE IN Mindful Self-Compassion (SC-MSC)
Tuesday evenings @ 7:30 - 8:30 pm
SEPT 13 - OCT 18

Join Lisa Baylis, Mindfulness and Self-Compassion facilitator for this 6-week Short Course in Mindful Self-Compassion. The SC-MSC program draws on the skills of mindfulness and focuses on developing the resource of self-compassion to enhance one's capacity for responding to difficulties and becoming a supportive presence.

CLICK TO REGISTER
When registering, you will receive a confirmation email containing information about joining the webinar.

Coffee Talk WITH THE BOARD
TUESDAY July 12 8-9 AM

You are invited to our new monthly Coffee Talk WITH THE BOARD

Hosted by Drs Melissa Duff and Anna Mason

Pain Management Roundtable
Join specialists from RJH Pain Clinic for their presentations of algorithms to assist in management of neck and back pain.
WEDNESDAY SEPTEMBER 28, 2022

dine & learn!
DOCTOR'S LOUNGE

- PRESENTERS**
- Dr Kyle Fisher, Anesthesiologist Axial Cervical Pain
 - Dr Michael Pariser, Anesthesiologist Lumber Radiculopathy
 - Dr Richard Reid, Neurosurgeon Cervical Radiculopathy
 - Dr Nelson Svorkdal, Anesthesiologist Complex Regional Pain Syndrome
 - Dr Trevor Van Oostrom, Anesthesiologist

OUR YEAR IN REVIEW

Thank you, doctors,

MAKING DOCTORS COUNT

Affirming The Value of Family Doctors By Amplifying Their Voice And Experience

Supporting and advocating for family physicians is at the core of the Division as a member-driven organization.

Divisions provide the infrastructure, expertise and resources to help physicians work together, contribute to solutions, and be heard at the collaborative tables where local primary care decisions are made. We are the grassroots voice of family physicians for local primary care improvements.

In our interconnected health care system, the fruits of our labour depend on strong collaboration. Supported by Division staff, VDFP physician leaders work side by side with leaders from Island Health, other local partners, Doctors of BC and the Ministry of Health to ensure local policies, services and solutions reflect the needs of family physicians and their patients.

Formal structures are in place to ensure the interests of our membership are represented as local solutions are being co-created.

- **The Board** formally represents the interests of our Division membership and actively engages and advocates at the tables where decisions are made.
- **VDFP steering committees and working groups** both offer opportunities for members to provide input. Member needs may be expressed at the committee/working group level and be presented to the Board, or the Board may task committees/working groups to work on solutions that address member needs they have become aware of.
- Our three largest initiatives, the **LTCI, Transitions in Care, and the Victoria Primary Care Network** are led by **collaborative steering committees** that include Island Health. The PCN leadership is even broader in its representation with Division, Island Health and Indigenous co-chairs. The



“I feel that if I’m not participating, I don’t use my voice and things may go in a direction I don’t want. This has kept me engaged in committee work.” – MEMBER

Division ensures a strong patient medical home voice from the outset when primary care strategies are designed at these venues.

- All major local decisions affecting primary care in Victoria are made by the **Collaborative Services Committee (CSC)**. The CSC is our main interface with Island Health and the primary vehicle for working with all our local partners and the GPSC. Any issues and recommendations impacting local primary care that were discussed at the Board level and that the partners have the tools and decision authority for will be brought forward to the CSC. The two **VDFP Board co-chairs** and two Island Health primary care executives co-chair the committee, which underlines that both family physicians and Island Health are central to local system change.
- A regional table, the **Interdivisional Strategic Council (ISC)**, helps address local issues that may need regional problem-solving. The ISC turned out

The Division has a strong voice at the tables where local primary care decisions are made.

to be particularly valuable during the early COVID-19 waves. Members are representatives from CSCs across Vancouver Island as well as the GPSC.

While the membership varies for all of these groups and committees, the goal is always the same: to represent the interests of key stakeholders in our local primary care system and reflect their needs. Our Division role at each table is to make sure that local primary care solutions support family doctors to care for their patients and are sustainable.

“The Division has become an entity that physicians could not do without. This kind of support, forum and voice is what family physicians deserve.”

– DR. AARON CHILDS

IMPROVING JOB SATISFACTION

Improving Family Doctors' Wellness & Job Satisfaction

With the effects of the primary care crisis intensifying, concerns about doctor shortages, maintaining coverage, and attracting and retaining doctors continue to be front and centre. Recruitment and retention remain a Division top priority.

Urban Locum Pilot Program to Offer Coverage, Attract New Physicians

An urban locum coverage pilot started in Greater Victoria in the fall of 2022. It aims to offer up to ten days of coverage per year for family doctors, and a career pathway for new physicians into longitudinal care. Managed by the Victoria Division and co-created based on extensive stakeholder consultations, the two-year pilot launched in the Victoria and South Island primary care networks and may be expanded by GPSC to other communities over time.

The program is one way to help address challenges facing family doctors including burnout, finding locum coverage to maintain continuity of care during leaves, mounting financial pressures from business costs, and the need to attract family doctors to community longitudinal practice. New physicians have the opportunity to experience working in longitudinal

care and to get to know a new community. The pilot complements traditional locum opportunities.

Dr. Emily Lyall, a 2019 grad who worked primarily in rural settings before parental leave, recently moved back to her hometown of Victoria and signed up with the pilot. **"I look forward to meeting local family physicians and learning more about urban family medicine by locuming in a variety of clinics. It sounds like the program will shoulder most of the matchmaking and admin burden so the host physicians can get some well-deserved rest and I can focus on patient care instead of worrying about contracts, etc."**

SATISFACTION

Help With Contracts Opens New Opportunities

The Division continues to support physicians who are willing to explore new contract opportunities that may better serve their needs, such as new-to-practice (NTP) contracts, group contracts, or the urban locum pilot or traditional locum contract.

In the past year, the Division helped arrange ten NTP contracts, supported four clinics to get on a group contract, and facilitated an untracked number of locum contracts.

