NEW MEDICAL LEADERSHIP MODEL – QRG

WHY WE'RE CHANGING

After extensive engagement with medical staff across Island Health — including feedback from the Doctors of BC engagement survey and medical leadership consultations — we heard a clear message: "The medical leadership model is unclear, outdated, and hard to navigate."

Our new Medical Leadership Model was created to:

- Support you with stronger, more accessible leadership
- Empower site-based decision-making
- Simplify reporting and roles
- Align medical and operational leadership

KEY CHANGES AT A GLANCE

1. **One Medical Staff = One Department.** Medical staff members belong to one department only, based on primary college and training.
2. **Leadership roles combine governance, quality and operations.** Chiefs of Staff, Department Heads, Division Heads, and Section Heads positions absorb operational responsibilities for the affiliated programs, where applicable.
3. **Chiefs of Staff and Site Chiefs** play a bigger role in operational decisions and providing local support. Site Chiefs will report to the Chief of Staff and the Department Head.
4. **All Departmental roles** (Department Head, Division Head, Section Head, and Practice Lead) **are regional and Island Health-wide** and are represented by a single job description and set of accountabilities.

DEFINITIONS

Term	Definition
Department	Departments are defined by specific colleges and residency training: unique fields of practice, distinct from one another. The Department structure is always regional (i.e., Authority-wide).
Division	Departments may be further organized into Divisions. Divisions are clinically defined specialty groups within a Department, in which the medical staff members work within entirely or almost entirely.
Section	Divisions may be further organized into Sections. Sections are clinically defined sub-specialty groups of Practitioners within a Division. Sections would only be created if the members worked entirely or almost entirely in this field, and not in the other areas of the division. *Ex. Interventional Cardiology*.
Standalone Division	Where medical staff from more than one department are working in the same field of practice, there will be a Standalone Division. *Ex: Critical Care*. Standalone Divisions will be created under the same considerations as a Division, plus a minimum threshold of at least two (2) different Department affiliates. Standalone Divisions are separate from each Department. Members also have a primary Department they belong to based on their core training, which they are accountable to.

Practice Leads	Where a specialty or service does not qualify for a unique division or section, but there is still the need for special oversight of these skills, a Practice Lead role may be created.
	The Practice Lead will support the responsible Department or Division Head with ensuring that the members have adequate credentials and currency for the specialty. The Practice Lead is an Authority-wide role.

*Sourced from Medical Staff Rules. See Appendix A for a full list of Departments.*

GENERAL STRUCTURES

Regional Structure

- Executive Medical Directors, reporting to CMO/VP, maintain oversight of operations across regions and provide support to Department Heads, Chiefs of Staff, Standalone Division Heads and Medical Directors.
- Department and Division Heads maintain accountability for clinical standards and training, and oversee the affiliated clinical program or service.
- Departments and Divisions collaborate with Site Chiefs to ensure consistent practice standards and high quality of care across sites.

