FAQ: Medical Leadership Changes - Hospitalist and FP In-Patient MRP

1. **What is changing for hospitalists and FP MRP?**

   The Hospitalist / FP In-Patient MRP service will now operate as a Standalone Division under the leadership of one Island Health-wide Division Head.

   Each member will also belong to a Department based on core training.

   - Family physicians working as hospitalists or FP MRPs will be credentialled and privileged through the Department of Family Medicine.
   - Specialists working as hospitalists will continue to be credentialled and privileged through the Department of Medicine (based on core training).
   - All of these physicians will come together operationally within the Standalone Hospitalist/FP In-Patient MRP Division.

   The Division Head, Hospitalist / FP In-Patient MRP will retain relationships and presence at key meetings with both, the Department of Medicine and the Department of Family Physicians (new name for the Department of Primary Care).

2. **Why is this change happening? What is the rationale?**

   This change is part of Island Health's Medical Leadership Strategy, developed over the past year to simplify long-standing structural confusion.

   Historically, many hospitalists and FP MRPs were members of multiple departments depending on the service they happened to be working. This created ambiguity around performance, quality and standards accountabilities.

   To address these gaps, the Medical Leadership Strategy set two principles:

   1) Department membership must be based on core training. One member = one department.

   2) When members from different departments practice exclusively or almost exclusively in the same service, a Standalone Division is created, which can collaborate across multiple departments. These divisions allow for:

   - Standardized care
   - Clear expectations and oversight
   - Consistent quality and safety processes
   - A single point of leadership for the service

   The Hospitalist/FP In-Patient MRP Standalone Division is being created for these reasons.

3. Does moving to Department of Family Physicians mean that Hospitalists and FP MRP are seen as the same as community primary care physicians?

No — this does not redefine hospitalist work as being the same as community-based primary care, nor does it alter the scope or clinical role.

The redefined Department of Family Physicians (previously Department of Primary Care) will have members, whose core training is family medicine, and who may have a variety of different additional training, such as emergency, obstetrics, and hospitalist medicine among others.

The Department of Family Physicians will provide a "home" for all family physicians working at Island Health, to support appropriate pathways for credentialling and privileging, governance, HR planning, and recruitment support.

The Standalone Division, Hospitalist and FP MRP will additionally provide consistent Island Health wide service standards, quality expectations, education needs and operational leadership for hospitalists and FP MRP physicians specifically.

This preserves the identity of Hospitalist and FP MRP practice while clarifying governance.

The Division Head Hospitalist/FP Inpatient MRP will continue to attend the Department of Medicine departmental meetings and sit on the Medicine CARE Network to maintain a strong connection to Medicine.

4. What does it mean for Hospitalist/FP MRP group to become a Standalone Division?

The Hospitalist / FP In-Patient MRP service will now operate as a Standalone Division under the leadership of **one Division Head**, Hospitalist / FP In-Patient MRP.

All Division Head roles are now Island-wide and will not be separated by site or by geography to support consistent Island Health wide service standards, training and quality expectations.

A Standalone Division is defined as a Division where medical staff from more than one department are working exclusively or almost exclusively in a specific field or service. Members also belong to their home Department based on core training. The Standalone Division Head reports to the Executive Medical Director (in contrast to a regular Division Head role, which reports through the Department Head). The Standalone Division Head collaborates as required with the Department Heads, where members belong.

Specifically for Hospitalist/FP MRP Division: the Division Head Hospitalist/FP MRP will collaborate with the Department Head of Family Physicians and the Department Head, Medicine, as well as appropriate Division Heads within Medicine Department. The relationship is particularly important to support credentialing and privileging and other governance responsibilities.

5. **Why are physicians who work as Hospitalists and FP In patient MRP put together into one Division?**

   Family physicians working as Hospitalists and FP In-Patient MRPs are being brought together into one Standalone Division because they provide the same inpatient MRP service with the same standards of care across all sites.

   The qualifications and education required for family physicians in these roles are consistent. Creating a single division allows us to align quality, standards, and safety expectations under one leadership structure. It also ensures both groups have consistent representation at the Medicine CARE Network, where previously only Hospitalists had funded representation.

   This structure provides the unified oversight that the service already functions as in practice.

6. **Are contracts, compensation, or clinical service delivery changing for hospitalists or FP MRP?**

   No. None of these change. The governance structure is changing; the clinical work itself is not.

7. **Does this change affect quality of care expectations?**

   Yes—in a positive way. The Standalone Division enables:

   - Consistent quality standards
   - Shared education expectations
   - Unified safety practices

   This standardization and consistent leadership is a central goal of the new structure.