For one doctor, the conversation about contract options happened literally at the last minute. "When the clinic I was working for closed, I didn't know if I would be able to find a similar long-term locum arrangement. I reached out to the Division and they helped me formulate my work goals and connected me with a number of clinics that would be a good fit for me. Working with the Division was a very positive experience and resulted in me finding the perfect fit for me to continue practicing."

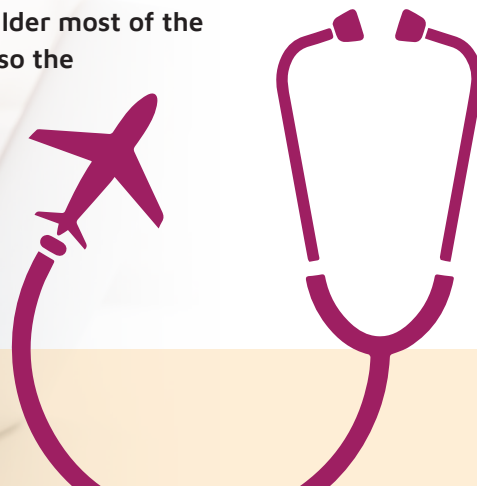
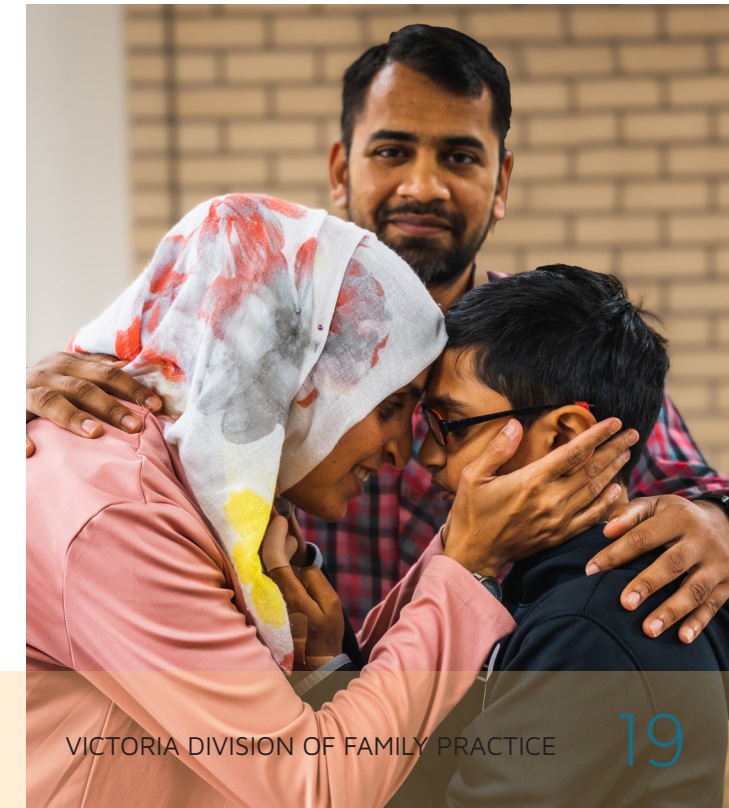
"I reached out to the Division and they helped me formulate my work goals and connected me with a number of clinics that would be a good fit for me."

– MEMBER

For Drs. Khalid Wahid and Faiza Khalid, NTP contracts best suited their needs. Longitudinal care was their hearts' desire, but neither one of them saw an opportunity to practice longitudinal care that would allow them to spend as much time as needed with their son. Through the Division, they learned about NTP contracts. **"The**

Division arranged NTP contracts for both of us and we've never looked back! It's a good contract that is better for both patient care and our quality of life. We have enough time for our son, and enough time for each individual patient we are attaching. It makes us happy!", says Dr. Khalid.

HAPPY WITH THEIR CONTRACTS: NTP PHYSICIANS DRs. KHALID WAHID (CENTER) AND FAIZA KHALID PICTURED WITH THEIR SON ZUHAIR KHALID



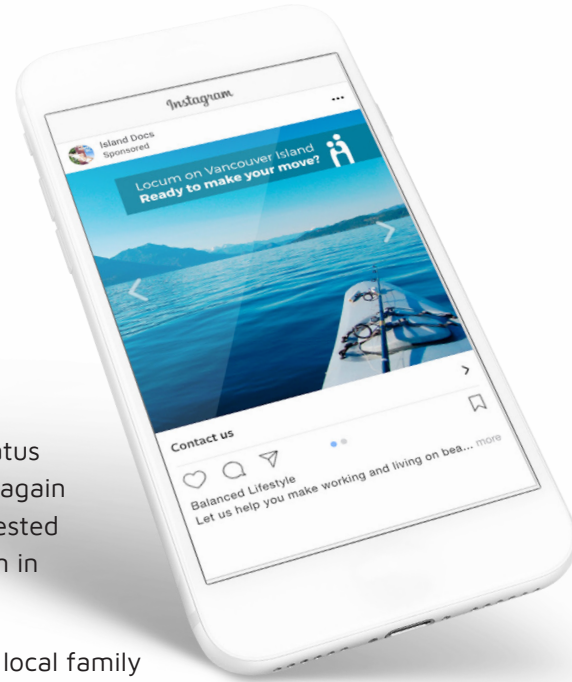
Red Carpet for New and Future Physicians

The Victoria Division follows a multi-pronged approach to help attract family physicians to our region. Together with other Island divisions, VDFP operates the Islanddocs collaborative to draw attention to Victoria and Vancouver Island as an attractive work location. A new, targeted online strategy and refreshed materials complement a comprehensive suite of in-person measures. This year, after a long hiatus due to COVID, the Division connected with interested physicians in person in Toronto again at a national medical conference. Our local red carpet program further engages interested physicians and helps them select and settle into the most suitable workplace for them in Victoria. Retention is all about finding the best fit!

The Division's Resident Working Group program engages and supports future or new local family medicine graduates so they consider staying on the Island post graduation. This year, the group organized a weekend Resident learning retreat covering contract options and physician wellness.