Acute Structure

- Chiefs of Staff provide site-level strategic leadership and oversee operational performance of their site. They enable and support Site Chiefs in providing high-quality team-based care.
- Site Chiefs report to the Chief of Staff at each hospital.
- Site Chiefs have secondary reporting to an appropriate Division Head and/or Department Head on responsibilities, such as credentialling and privileging (C&P), professional development, and department-led initiatives.
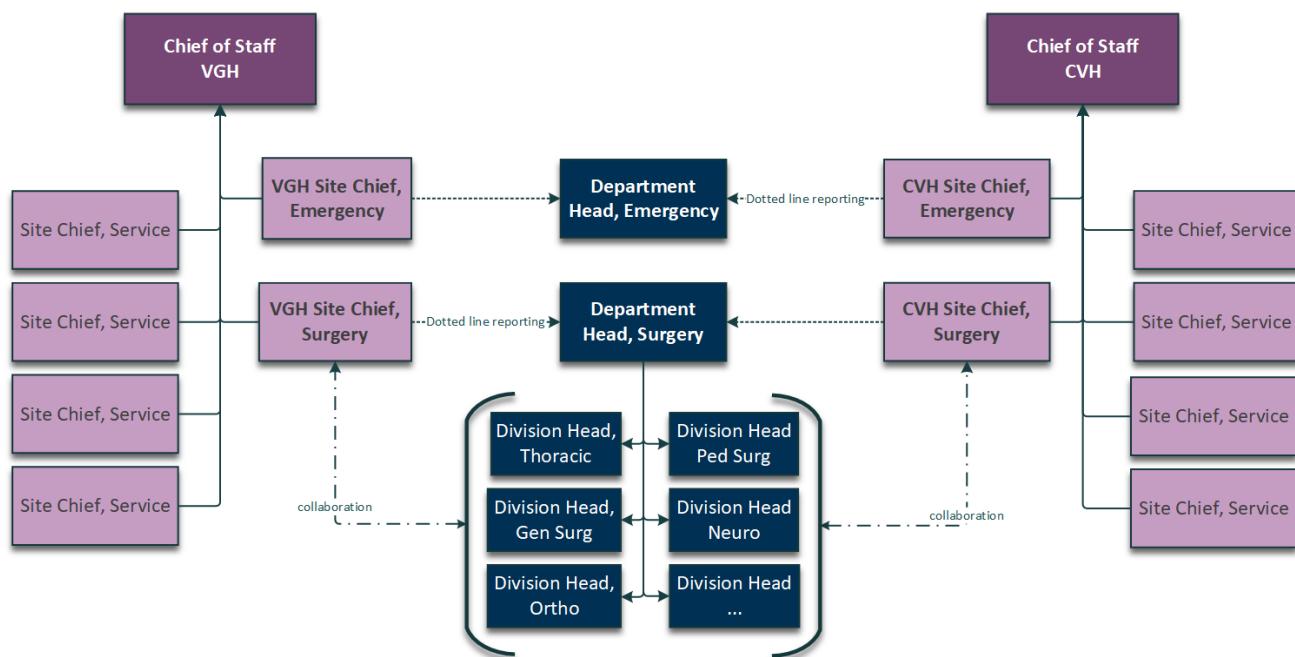
For illustration purposes – the details of the structures may have changed.

