

# MEDICAL LEADERSHIP RESTRUCTURE

MARCH 2026

## AT A GLANCE

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Dear colleagues,

Thank you for your continued patience and commitment as we launched our new medical leadership structure on March 1. This transition marks an important step forward for our organization, and I recognize that the pace and complexity of change, along with the inevitable “structured disorder” that comes with it, have required flexibility and resilience from each of you.

In the lead-up to launch, there was a substantial, coordinated effort to finalize and distribute a high volume of contracts. We now need your support to complete this critical phase: if you have not already done so, **please review, sign, and return your contract as soon as possible**. Timely completion will ensure your compensation is not disrupted and will enable us to further operationalize the new structure. Details on how to accept contracts is provided below.

To support you in your roles, we have introduced several new resources designed to help orient and equip both new and continuing medical leaders. These include updated organizational charts, a comprehensive medical leadership onboarding manual, which provides important guidance expectations, as well as a virtual onboarding series. More information on these supports is provided below.

As we move into the next phase of implementation, your leadership remains essential. You will be asked to work with your teams to develop performance deliverables that align with and complement your formal role descriptions. This will be a key step in translating the structure into meaningful outcomes and accountability.

In our previous newsletter, we explored Acute site structures. **In this edition, we turn our focus to Community leadership.**

Moving forward, more detailed and community-specific updates will be shared through local leadership channels and forums. If you have any questions, please reach out to your direct leader for guidance.

This transformation depends not only on the structure we have put in place, but on your active participation in bringing it to life. Thank you for your leadership, responsiveness, and your ongoing commitment to ensuring a successful transition.

Dr. Michelle Weizel

Associate Vice President Medicine & Deputy Chief Medical Officer

## Accepting Medical Leadership Contracts

Please find below some key steps to help physicians navigate the contract signing process:

- To accept or decline a medical leader contract, physicians need to log into their Island Health email.
- **Then, please look for an email from 'Physician Contracts'. It will have a subject line that starts with "Action required: Contract PAXXXXXX DVH-04-14 & supporting document".**
- **This email provides clear instructions on how to formally accept a medical leadership contract on the Notarius/consignO e-signature platform.**
- **Once in Notarius/consignO, click on "Apply" which indicates acceptance and signature.**
- **No further action is needed, unless there is a text field asking for a GST# .**
- **For more detail on the contract signing process, please visit this [FAQ](#).**

## Onboarding Supports

This month, the Medical Staff Education and Development team launched an enhanced Medical Leader Welcome Package, designed to support new leaders as they transition into their roles. Medical Leader orientation features:

- An invitation to participate in the six-session *Navigating Medical Leadership* virtual onboarding series
- Organizational charts and directories specific to medical leadership
- An introduction to local Medical Staff Association (MSA) President(s)
- Opportunities to connect with direct reports
- Access to departmental education schedules
- A comprehensive [onboarding manual](#) with practical guidance for new medical leaders
- Quarterly check-ins to foster ongoing engagement and connection

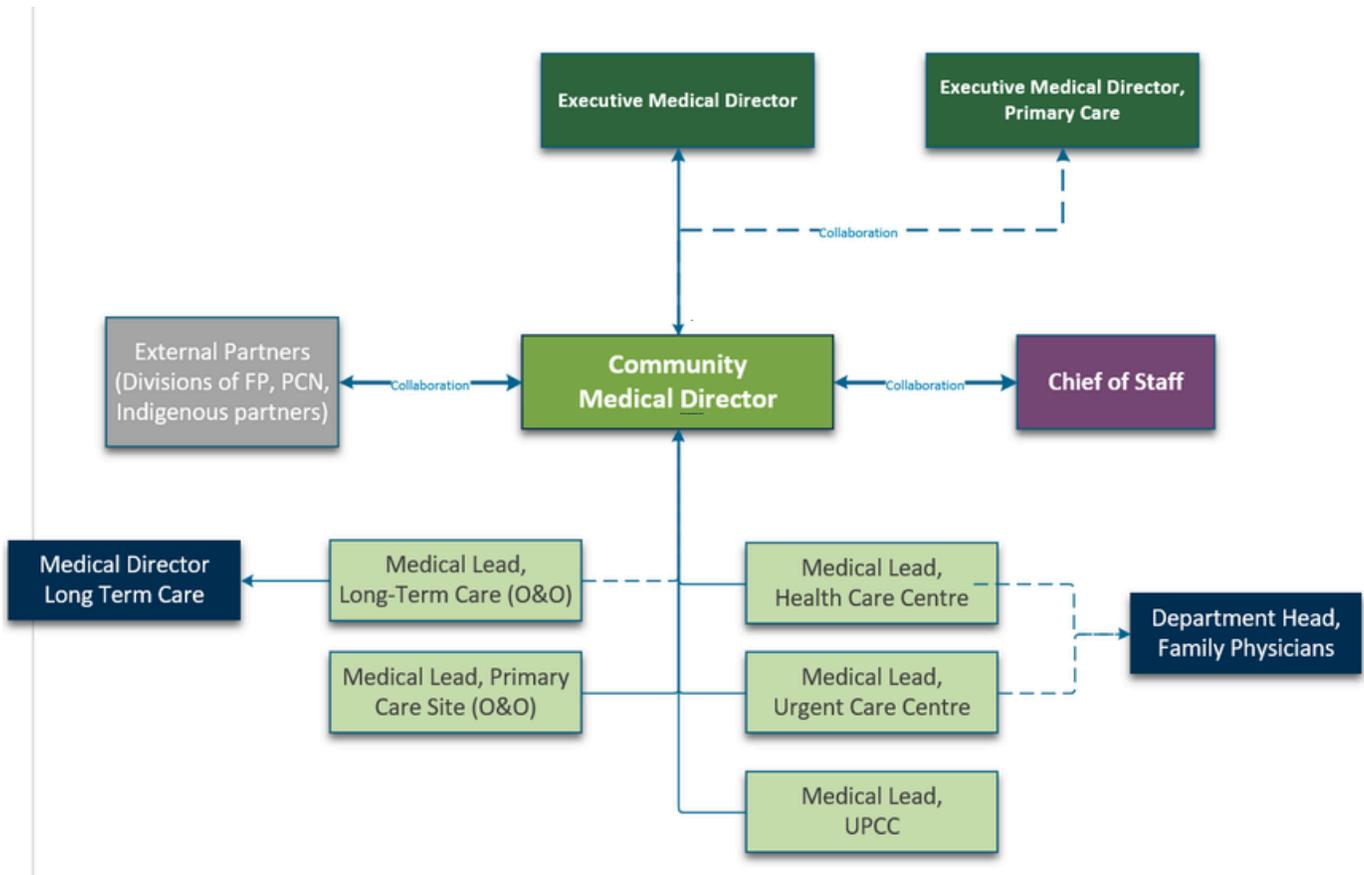
For questions about medical leader onboarding supports, please contact the Medical Staff Education and Development team at [medstaffdevelopment@islandhealth.ca](mailto:medstaffdevelopment@islandhealth.ca)