2022 Resident Survey

The majority of residents plan on locuming or practicing on Vancouver Island immediately post graduation and up to three years post graduation, with Greater Victoria ranking highest as their preferred location (76.5%).



Seamless Retirement Transitions in Long-term Care

The Long-term Care Initiative (LTCI) has been enormously successful over the years in creating a well-supported community of excellence with a high level of job satisfaction. This is a priceless asset for recruitment and retention when continuity of care needs to be ensured.

When Dr. Pat Gunton's retirement was on the horizon, the LTCI knew a powerful action plan was needed for a seamless transition. Dr. Gunton used to look after nearly a quarter of all LTC residents on the Saanich Peninsula and was the medical director of two care homes.

The LTCI's Saanich Peninsula Working Group organized a recruitment event to connect with physicians who would be interested in taking on some of Dr. Gunton's LTC work. Following initial interviews, candidates were given the opportunity to job shadow physicians at the site and experience what LTC practice really looks like. That way, potential recruits were able to see firsthand that all the supports they need are available to them at their fingertips and why physicians love their LTC work.

The LTCI was able to recruit five physicians to take over various parts of Dr. Gunton's work. At a special physician dinner, introductions to the LTC community were made, and successes celebrated.

LTCI behind the scenes:

- 2 Saanich Peninsula Working Group Meetings
- 3 Interdisciplinary Quality Meetings
- 8 shadowing sessions
 - ▶ 5 new recruits
 - ▶ 80+ residents covered across 4 sites

“This seamless transition was truly excellent for all involved. I was able to retire with well-prepared coverage secured for all my residents and responsibilities, but without adding to the workload of my colleagues. What a lovely way to end!”

– DR. PAT GUNTON



New Health & Wellness Offerings Support Physician Well-being

Fostering physician resiliency continues to be a key priority as part of the Division's offerings to support physician health and wellness.

The Division launched several new programs in partnership with the South Island Division and the South Island Medical Staff Association, including a new Narrative Medicine workshop series and an eight-week Mindfulness group that filled immediately. The Division also offered two CBT Skills Groups and a new monthly drop-in for graduates who want to continue to hone their skills.

A new in-person Burnout & Resilience workshop with Dr. Mark Sherman over two Saturdays served as an intensive to build resiliency, and provided great networking opportunities. Dr. Corene Boe appreciated both the teaching and the peer support.

“It was wonderful to meet in-person with colleagues and spend time focusing on physician wellness! I really appreciate Dr. Sherman’s knowledge and passion for physician wellness and enjoyed the mindfulness tools we practiced.”

– DR. CORENE BOE

A new, dedicated Health & Wellness section in our Newsflash features resources and new items available on the South Island Division’s wellness hub.



New Monthly Socials and Welcome & Thank You a Success

The Board initiated two new monthly in-person socials to hear what’s on members’ minds. Both events, Coffee Talk and Beer Banter, have been well-received to get questions answered and connect with the community.

We held our first large in-person social since COVID in June, in partnership with the South Island Division and the South Island Medical Staff Association. At the well-attended Welcome & Thank You event, Doctors of BC President Dr. Ramneek Dosanjh welcomed new doctors and thanked our retiring physicians.



Popular CME Events Resume in Person

Our wildly popular Dine & Learn events continued online until June and, based on a member survey, moved to alternating online and in-person events after. Regardless of format, the Dine & Learn events continue to be appreciated for strengthening family doctor–specialist relationships and for knowledge exchange and networking.

Between November 2021 and October 2022, seven Zoom & Learn/Dine & Learn events were held with a total of 274 members attending.

“Keep up the great work that you do. It is so appreciated. Thank you. Excellent speakers and very practical.” – MEMBER



SUPPORTING FAMILY DOCTORS

Supporting Family Doctors' Ability to Meet Their Patients' Needs

Team-based Care Developing Across Victoria Primary Care Network (PCN)

The Victoria PCN introduced some much-needed new supports to family practices. Family physicians and their patients now benefit from more comprehensive, coordinated wrap-around care thanks to the first allied health professionals teaming up.



Longitudinal Case Managers (LCMs)

Patients increasingly have complex conditions, live long, and wish to live at home as long as possible. Until recently, however, all health authority case managers who coordinate supports were assigned to areas and not to specific family doctors, making it difficult for them to build the critical longitudinal relationship with the patient and their family, as well as a strong team with a clinic's doctor and MOA.

In the PCN service plan, physicians asked for LCMs who would be assigned to a small group of FPs. Charlind Dary, a RN, is one of the first PCN LCMs. She supports Dr. Eugene Leduc as well as two other FPs and up to 50 of their case-managed patients. In the past, services for these patients were managed by 10+ case managers whose workflow could not support ongoing relationships.

When one of Dr. Leduc's patients was about to be discharged from hospital, Charlind took over to arrange for 24-hour care and other home supports. Thanks to

her involvement, the patient received the right home care immediately and was able to remain at home safely while the family gained confidence to manage.

“Having a longitudinal case manager who knows my patients and their families well gives me peace of mind. I know that the right care and follow up is happening.”

– DR. EUGENE LEDUC

For Charlind Dary, working so closely with the same doctors and their patients and MOAs is a big plus. “The ongoing relationships really make a difference. Longitudinal case management is patient-centered care at its best.”

DR. EUGENE LEDUC AND LONGITUDINAL CASE MANAGER CHARLIND DARY MEET MONTHLY TO DISCUSS A NUMBER OF DR. LEDUC'S CASE-MANAGED PATIENTS.



MHSU Consultants and Clinical Pharmacists

Family physicians spend a significant amount of time addressing mental health issues. PCN members can now refer patients to a MHSU consultant who is part of the interdisciplinary care team. The consultant can help clients develop skills, and is able to refer to community resources for additional support. In addition, primary care clinical pharmacists (PCCPs) on the team help patients with complex needs by assessing their medication experience and creating a collaborative care plan for patient, physician, and the pharmacist to work on together over time.

In many cases, both clinicians support patients together, in close collaboration with the FP. The coordinated effort can have a big impact on patient outcomes. Dr. Kristen Iverson, for example, referred an anxiety patient with side effects from past medications

but with hesitancy to discuss a change.