Community Structure

- Community Medical Directors provide CLHA-level leadership for Island Health owned and operated community sites, enable collaboration and transition between Community and Acute settings, and maintain relationships with key internal and external partners.
- Site Medical Leads, report to the Community Medical Director, and provide site-level leadership and operational oversight for the community sites, such as UPCCs, owned and operated Long-Term Care centers, and Health Care Centers.
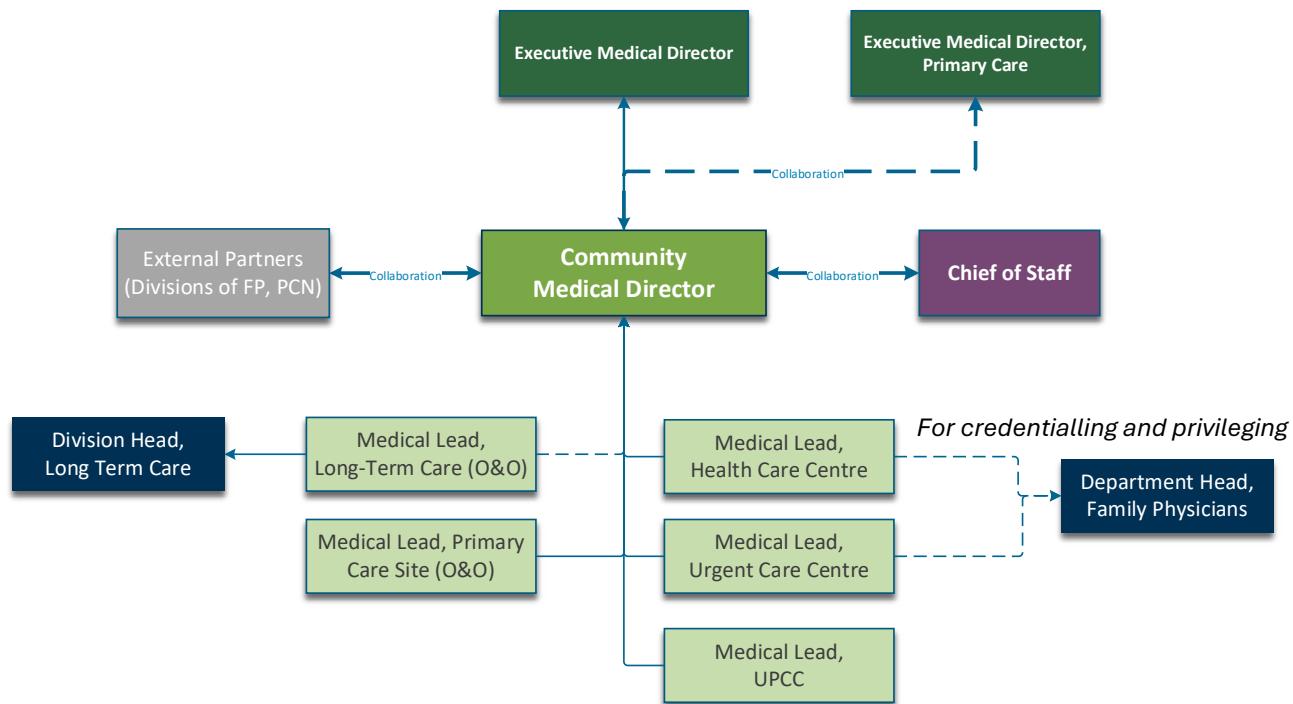
Specific structures by Site, Department and Community can be accessed here: Resources

ROLES

ROLE	MAIN RESPONSIBILITIES	REPORTING TO
REGIONAL ROLES		
CHIEF MEDICAL OFFICER (CMO)/ VICE PRESIDENT (VP)	Sets long-term vision and overall strategy for medical services across Island Health. Leads quality, planning, workforce, and system-wide improvement.	President & CEO
EXECUTIVE MEDICAL DIRECTOR (EMD)	Oversees consistent operations across regions. Leads system-wide planning, workforce strategy, and quality priorities.	CMO
DEPARTMENT HEAD	Leads strategic planning and quality improvement for the department. Oversees practice standards, performance, credentialling & privileging and professional development. Works with Site Chiefs to implement departmental initiatives.	EMD
DIVISION HEAD/ SECTION HEAD	Leads their specialty area. Oversees local quality improvement, supports workforce planning and professional development. Works with Site Chiefs to implement division/section initiatives.	Department Head

PRACTICE LEAD	Provides oversight for specialized skills or privileges and supports Department and Division Heads in ensuring adequate training and quality reviews.	Department or Division Head
LOCAL ROLES		
CHIEF OF STAFF	Oversees operational performance and quality of care at their site, ensuring smooth daily operations and addressing challenges. Manages physician issues, contracts, and site-level strategic and HR planning.	EMD
SITE CHIEF	Provides service-level leadership and supports provision of high-quality team-based care. Leads day-to-day service delivery. Brings forward local needs and issues, supports recruitment and privileging processes.	Chief of Staff and Dept Head; Collaborates with Division Heads
COMMUNITY ROLES		
COMMUNITY MEDICAL DIRECTOR	Provides CLHA-level leadership for Island Health owned and operated community sites, as well as enables collaboration and transition between Community and Acute settings. Liaises and fosters relationships with key community partners.	EMD
COMMUNITY MEDICAL LEAD	Provides site-level leadership and operational oversight for owned and operated community sites.	Community Medical Director

SITE CHIEF ROLE

Site Chief is a department's service lead at the site, combining operational and governance responsibilities with support from Division and Department Heads.

