



Board Meeting Minutes FINAL

April 11, 2024, 6:00 pm-8:15 pm, Hotel Grand Pacific, Cabinet Room #612

Attendees (Name, Position, P/R/V)					
Dr Ami Brosseau	Director	R	Dr Sarah Chritchley	Director	R
Dr Ali Dozzi	Director	R	Dr Melissa Duff	Chair	P
Dr Brett Dueck	R1 Director	R	Dr Steve Goodchild	Director	P
Dr Kristen Iverson	Director	P	Mr Peter Lockie	Treasurer	P
Dr Margaret Manville	Director	R	Dr Anna Mason	Secretary	P
Dr Carien Smit	R2 Director	P	Catriona Park	Executive Director	P
Nicole Dehoop	Operations Coordinator (minutes)	P	Kristin Atwood (guest)	Director, Care Innovations	P

P = Present R = Regrets V = Virtual

Open Meeting

- Dr. Steve Goodchild opened the meeting at 6:00 pm with a Welcome, Land acknowledgement and check-in.
- VDFP Mission, Vision, and Approach was read.
- Action #1: update approach wording**
- There was no Director conflict of interest were declared for this meeting.
- There were no additions to the agenda.

Non-Longitudinal Member Engagement Survey – Kristin Atwood, Director, Care Innovations

- Overview of where this work originated from:
 - 2023 board retreat, an interest in strengthening engagement with those members not practising in longitudinal family medicine.
 - ensure our programs were meeting the needs of all members.
 - We needed to know:
 - Who the non-longitudinal members were.
 - What they do
 - What they want and need from the division
 - It was noted that data is from last year and analysis from last summer and we are working on updating and getting accurate information.
- Key results from the survey:
 - ~55% of members fall into these categories:
 - Residents/students
 - Retirees

- Practicing in non-longitudinal roles
- ~36% of members have some non-longitudinal role e.g. acute care, specialized practice, locums, episodic care, or other settings such as government, military, academia, or WorkSafe.
 - 75% exclusively non-longitudinal
 - 25% both non-longitudinal and longitudinal roles
- Both exclusive non-longitudinal members and those who are both NL and longitudinal find VDFP valuable.
- The mission and vision are not as resonant for non-longitudinal members as those in longitudinal family practice, but the majority indicated that it reflects their needs and experiences.
- Feedback indicated feeling left out if they did surgical assist or ED work as they weren't neither a 'specialist' nor a 'family physician'.
- VDFP's response to survey:
 - Refer feedback to existing projects to further inform their work e.g. wellness needs to Wellness Committee, Telehealth engagement to Care Transitions, WIC integration to PCN.
 - Targeted communications to articulate VDFP's value to non-longitudinal members and emphasize all are welcome at VDFP events.
 - Look for ways to explicitly include non-longitudinal members in existing work and engage with different NL groups as part of strategic planning.
 - Develop new programming e.g. cme for locums or episodic care.
- Next steps:
 - 2024/25 budget submitted includes funding to explore the ideas.
 - Feedback has been shared with other projects to be incorporated into planning.
 - Reach out to Communications Committee for strategies for welcoming language.
 - Survey to retirees to find out how they would like to be included in our community.
- Queries:
 - What percentage of retirees who are members have retained a license? We don't know that number and are working to categorize our data more accurately as members aren't marked as 'retired' until they officially are no longer licensed by the college.
 - Do hospitalists get cme? They have their own system, but they would like more socializing but heard that can be challenging with shift work.
 - Resources and/or presentations from dine and learns for those who can't attend? We are unable to record due to the roundtable format but summaries and/or presentations are posted to the VDFP website when available.

Consent agenda.

- April 11 Agenda
- ED Report
- VDFP Program Report
- New Members List
- Victoria CSC Minutes – February 23, 2024

Decision: Approval of the Consent agenda.
By consensus, approved.

Review of minutes

- The March 14, 2024, meeting minutes were reviewed and there were no edits.

Decision: Approval of March 14, 2024, Board meeting minutes.
By consensus, approved.