“After working with the pharmacist and myself, the patient reported that, for the first time in several years, she woke up in the morning without overwhelming panic,” remembers MHSU consultant Angela Stauch. Clinical pharmacist Greg McGinnis adds, “I think the three of us reiterating the same message to the patient and each supporting them with our resources really helped them to move forward with the necessary changes.”

“The sessions with the pharmacist and MHSU consultant led to positive change we likely would not have seen otherwise.”

– DR. KRISTEN IVERSON

DR. KRISTEN IVERSON WITH PHARMACIST GREG MCGINNIS. TOGETHER WITH MHSU CONSULTANT ANGELA STAUCH (NOT PICTURED) THEY MADE WELL-COORDINATED TEAM-BASED CARE A REALITY FOR DR. IVERSON’S PATIENT.



THE TEAM AT UNIVERSITY PLAZA FAMILY PRACTICE IS HAPPY ABOUT THE INCREASED ACCESS THEY CAN PROVIDE.

L TO R: DR. ANNA MASON, MOA DONNA MIKKELSEN, DR. SARAH CHRITCHLEY, MOA KIRN COLLINS, RN DARLENE CAMPANA, DR. JENNIFER LUSH, MOA KIM GELAUDE.



Registered Nurses (RNs)

RNs can significantly ease the pressure on family doctors and improve access to care for patients. They can, for example, educate patients to manage chronic conditions, conduct prevention screenings, give immunizations, do cognitive assessments, provide social support for the frail elderly, assist with quality improvement projects, and ensure patients have what they need after being discharged from hospital. All of this allows FPs to focus their time on the longitudinal relationship and diagnostic questions.

University Plaza Family Practice is one of the PMHs now supported by a RN. Nurse Darlene Campana has her own work area and pulls in one of the physicians when needed.

“Having a nurse is such a great extension of the team; patients love having a nurse,” says Dr. Sarah Chritchley. Dr. Anna Mason adds, “Having our nurse on the team has just made us so much happier!” Darlene herself enjoys working to full scope in the group practice and seeing the difference her support makes for both patients and physicians every day. “I also do a lot of triaging on the phone. Patients use me as their 811! They love that and have so much more access,” says Darlene.

“Every clinic should have a nurse. It’s one of the best ways to increase access.”

– DR. JENNIFER LUSH

Indigenous Collaborative Guiding Indigenous Health Strategies

The PCN partners are committed to transforming primary care in our region such that First Nations, Métis, Inuit, and urban Indigenous peoples can access high-quality, culturally safe primary care that is free from stigma and discrimination. To solidify the commitment, the PCN Indigenous Collaborative launched in 2021 to provide expertise and direction for the Victoria and the South Island PCNs.

The Collaborative has formed a cultural safety working group to create a learning journey for the PCNs. The Victoria PCN hired an Indigenous PCN Manager who will support Indigenous health and cultural safety strategies. She is working with the Collaborative and the Victoria Native Friendship Centre (VNFC) to support the expansion of their primary care team along with the co-creation of a team of Indigenous Wellness Providers.

“The Divisions and the PCN have been respectful and important partners in supporting calls to action in improving cultural safety. From the inclusion at the governance level, to the creation of the PCN Indigenous Collaborative, they have been receptive to the collective experience and voice this group offers in order to help guide and inform the present needs our Indigenous healthcare workers and community members face. Our partners sit amongst the Collaborative, hearing firsthand the perspectives and lived experiences our members bring to this shared space. Together, we aspire to learn and grow alongside one another to improve healthcare services for our peoples.”

– DR. KELSEY LOUIE - FAMILY PHYSICIAN,
MEMBER OF THE INDIGENOUS COLLABORATIVE

61%

of VDFP members
have participated
in cultural safety
training

Coordinated Community Follow-up Gives Confidence to Heart Failure Patients

By improving care coordination between patients, caregivers, family physicians, community specialists, and hospital clinicians, the Coordinating Complex Care for Heart Failure project by Transitions in Care is improving hospital discharge planning and community follow-up for complex patients living with heart failure.

A multidisciplinary working group has been co-creating a nursing discharge checklist for Island Health’s heart failure unit to enable continuity of care. It informs family physicians of the education patients and caregivers have already received, clearly indicates follow-up appointments (community virtual care home health monitoring, specialists, labs, etc.) already made, and referrals to still address, as well as rationales behind any medication changes.

Jim Lyster was a heart failure patient who sat on the working group and was experiencing the benefits firsthand:

“I’m being cared for without any gaps and our family doctor has all the information she needs. The home health monitoring at the top of the discharge list makes sure I check my vitals each day and has clinicians available for any questions. All of this translates into much more peace of mind and confidence for myself and for my family.”

– JIM LYSTER, FORMER PATIENT

Sadly, Jim passed away in September 2022. He will be greatly missed.



Improved Care Coordination for Frequent ED Visitors

The top 50 high-volume users of local emergency services visit hospital emergency departments between 17 and 80 times per year. Transitions in Care's Familiar Faces pilot successfully brought FP and ED clinicians together to co-create collaborative electronic care plans for frequent ED visitors.

The team supported the design of the required electronic care plan note, informed family doctors of their Familiar Faces patients, and encouraged their participation in conference calls to create care plans as needed.



New LTCI Videos Support After-hours Call Group

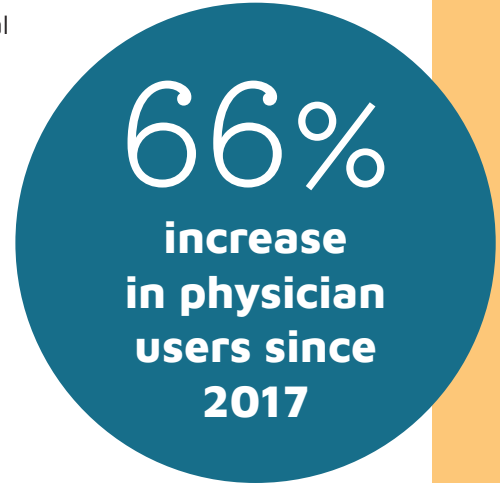
The LTCI after-hours call groups ensure round-the-clock coverage for all residents without compromising physician wellness and job satisfaction. To further improve service quality, the LTCI produced ten new educational videos on after-hours call group topics such as how to use the call group, specific reasons for calls, how to use the SBAR, and the work of the LTCI.