Key responsibilities:

- Leads day-to-day service delivery, recruitment and credentialling and privileging (C&P)
- Drives quality improvement and advocates for service needs
- Holds medical staff members accountable for quality of care provided
- Reports to Chief of Staff (operational) and to Department Head (governance)
- Collaborates with Division Head(s) on C&P, education, standards

Change: Site Chief is a new role. The Site Chief role absorbs the responsibilities of a Medical Lead role and site-level (local) responsibilities of the Division Head, including C&P.

Existing structure:

Medical Lead
- local operations
- quality improvement

Division Head
- local credentialing and privileging
- local recruitment
- human resources/ conflict resolution

New Structure: Site Chief

The operational and governance leader for a service at a site. Supported by Division Heads & Department Heads on C&P, recruitment, and planning.

DIVISION HEAD ROLE

Division Head is a regional (ie. Island-Health wide) leader, responsible for setting regional standards of practice, policies and procedures within the specialty area. They determine the C&P criteria, set educational standards, and support Site Chiefs in fulfilling governance responsibilities at the site.

Key Responsibilities:

- Leads education, governance, and strategic planning within the Division;
- Sets regional standards of practice;
- Support Site Chiefs in performing C&P, HR, and recruitment;
- Accountable for the affiliated Program/Service (absorbs Medical Director responsibilities), if applicable

Change: Responsibilities from previously geo-based and site-based Division Heads are now distributed between a regional Division Head role and the local Site Chief roles.

Existing structure:

Division Head
- Regional roles
- Geo-based roles
- Site level roles

New Structure:

Division Head

Regional (Island-Health wide) leader:
- sets regional practice standards, policies and procedures
- determines C&P criteria
- sets educational standards

Site Chief

Local (site-based) leader

GOVERNANCE

GOVERNANCE RESPONSIBILITIES

	Site Chief or Chief of Staff (rural sites)	Division Head	Department Head
C&P Applications	"Primary" stage Provisional to active privileges	Define C&P criteria for specialties; Supports with expertise	"Secondary" stage Flagged and/or Non-Routine applications
Workforce Planning	**Local** workforce needs	**Division** Strategy and Workforce Planning	Regional **Departmental** Strategy and Workforce Planning
Recruitment	Oversee recruitment and selection process	Participate in local recruitment where applicable/as needed	Participate in local recruitment where applicable/as needed
Medical Quality and Education	No	Yes (Division)	Yes (Department)
Respectful Workplace	Primary role	Supportive role	Supportive role

CONNECTION TO GOVERNANCE TABLES

Regional Leader	Committee
EMD	• HAMAC • ICGC • Chair, CLHA QOEC Council
Department Head	• Chair, CARE Network • Chair, Dept Meetings • ICGC • HAMAC • Dept Head Council
Division/Section Head	• Chair, Division Meeting • CARE Network • Chair, SSA • Department Meeting
Practice Lead	• Specialty Service Area (SSA) • Department Meeting

Local Leader	Committee
Chief of Staff	• Chair, LMAC • Co-Chair, Acute QOEC • HAMAC • CLHA QOEC Council • Chief of Staff Quarterly
Site Chief/ Medical Lead	• Acute QOEC • LMAC • CARE Network • Dept Meetings
Community Medical Director	• Co-Chair, Community QOEC • CLHA QOEC Council • Collaborative Service Comm.
Community Medical Lead	• Community QOEC

*CLHA: Consolidated Local Health Area

ISSUE RESOLUTION – ACUTE SETTING

Need to raise an issue or get support?
Site Chief is the first point of contact for local issues. They will help connect with the appropriate leaders or escalate the issue to other leaders or appropriate tables.

