

# Strategic Plan 2025 – 2029



### At a Glance



View the full framework on the next pages.

### **MISSION**

The VDFP connects family medicine-trained physicians to foster community, spark innovation, and lead improvements in the local health system. We respond to our members' priorities by amplifying the physician voice and providing diverse services, supports, and programs.

### VALUES

- Community
- Innovation
- Collaboration
- Integrity



## Strategic Plan – Expanded

### Approach

- Affirming the value of all physicians trained in family medicine by amplifying their voice and experience.
- Ensuring our work is member-driven, in response to local concerns.
- Engaging with interest holders to effect needed change at a community and systems level.
- Fostering Indigenous cultural safety through embedding cultural awareness, sensitivity, competency, and humility across all our work.
- Implementing innovative solutions grounded in both practice- and research-based evidence.
- Upholding respect, equity, and inclusion.

## Embedded Commitment

### INDIGENOUS CULTURAL SAFETY AND COMPETENCY

As an organization, we are deepening our practice of Indigenous cultural awareness, sensitivity, competency, and humility, recognizing that these are not endpoints, but part of an ongoing journey. This work is grounded in relationships, accountability, and respect for First Nations, Métis, and Inuit self-determination. We recognize that culturally safe care and engagement is defined by Indigenous Peoples.

We are working to embed this commitment across all areas of our organization—programs, policies, leadership, partnerships, and team culture—so it becomes a way of working, not a siloed effort.

#### When Indigenous Cultural Competency is woven throughout our values, it looks like:

- Collaboration Aiming to engage early and meaningfully with local Indigenous Peoples, building authentic relationships rather than treating engagement as a checkbox.
- Innovation Honouring Indigenous ways of knowing and being as vital to creative problem-solving and systems change.
- As language and understanding continue to evolve, we recognize that terms such as cultural safety, cultural awareness, cultural sensitivity, cultural competency, cultural humility, reconciliation, two-eyed seeing, and decolonization reflect an ongoing journey. We will continue to learn and adapt in dialogue and relationship with Indigenous partners, patients and clients, physicians, communities, Elders, and Knowledge Keepers.

### Enhancing physician wellbeing and connection

#### Reduce physician burnout and improve work-life fit

Identify and respond to evolving barriers to physician wellbeing, offering supports that improve work-life fit and reduce burnout through the work of the existing Physician Health and Wellness Committee and the Wellbeing Index, while also demonstrating how broader efforts–like reducing administrative and systemic burdens–positively impact member wellbeing.

#### Strengthen member engagement with VDFP offerings

Ensure members continue to be informed, welcomed, and meaningfully connected to the VDFP community and its offerings, through an emphasis on effective onboarding and expanding communication channels.

### Expanding primary care capacity

### Promote development of primary care infrastructure and practice model innovation

Support the creation of new or renovated clinic spaces for family physicians that enable team-based care and align with sustainable funding and practice models, by developing a framework to guide primary care infrastructure and practice model planning, and by assessing member interest and readiness to participate in new opportunities.

#### Enhance and expand physician recruitment efforts

Continue to advance a strategic, collaborative approach to physician recruitment that supports system capacity, meets community needs, and strengthens the sustainability of family medicine in Victoria, through improved access to career information, regional R&R strategies, and continued emphasis on outreach and career pathways.



### Strengthening team-based, inclusive, modern care

#### Support care for priority populations

Support family physicians to better meet the needs of priority populations - especially unattached patients, adults and children with MHSU needs, and seniors, among others - through targeted programs, partnerships, and education. Includes advancing QI initiatives in collaboration with key partners (e.g. opioid use, cancer pathways, and social prescribing), ensuring CME and other educational programming reflect the needs of priority groups identified by members, and maintaining up-to-date knowledge of priority groups, in part via Collaborative Services Committee strategic planning and action work.

#### Sustain Victoria PCN cohort model and Allied Health Centre

Increase access to primary care services for attached, unattached, and marginalized populations by sustaining and expanding the cohort model and optimizing use of the Allied Health Centre. Includes expanding allied health teams to deliver innovative, responsive care across our PCN neighbourhoods, exploring expansion to walk-in clinics, new patient medical homes and clinics serving priority populations, and using the Allied Health Centre to engage, educate, and connect members with allied health professionals as well as other patient-centred services.

#### Assist members to navigate health IT

Ensure family physicians are equipped to navigate the digital health landscape by staying abreast of emerging technologies that impact members, facilitating expert support for members' clinical health IT needs (e.g. promoting AI scribe tools, coordinating PSP tech supports, among others), and effectively engaging with provincial health IT planning and systems.



### Elevating physician voice to improve service access

## Equip members to better manage patients waiting for specialist or diagnostics access

Support family physicians in managing patients amid long wait times for specialist care and diagnostics by strengthening referral processes, enhancing interprofessional collaboration, and pursuing appropriate small 'a' advocacy to improve local systems. Includes developing education to build physician confidence in managing waitlisted patients, testing improvements in communication and collegiality with specialists, and exploring systems-level innovations such as shared care pathways and improved patient navigation supports.

### Reinforcing the Division's foundation for member-driven impact

### Strengthen growth and accountability as a non-profit organization

Embed Indigenous Cultural Competency and a DEI lens internally and into relationship-building with local Nations. Strengthen the VDFP's relationships with local leaders and community partners to advance shared priorities. Improve data use and modernize systems.

Questions? Please contact us: victoria@victoriadivision.ca