LTCI in Victoria and South Island

- **3224** total residents
- LTCI FPs and after-hours call groups active at all **38** LTC sites
- Coordinated care models at **22** sites

Pathways Utility Ever-increasing

Pathways continues to expand and support Division members and their teams as well as patients. On the various platforms, provincially managed resources are complemented by local content that is added by the Division. Time-sensitive health information and resources on, for example, COVID-19 are always up-to-date on the homepage banner.



- Family physicians can now access referral information for the Victoria Primary Care Network's allied health professionals.
- The Medical Care Directory offers an easy-to-navigate alternative to a clinic website and can connect patients with providers, through 189 local listings (clinics: 24, providers: 165).

"Best tool I've found in my 6+ years!"

– ALICIA SMITH, MOA

Pathways for Clinicians



21,981

PAGE VIEWS
(April 2021 to April 2022)



769

SPECIALIST LISTINGS



3,671

RESOURCES



1,973

FORMS



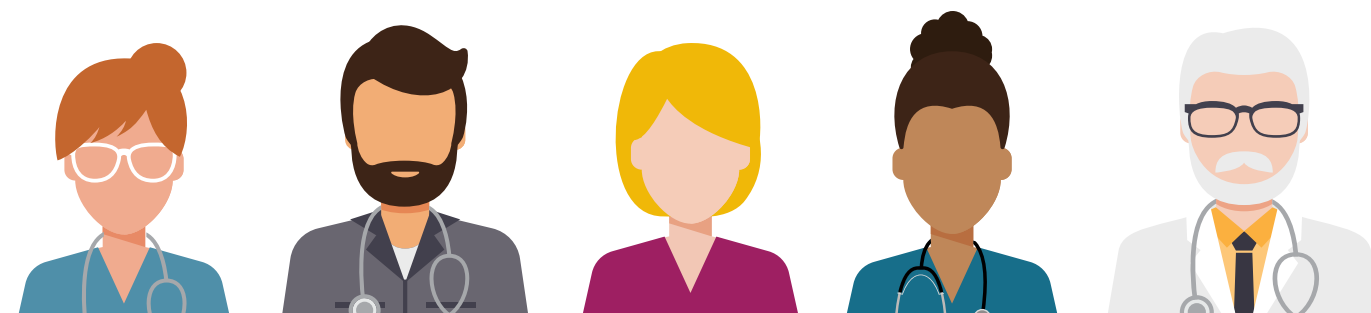
880

MEDICAL USERS

(FPs, MOAs, locums, residents, NPs, PCN – VDFP and SIDFP)

10 YEARS VDFP

We are celebrating ten years of working for a better primary care experience for patients, family physicians and the community. Thank you to all Victoria Division members, partners and our community for all we have achieved together.



2012

2022



- Initiated **member survey** to identify Division priorities
- Formed working groups to **address care of the elderly**, locum & physician recruitment and transitions, mental health and primary care access
- Launched monthly **Dine & Learn** continuing education events
- Initiated regular social events to rebuild family physician community
- Launched **Newsflash** member newsletter
- Victoria's **Collaborative Services Committee (CSC)** formed to address community needs together with our partners
- Hosted first **'speed dating'** events and matched new-to-practice to retiring doctors to maintain patient attachment
- Established regional **recruitment & retention collaborative** to attract more family doctors to Vancouver Island
- Launched **e-notifications pilot** with SIDFP and Island Health to improve hospital-family doctor communication

- Finished assessment and planning phase for **A GP for Me**
- Completed **practice coverage pilot** and matched locums to host physicians wishing to take time off
- Launched **islanddocs.com** to advance regional online recruitment
- Strengthened collaboration with Island Medical Program and Victoria Residency Program to **retain resident physicians in Victoria**
- Launched **TORCH model** for team-based family practice in long-term care
- Started the collaborative **Victoria-South Island LTCI Long-term Care Initiative***
- Hosted first family **holiday party**
- Pathways launched, providing a one-stop shop for **specialist information**
- Started **Umbrella Society** pilot to enable team-based care for substance use patients
- Introduced **patient summaries, discharge alerts and secure messaging pilots** to facilitate care transitions

- Developed and launched **CBT Skills Groups** to close the care gap for patients with mild-moderate mental health concerns; launched CBT Skills training for MDs
- E-notifications won **HEABC Health Care Award** and rolled out provincially
- Rolled out **MHSU opioid learning series** and training for family doctor support during the opioid crisis
- MoH and GPSC identified **Patient Medical Home and Primary Care Network** as priorities to improve access
- Co-designed and implemented **physician connectors** with Island Health to support team-based care for seniors and vulnerable populations
- Initiated **Lansdowne FP Network** of 30 FPs from 14 clinics for resource sharing and mutual support
- Started **Child and Youth MHSU Action Team** to develop resources for FPs and parents

- **CSC initiates PCN Working Group**; CSC's Care of the Elderly and MHSU working groups develop service recommendations for a future PCN
- Co-hosted first joint **family BBQ** with SIDFP and SIMSA
- Introduced MHSU consultant pilot in Lansdowne FP Network to support **Patient Medical Homes**
- Invited membership to the 50th **Dine & Learn** event
- LTCI active at all 38 local sites; all residents covered by **after-hours call groups**
- MoH invited Victoria to begin work on **PCN service plan** after VDFP had presented PCN principles developed at 13 neighbourhood meetings with 100 FPs
- Launched **Long-term Care Transitions project** to improve care home-hospital transitions
- Implemented **Familiar Faces** work flow to better support frequent ER patients
- Launched Victoria section of public **Pathways Community Services Directory** to help navigate supports