Connection Points	Purpose
Site Chief *(Primary Point of Contact)*	• Service quality improvement, issues impacting patient care, interpersonal issues, resource requests • Credentialing & privileging and other paperwork • Navigating Island Health leadership, and medical staff and quality committees
Department & Division	• Specialty-specific training, onboarding, and CPD • Specialty-specific policies, standards, and responsibilities • Recruitment needs and departmental events
Medical Staff Association/ MSA President	• Connection to peers, social activities, staff recognition/celebration • Advocacy for issues of high importance to medical staff • Facility engagement funding for QI projects
Ward Manager	• Connection with nurses (CNLs, CNEs ,Staff) and allied health to address unit level concerns • Collaborate regarding proposed or submitted PSLS/PCQO events
Medical and Academic Affairs	• Contracts, compensation, credentialing & privileging • Orientation, leadership opportunities, educational offerings, EMSS support
Chief of Staff	• Next level escalation of significant site-level issues. In some smaller sites, this may be first medical leader point of contact
Site Director (operations)	• Next level escalation of significant operational or interprofessional issues if unit level solution is not possible or issues go beyond single unit
Executive Medical Director (EMD)	• Strategic program related planning, decisions about significant resource requests.

Medical Staff Member

ADDITIONAL RESOURCES

Visit our medical staff website for more project information.

Visit Resources to access specific department, site and community structures.

Have questions? Contact: **Sarah Taylor sarah.taylor@islandhealth.ca** or **Bob Parker Robert.parker@islandhealth.ca**

Project Sponsor: Dr. Michelle Weizel Michelle.Weizel@islandhealth.ca

APPENDIX A. DEPARTMENTS, DIVISIONS AND SECTIONS LIST

DEPARTMENTS

- º Anesthesiology, Pain, & Perioperative Medicine
- º Emergency Medicine
- º Family Physicians
- º Imaging Medicine
- º Medicine
- º Midwifery
- º Nurse Practitioners
- º Obstetrics and Gynecology
- º Pathology, Laboratory Medicine, Medical Genetics
- º Pediatrics
- º Psychiatry
- º Public Health and Preventative Medicine
- º Surgery

DIVISIONS

Department	Division	Department	Division
Anesthesia	General*	Medicine	Dermatology
Anesthesia	Pediatrics	Medicine	Endocrinology & Metabolism
Anesthesia	Regional Anesthesia	Medicine	Physical Medicine & Rehabilitation
Anesthesia	Cardiac	Medicine	Gastroenterology
Emergency Medicine	General*	Medicine	General Internal Medicine
Emergency Medicine	Family Physicians	Medicine	Geriatric Medicine
Imaging Medicine	General *	Medicine	Hematology
Imaging Medicine	Interventional Radiology	Medicine	Oncology
Imaging Medicine	Nuclear Medicine	Medicine	Infectious Disease
Pathology, Laboratory Medicine, and Medical Genetics	Anatomic Pathology	Medicine	Nephrology
Pathology, Laboratory Medicine, and Medical Genetics	Med. Biochemistry	Medicine	Neurology
Pathology, Laboratory Medicine, and Medical Genetics	Med. Microbiology	Medicine	Respirology
Pathology, Laboratory Medicine, and Medical Genetics	Hematopathology/Transfusion	Surgery	Oral Health

Pathology, Laboratory Medicine, and Medical Genetics	Medical Genetics	Surgery	Cardiac
Midwifery	General *	Surgery	General *
Psychiatry	General *	Surgery	Ophthalmology
Psychiatry	Geriatric	Surgery	Urology
Psychiatry	Child & Adolescent	Surgery	Otolaryngology
Obstetrics & Gynecology	General *	Surgery	Neurosurgery
Obstetrics & Gynecology	Maternal Fetal Medicine	Surgery	Pediatric
Obstetrics & Gynecology	Family Practice OB	Surgery	Plastics
Family Physicians	General *	Medicine	Podiatry
Family Physicians	LTC	Surgery	Orthopedics
Family Physicians	Rural Emergency Medicine	Surgery	Thoracic
Family Physicians	Hospitalist/FP MRP	Surgery	Vascular
Pediatrics	General *	Public Health & Preventative Medicine	General *
Pediatrics	Critical Care	Nurse Practitioners	General *
Pediatrics	Neonatology	Nurse Practitioners	Acute Care
Medicine	Podiatry		
Medicine	Rheumatology		
Medicine	Cardiology		

All departments will have a general division for all members for administrative purposes. Majority of General Divisions will not have a separate Division Head but will be overseen by the Department Head.