Review of action items

- Action items were reviewed:
- #1 – Determine what support VDFP can provide for CPOE coming this summer. – complete – more discussion with SIDFP and medical leadership from both hospitals.
- #2 – non-lfp survey results presented – complete – on agenda
- #3 – connect with R & R Coordinator regarding members retiring and if support needed – complete
- #4 – GBA+ link to new directors - complete

Member feedback

- ULP was asked to coordinate groups such as journal clubs or small group learning for locums but decided that wasn't appropriate use of ULP. VDFP could offer to help put some groups together or explore other groups looking for new members.
- Other ways that support could be provided to members would be to offer basic life saving training or simulation course for members and their offices or a list of providers members could access.
- We are hearing from members that office overhead is still a stressor, and the division needs to find opportunities for subsidized space to allow physicians to work.

Action #2: Share information regarding simulation course training.

2024/25 Budget Review

- Overview:
 - A balanced budget presented.
 - A high level review of the global budget as FAAC has reviewed the comprehensive details.
 - PMA ends March 2025 so anything not spent will go back to DoBC.
 - Budget reflects the board's priorities from new work identified at the Board retreat, and continuation/expansion of work initiated in 2023/24 and ongoing VDFP work.
 - Staffing is based on the current level of staffing, and they will receive a 2% COLA.
 - VDFP funding is challenging with rising operating costs and sessional rate increases.
 - There is a potential shortfall if the Division is not successful in receiving gate 2 funds for PCN Governance support, but PCN Director is confident gate 1 work will be completed and approved.
 - Finance manager meets with program managers quarterly to mitigate risk and determine any surplus or deficiencies.
 - Due to timing, the Dalmation costs has not been included as unsure when that will happen.
 - The FAAC recommends the board approves the 2024/25 Budget.
- Queries:
 - Is there any chance Division will receive additional funds for the sessional increase? Unlikely.
 - Do we report interest that is accrued on the revenue accounts? The infrastructure interest we can't spend but the other can assist in the increase in sessional rates or other priorities; provides a bit of a contingency fund.
 - How does our budget compare to other divisions? Other divisions of similar size are likely in the same position.

Decision: VDFP Board approval of 2024/25 budget.

By consensus, approved.

In Camera 7:20-7:25 pm

Executive Director and Operations Coordinator left for the in-camera

Break 7:25-7:35 pm

CSC Representatives

- Dr Mason is stepping down from CSC now that she is PCN SC Chair.
- Dr Kristen Iverson is already at the CSC and has agreed to take on the Co-chair role.
- Dr Steve Goodchild was alternate for Drs Melissa Duff and Aaron Childs but will attend regularly.
- An additional VDFP representative can be determined at the next board meeting when all board members are present.
- Additionally, Dr Iverson will attend the JEC and Dr Mason will be removed.

Action #3: Determine additional VDFP representative to CSC.

Action #4: Update SIDFP to add Dr Iverson and remove Dr Mason from JEC meeting.

Decision: Approval of Dr Kristen Iverson as the new VDFP Co-chair to the CSC.

By consensus, approved.

VPCN Space Planning Subcommittee update

- The Space planning committee met with Island Health Capital Planning and has negotiated a sub-lease and NDA agreements.
 - These agreements satisfy MoH and Island Health as per the funding requirements. There is less risk to the Division financially as Island Health will take over the lease.
 - We are expecting sign-off of the *Letter of Agreement* this week to get the funding flowing and will allow the work to start at the Dalmatian building.
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VDFP PCN Transition Subcommittee update

- Dr Mason has recruited two family physicians and patient partner to join the new PCN SC.
 - PCN leads meetings will end and will change to PCN Co-hort leads. Additional 10 family physicians will be needed.
 - Once role description of co-hort lead ready, more recruitment by board members and/or specific communication send out to members may be required.
 - The Community Advisory Group is getting built and patient partner may end up on that committee.
 - Joan Brett will be the Indigenous representative until the Indigenous circle has been established.
 - A NP or midwife will be nominated by the local NP community to sit at the PCN SC.
 - The committee is looking for someone from the UPCC SC rather than someone in an administrative role and someone new to practice.
 - Dr Mason has weekly meetings with PCN Director and Administration during this rebuild of the PCN SC.
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Communication with members

- Communication to members about the positions that are available on the PCN SC and connect them to Carlena or Dr Mason.
- The Board approved a balanced budget for 2024/25.
- We looked at the results of the non-longitudinal members survey and we have some good ideas to engage those in non-longitudinal roles.
- CPOE
- Highlight the dine and learn resources on the website.

Action #5: Communications to members via NF as per above points.

Review of action items

- Action items reviewed.
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