- Influenced policy change allowing international medical graduates to complete their **Return of Service program** in Victoria as underserved region
- First R1 and R2 assume **VDFP Board director** roles
- Division pivoted to **respond to COVID**
- **COVID Task Force** formed to lead pandemic response
- Opened six **CAPE clinics** for safe in-person visits during COVID
- Supported COVID-response through e.g. daily newsletters and web page, virtual care and **Pathways Virtual Care Directory** support, PPE and resources, re-opening guidance, CBT Skills Groups for MDs, and virtual Zoom & Learns
- Submitted **PCN service plan**
- Developed **Transitions in Care Hot Hip Protocol** to improve care for LTC patients with suspected fractures
- MoH approved **PCN service plan**

- Co-created **Indigenous Collaborative** across the Victoria and the South Island PCNs and appointed first Indigenous Board director to better embed cultural safety in any planning
- **Physician neighbourhood leads** started supporting Victoria's four PCN neighbourhoods
- Initiated **Physician Health & Wellness Committee** and increased wellness supports
- **First established family doctor** moved into Downtown Victoria UPCC with their panel
- TiC and Island Health implemented **e-notifications of deaths**
- Launched **Urban Locum Pilot** to retain and attract family physicians
- Recruited 10 FPs through **PCN's NTP contracts** who will support 15,000 patients
- Placed **PCN longitudinal case managers, MHSU consultants and primary care clinical pharmacists** in neighbourhoods to strengthen team-based care
- Placed **PCN RNs in PMHs** to increase access and enable team-based care

*name change from Residential to Long-term Care Initiative in 2020

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



GRATITUDE & RECOGNITION

Thanks + Acknowledgments

Our physician members drive the progress you see in this report. Thank you to the physicians below for their contributions to our committees and working groups. Note: Bolded names are project lead physicians in 2021-22.

Collaborative Services Committee

van Es, Caroline
Troughton, Tim
Childs, Aaron
Cooper, Sari
Duff, Melissa
Louie, Kelsey

Communications

Chritchley, Sarah
Pharo, Elisabeth
Bekker, Ian
Dabrus, Kathy
Ehasoo, Valerie
Lam, Katherine
Singh, Jessie
Macnab, Magnus

COVID Task Group

Childs, Aaron
Easterbrook, Jaron (SIDFP)
Bekker, Ian
Bridger, Ian
Brosseau, Ami
Cooper, Sari
Dabrus, Kathy
Forster, George
Green, Arlo
Hayes, (Kiriell) Oona
Heaslip, Ashley
Shafonsky, Eric

Dine & Learn/Zoom & Learn

Fry, Jessica
Harmon, Caitlin
Boe, Corene
Dabrus, Kathy

Finance

Duff, Melissa
McKeen, Katharine
Stamp-Vincent, Chris
Troughton, Tim

Human Resources

Chritchley, Sarah
Ehasoo, Valerie
Troughton, Tim

IT

Bekker, Ian
Block, Claire
Dabrus, Kathy
Easterbrook, Jaron
Farmer, Robert
Leduc, Eugene
Rajapakshe, Shan
Shafonsky, Eric
Shaw, Jack

Joint Executive Committee (VDFP & SIDFP)

McKeen, Katharine
Troughton, Tim
van Es, Caroline

LTCI Steering Committee

Manville, Margaret
Miles, Michael
Brook, David

LTCI Saanich Peninsula Working Group

Del Bel, Nicole
George, Eric
Gunton, Patricia

LTCI Community of Practice Working Group

Bekker, Ian
Brook, David
Chew, Gilbert
Domke, Herb
Egan, Frank
Forster, George
Grimwood, Russ
Gunton, Patricia
Houghton, Peter
How, Ben
Manville, Margaret
Marsh, Ambrose
Miles, Michael
Mordasiewicz, Merunka
Morrice, Lora
Neweduk, Peter
Nicoll, Dale
Pai, Emily
Roh, Christine
Syyong, Harley
Tsai, Jimmy
Vaughan, Matthew
Vaughan, Michael
Wolovitz, David
Woodburn, Layne

LTCI Learning Series Planning

Jovic, Draga
Neweduk, Peter
Nicoll, Dale
Roh, Christine

PCN Longitudinal Case Management

Jovic, Draga
Syyong, Harley

Nominations / Board Succession

Inman, Geoff
McKeen, Katharine

PCN Steering Committee

McKeen, Katharine
Childs, Aaron
Mason, Anna
Nezil, Frank

PCN Clinical Pharmacist Integration

Bax, Stuart
Chritchley, Sarah
Duff, Melissa
Harrison, David
Mason, Anna

PCN Indigenous Collaborative

Brousseau, Ami
Ehasoo, Valerie
Elliott, Kate
McKeen, Katharine
Nezil, Frank

PCN Longitudinal Case Management

Veres, Lisa
Cooper, Sari
How, Ben
Leduc, Eugene
Phillips, Laura
Roh, Christine

PCN Mental Health & Substance Use

Childs, Aaron
Gooderham, Tuz
Harrison, David

PCN Neighbourhood Leads

Bax, Stuart
Brosseau, Ami
Childs, Aaron
Duff, Melissa
Fraser, Chris
Harrison, Dave
Iverson, Kristen
Mason, Anna
Rajani, Irfan
Tresoor, Tracy

PCN Operational Leadership Team

Bax, Stuart
Brosseau, Ami
Duff, Melissa
Harrison, David
Mason, Anna
Nguyen, Anne

Physician Health & Wellness

Fry, Jessica
Johnston, Shana
Lee, Jen
Birdi, Parvinder

Jackson, Emma
Sherman, Mark

Residents

Simin, Irina
Singh, Jasjeet

TiC Steering Committee

Phillips, Laura
Veres, Lisa
Cleave, Spencer
Hammett, Tess
Inman, Geoff
Klingenberg, Karen
McDonald, Leah
Thomson, Mike
Wale, Jason

TiC Coordinating Complex Care

Veres, Lisa
Hammett, Tess
How, Ben
McKeen, Katharine
Phillips, Laura

TiC Familiar Faces

Phillips, Laura
Voon, Fred
Briemon, Dayna
Brosseau, Ami
Cleave, Spencer
Crawford, Tanya
Heaslip, Ashley
Joshi, Abhinav
Leishman, Rose
Singh, Jasjeet
Thomson, Mike
Wale, Jason

Awards & Recognition

We would like to recognize these members of our local physician community who received awards, support teaching, or represent local family physicians at other organizations. The awards list focuses on the largest organizations and was generated through online research. We apologize if we missed a member who should be listed here.