# A Closer Look: Community Medical Leadership

## What has changed?

A Community Medical Director continues to provide community-level leadership for Island Health owned and operated community sites but this role now has a stronger emphasis on enabling collaboration and transition of care between Acute, Long Term Care, and Community settings. Importantly, this role liaises and fosters relationships with key community and Indigenous partners.

Community Medical Directors and Medical Leads also now play a bigger role in governance and/or contracting decisions, as well as providing local support.



# What is a Community Medical Director?

The Community Medical Director provides CLHA-level leadership for Island Health owned and operated community sites. The Community Medical Director reports to an Executive Medical Director, and has a collaborative relationship with departmental and program leadership with active services within the community, such as Psychiatry, Long Term Care, Palliative & End of Life Care, and Addictions Medicine, among others.

This Senior leadership role focuses on strategic planning and operations for local primary care services. They are also responsible for strengthening collaborative relationships between community and acute care settings, and with key organizational partners such as First Nation communities, Divisions of Family Practice, Primary Care Networks, long term care facilities, and primary care service organizations.

They are responsible for medical staff governance and clinical quality within their region, providing support and oversight to Community Medical Leads in addressing escalated issues and leading quality improvement work.

# What is a Community Medical Lead?

The Community Medical Lead oversees an Island Health Owned and Operated primary care clinic. Community Medical Leads report to a Community Medical Director. At Hospital Act sites, they have a dual reporting relationship with the Department Head of Family Practice.

**This frontline medical leadership role is responsible for the quality, safety, and day-to-day functioning of the clinic.** This makes the Community Medical Lead a key point of connection between medical staff, the site at large, and the broader system. A Community Medical Lead can help resolve local issues, escalate issues as needed and ensure that the service is represented at the right forums.

A Community Medical Lead is often the first place to go when something isn't working and needs attention beyond the clinic or team level – and is the person best positioned to help move it forward.



# What can a Community Medical Lead help with?

Your Community Medical Lead is your first point of contact when you need to raise an issue or get support. The Community Medical Lead will help connect you with the appropriate leaders or escalate the issue to other leaders at the appropriate forums



## Recruitment Update

Medical leadership recruitment continues to progress steadily.

Island Health is seeking a Community Medical Director to provide strategic leadership and oversee medical staff governance and clinical quality across Saanich, the Gulf Islands, and the Western Communities, in alignment with Medical Staff By-laws, Rules, Primary Care policies, and quality frameworks

We are also **urgently** seeking a Stand-Alone Division Head, Hospitalist & Family Practice Inpatient Care, a key leadership role responsible for division oversight, physician engagement, and aligning clinical and operational priorities to support high-quality inpatient care. Your help in sharing and promoting this opportunity is greatly appreciated.

**Leaders are asked to please extend offers as soon as possible to candidates eligible for direct transition.**

Leaders transition data:

- 191 accepted or in position (now active)
- 82 in recruitment pipeline

# System Changes

Interim Credentialing and Privileging (C&P) processes are currently in place while system updates are underway to align with the new medical leadership organizational structure.

- For questions related to file review or decision-making, please connect with your senior leader, typically your Department Head, many of whom continue to serve in their existing roles.
- Additional resources—including guidelines, tools, forms, and the C&P Application Review Guideline—are available on the C&P [website](#).

## What's Next?

As we progress with the medical leadership implementation, a formal evaluation framework will be developed to assess its effectiveness. This framework will help us better understand what is working well, identify areas for improvement, and guide necessary adjustments to ensure the structure meets the needs of our teams and the organization.

Engagement from operational and medical leaders will be an important part of this process. There will be opportunities to share feedback, insights, and experiences to help inform the evaluation and shape future refinements.

Further details on the evaluation approach and opportunities for input will be shared in the coming months.

## Resources

More information is available on the [Medical Leadership Website](#) and [Intranet](#).

Resource Highlights:

- [Site Structures](#)
- [Quick Reference Guide](#)
- [Medical Leadership Restructure pages](#),
- [Resources, med staff site](#)
- [FAQ Hospitalists FAQ](#)
- Leadership [Points of Contact](#) for medical staff
- Medical Leadership Restructure [FAQ sheet](#)
- [Memos](#)
- [Communication and Engagement Report](#)

## Key Contacts

If you have questions regarding the new medical leadership restructure, please contact

**Sarah Taylor** [sarah.taylor@islandhealth.ca](mailto:sarah.taylor@islandhealth.ca)

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