STANDALONE DIVISIONS

Stand Alone Division	Department Affiliations
Critical Care	Emergency, Surgery, Anaesthesia, Medicine,
Trauma	Surgery, Emergency, Anesthesia, Medicine
Addictions Medicine	Family Physicians, Psychiatry, Medicine, Emergency
Hospitalist/FP-MRP	Family Physicians, Medicine
Palliative Care & End of Life	Family Physicians, Medicine, Anesthesiology, Neurology

SECTIONS

Department	Division	Section
Medicine	Cardiology	Interventional Cardiology
Medicine	Cardiology	Echocardiography
Medicine	Cardiology	Electrophysiology
Medicine	Oncology	Radiation Oncology
Medicine	Gastroenterology	Therapeutic Endoscopy

Medicine	Neurology	Acute Stroke
Surgery	Dentistry	Oral and Maxillofacial Surgeons

APPENDIX B. ROLE DESCRIPTIONS AND REPORTING

ROLE	MAIN RESPONSIBILITIES	REPORTING TO	MEMBER OF COMMITTEES	CO-LEADER
CHIEF MEDICAL OFFICER(CMO)/ VICE PRESIDENT (VP)	Sets long-term vision and overall strategy for medical services across Island Health. Leads quality, planning, workforce, and system-wide improvement.	President & CEO	HAMAC, ICGC, ELT	Executive Director
EXECUTIVE MEDICAL DIRECTOR (EMD)	Oversees consistent operations across regions. Leads system-wide planning, workforce strategy, and quality priorities.	CMO	HAMAC, ICGC, CLHA QOEC (Chair)	Site Clinical Director, Operations (and equivalent)
CHIEF OF STAFF	Oversees operational performance of their site, ensuring smooth daily operations and addressing challenges. Manages physician issues, contracts, and site-level planning and quality.	EMD	LMAC (Chair), Acute QOEC (Co-chair), HAMAC, CLHA QOEC	Ward/ Unit/ Service Manager
SITE CHIEF	Provides service-level leadership and supports provision of high-quality team-based care. Leads day-to-day service delivery. Brings forward local needs and issues, supports recruitment and privileging processes.	Chief of Staff and Dept Head; Collaborates with Division Heads	LMAC, Acute QOEC, CARE Network	Program Director/ Manager
DEPARTMENT HEAD	Leads strategic planning and quality improvement for the department. Oversees practice standards, performance, credentialling & privileging and CPD.	EMD	HAMAC, CARE Network (Chair), ICGC, Dept Head Council, Dept Meetings (Chair)	Program Director/ Manager
DIVISION HEAD/ SECTION HEAD	Leads their specialty area. Oversees local quality improvement, supports workforce planning and CPD.	Department Head	CARE Network/ Specialty Service Area, Division Meetings (Chair), Dept Meeting	Program Director/ Manager, If applicable
PRACTICE LEAD	Provides oversight for specialized skills or privileges and supports Department and Division Heads in ensuring adequate training and quality reviews.	Department or Division Head		n/a
COMMUNITY MEDICAL DIRECTOR	Provides CLHA-level leadership for Island Health owned and operated community sites, as well as enables collaboration and transition between Community and Acute settings. Liaise and foster relationships with key community partners.	EMD	Community QOEC Committee (Co-Chair), CLHA QOEC	
COMMUNITY MEDICAL LEAD	Provide site-level leadership and operational oversight for owned and operated community sites.	Community Medical Director	Community QOEC	