Award Recipients

BC College of Family Physicians, My Family Doctor Award:
Allison Ferg (SIDFP)

BC College of Family Physicians, R2 Resident Award:
Ramita Verma (SIDFP)

BC College of Family Physicians, Dr. Manoo and Jean Gurjar Award:
Emma Jackson

Canadian College of Family Physicians, CFPC/CPA Collaborative Mental Health Care Award:
Trish Snozyk

Canadian College of Family Physicians, Val Rachlis Leadership in Family Medicine Award:
Kate Elliott

Canadian College of Family Physicians, Family Medicine Global Health Project Grant:
Leah Norgrove (SIDFP)

UBC Island Medical Program Teachers/Supporters

Jody Anderson, Course Director, Transition into Postgraduate Training and Medical Practice (TIPP), Year 4

Ryan Heron, Course Director, Clinical Skills

Fiona Manning, Assistant Dean, Student Affairs

Margaret Manville, Course Director, Family Practice

Amita Modi, Course Director, Electives, Year 4

Bruce Wright, Regional Associate Dean, IMP (UBC)

Head, Division of Medical Sciences (UVic)

2021-22 Family Practice Preceptors

Adilman, Stephen
Alam, Shireen
Anderson, Susan
Ashwell, Stephen
Atchison, Amy
Behroozi, Dara
Bekker, Ian
Belgaumkar, Umarani
Benes, Alana
Billinghurst, Robert
Bindra, Heera
Birdsell, Laura
Black, Fraser
Block, Claire
Blouw, Marion
Boylan, Maureen
Chritchley, Sarah
Cleave, Spencer
Cooper, Sari
Cooze, Frederick
Crofton, Neil
Crow, Patricia
Cuthbertson, Amy
Dabrus, Kathy
Downs, Allyson
Edora, Felipe
Edwards, Susan
Ehasoo, Valerie
Erick, Mary
Erlank, Andries
Erlank, Minette
Felix, James
Ferris, Caroline
Forghani, Kamran
Forrester, Molly
Fraser, Christopher
R.R.

Friesen, Caspar
Gallagher, Michael
Green, Stefanie

Greiner, Marley
Hammell, Darlene
Michelle
Hammett, Tess
Harmon, Heather
Hering, Ramm
Heron, Ryan
Herriot, Ryan
How, Benjamin
Hutchinson, Leah
Inman, Geoffrey
Anthony Blair
Johnston, Shana
Joshi, Abhinav
Khatkar, Navjot
Kolodziejczyk, Dean
Lam, Christopher
Lam, Katherine
Lea, Sarah
Leduc, Eugene
Robert
Mader, Patrick
Mak, Janet
Mancini, Stephanie
Manklow, Jennifer
Manning, Fiona
Manville, Margaret
Marin, Molly
Masata, Hana
Mason, Dwight
Randal
McCallan, Tara
McEwen, Heather
McGhee, Douglas
Mentz, Monica
Minish, Kelley
Modi, Amita
Montemuro, Suzanne
Mordasiewicz, Merunka
Newman, Daniel
Ng, Carol

Nguyen, Anne
Nielsen, Darcy
Otto, Alexandra
Putland, Michael
Reid, Linda
Riddler, Colin Robert
Roback, Barbara
Samir, Nafisa
Scott, Dion
Shaw, John Patrick
Singh, Deanna
Sareeta
Smirnov, Ioana
Snodgrass, James
Snozyk, Patricia
Solanki, Cloe
Stasiuk, Samantha
Stogryn, Krista
Tamura-Wells, Jessica
Tan, Wen Qi
Thibodeau, Melina
Tresoor, Tracy
Vallee, Ashleigh
Wade, Kevin
Wilson, Penelope
Winton, Kailey
Woolner, Megan

2022 Preceptor Award Recipients
IMP Dr. Bruce Crawford Award of Excellence:
Fraser Black
IMP Community Family Physician Award for Excellence in Clinical Teaching:
Tracy Mihalynuk (SIDFP)

FAMILY PHYSICIAN ADVOCATES

Doctors of BC
Joshua Greggain, President-elect
Osmaan Sheikh, District 1 Representative.
Family Medicine Section:
Jaron Easterbrook (SIDFP)
Oona Hayes
Steven Goodchild

GPSC Full Committee
Sari Cooper, Co-chair
Jaron Easterbrook (DoBC, SIDFP)
Kelsey Louie (FNHA)
Leah MacDonald (Island Health)

BC Family Doctors
Steven Goodchild, Board Chair
Melissa Duff, District 1 Delegate
Irfan Rajani, First Five Years of Practice Representative

BC College of Family Physicians
Dan Horvat (SIDFP), Board Member

College of Physicians & Surgeons of BC
Jason Wale, District 1 Representative on the Board

FINANCIAL STATEMENTS

Treasurer's Report



The Division's financial statements for the year ended March 31, 2022 were audited by KPMG and an unqualified audit report was issued. A copy of them can be found in the member section of our web site and some highlights are captured in the accompanying charts.

Financial oversight throughout the year is provided to the Board by the Finance and Audit Committee.

This fiscal year, the Victoria Division was focused on implementing the first year of the Primary Care Network project and began hiring the key resources to advance this initiative.

Our core infrastructure and ongoing program activities continued, including work on the Long-term Care and Transitions in Care initiatives.

With the end of the current Physician Master Agreement, the Victoria Division will be returning funds to the Doctors of BC of approximately \$1.8M to the end of March 31, 2022. We anticipate that much of this funding will be repackaged and provided back to us in 2022.

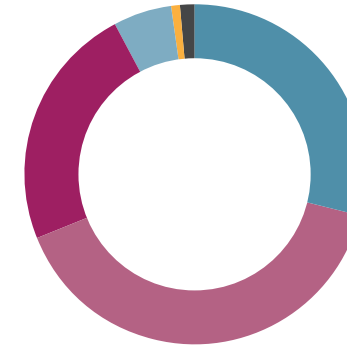
The Division continues to grow and the addition of the PCN multi-year project and future projects such as the Urban Locum pilot will continue that growth.

I would like to thank all staff at the Division for continuing to move our initiatives forward, keeping our finances in good health and setting up sound processes for projects moving forward in the next year.

Peter Lockie, Treasurer



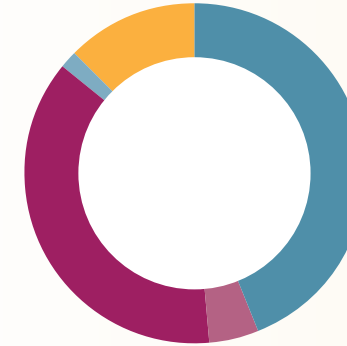
Revenues



2021/2022

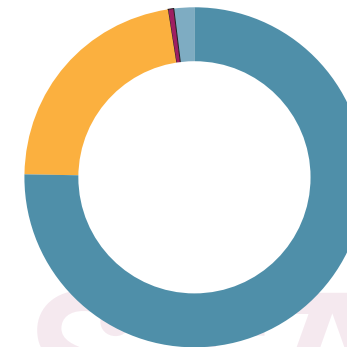
Infrastructure	\$1,210,823
Long Term Care	\$1,654,352
Primary Care & PCN	\$969,880
Shared Care Initiatives	\$237,073
Regional Retention & Recruitment	\$34,958
Other	\$46,439
Total:	\$4,153,525

Expenditures



Physician Payments	\$1,813,304
Administration	\$201,990
HR	\$1,530,535
Events & Meetings	\$76,821
Committee Support & Other	\$507,640
Total:	\$4,130,290

Assets



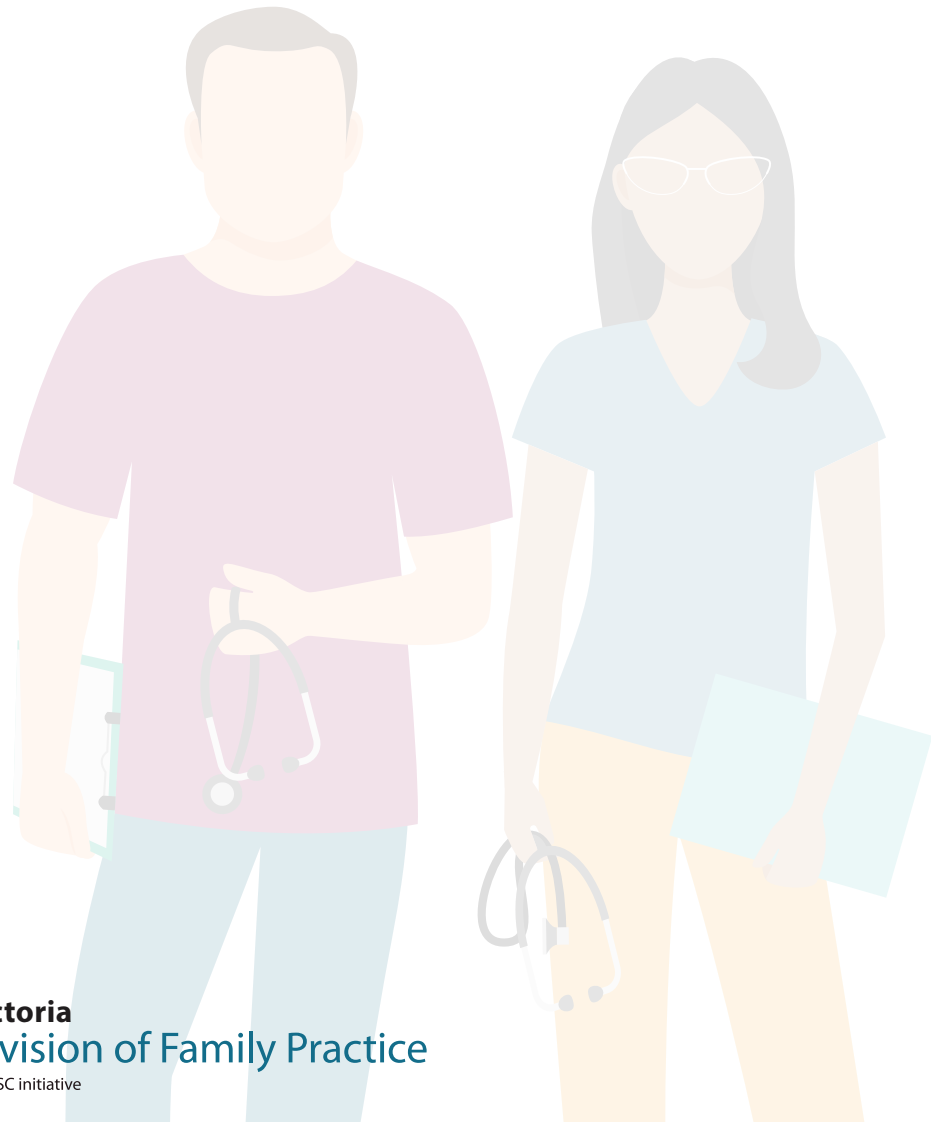
Term Deposits	\$3,267,745
Cash	\$969,265
Capital Assets	\$21,073
AR & Prepaid Expenses	\$78,422
Total:	\$4,336,505

FINANCIAL STATEMENTS



Happy to be back in-person at the joint Welcome & Thank You event in June 2022.





Victoria

Division of Family Practice

A GPSC initiative

Phone 1.877.790.8492

Fax 778.698.4570

victoria@victoriadivision.ca

divisionsbc.ca/victoria

Photography: Capture the Moment Media, Andrew Dodd,
Island Health, Terrance Lam, Caroline Mitic