8. **How will leadership work in the new model?**

   Standalone Division Head, Hospitalist/FP In-Patient MRP – regional role (Island-Health wide) is responsible for:

   - Quality and standards of care across all sites
   - Credentialling and privileging process
   - Education and practice requirements
   - Regional level recruitment
   - Collaborating with Medicine and Family Physicians Department Heads, attending department meetings
   - Represent the service at the Medicine CARE Network (voting member)
   - Attends Department of Family Physicians planning meetings

   Site Chiefs (Local Leadership)

Each site that qualifies will have a Site Chief, Hospitalist/FP MRP (held by an individual or shared) who:

- Must be clinically working in the local service
- Reports jointly to the Division Head and the local Chief of Staff
- Is responsible for quality, governance, credentialling and privileging, and operational coordination
- Attends LMAC, and Acute QOEC meetings
- Attends Medicine department meetings, as needed
- Attends Department of Family Physicians planning meetings, as required

At sites with both Hospitalist and FP MRP services, **a shared role between Hospitalist and FP MRP physicians will be encouraged, with common goals and joint accountability.**

This ensures leadership comes from within the service.

9. How will credentialling and privileging work in the new model?

Site Chief, Hospitalist/FP MRP completes the initial steps of credentialling and privileging process.

Division Head, Hospitalist/FP MRP completes the secondary approvals for credentialling and privileging.

Division Heads within Medicine Department can be engaged in consultation regarding complex cases for medical staff members that fall under their purview.

Department Heads are engaged on flagged or non-routine applications, depending on the home department of the medical staff member. Department Heads also hold the ultimate responsibility for the final sign off on credentials and privileges before going to MPCC, HAMAC and the Board for approval.

- Department Head Family Physicians will be the final sign off for all CCFP trained physicians.
- Department Head Medicine will be the final sign off on credentials and privileges for all FRCPC trained physicians.

The detailed credentialling and privileging process within the new medical leadership structure is currently in development under the oversight of the Medical Planning and Credentials Committee (MPCC).

10. How will credentialing and privileging work at smaller rural sites?

At smaller sites (PHH, PMH, CIHC, PA, TGH, and LMH*), physicians who provide Hospitalist and/or FP In-Patient MRP services will be managed entirely within the Department of Family Medicine.

Many physicians at these sites routinely work across multiple service areas, such as Rural Emergency, In-Patient MRP, and Long-Term Care. Requiring separate applications, approvals, or sign-offs across multiple divisions for single locum or temporary shifts would be inefficient and impractical—particularly for temporary, locum, and provincial Verra physicians. To avoid this, a streamlined, single-department credentialing and privileging pathway will be used at these sites.

This differentiation reflects the realities of rural practice and ensures the governance model supports, rather than complicates, service delivery at smaller sites.

**Site abbreviations: Port Hardy Hospital, Port McNeil Hospital, Cormorant Island Health Centre, Port Alice Health Centre, Tofino General Hospital, and Lady Minto Hospital.*

11. What is a Site Chief role?

Site Chief Hospitalist/FP MRP will be responsible for both governance and operational oversight for the service at the site.

The Site Chief role has been created from combining site-level responsibilities from the current roles of geo/local Division Head (governance) and Medical Lead (operations). This enables decision making closer to patient care and provides a single point of contact for the service.

A new Site Chief, Hospitalist/FP MRP position is created at each site that has a hospitalist and/or FP MRP service, which will have dual reporting to the local Chief of Staff and the Division Head.

Shared roles are available for the Site Chief, Hospitalist/FP MRP positions.

12. How will quality issues be handled under the new structure?

Site Chief, Hospitalist/FP MRP will be the key contact for members on the service.

Site Chief has access to support from the Chief of Staff and the Division Head, Hospitalists/FP MRP who can help address local quality issues.

Site Chief also sits on the LMAC and Acute QOEC tables, enabling necessary collaboration with other local leadership to resolve local quality issues.

Site Chief will attend Department of Medicine meetings, as needed, to raise issues that require regional involvement.

13. Will someone outside the group be allowed to lead the service?

No. Site Chiefs must be practicing physicians in the local Hospitalist or FP MRP service.

The Site Chief Hospitalist/FP MRP will be a single role and at many sites will be filled by one individual.

However, shared roles will be encouraged at sites that have separate hospitalist and FP MRP services, with co-leaders representing each of the groups. The co-leaders will have a common set of goals and deliverables and will work collaboratively.

14. Will Hospitalists still be connected to the Department of Medicine?

Yes. Membership reflects the reality that Hospitalist practice interfaces heavily with inpatient Medicine services.

The Division Head will:

- Be a full voting member at the Medicine CARE Network
- Attend Department of Medicine meetings

Site Chiefs will be invited to the Department of Medicine meetings and may attend, as needed.

15. Does this change affect specialist Hospitalists?

Specialists working as Hospitalists will have a home department in the Department of Medicine, while also belonging to the Standalone Division. Standalone Division defines the standards of practice, education, quality and other aspects of hospitalist practice.

16. Was there engagement? Why didn't some people hear about this change sooner?

This governance change is part of the Medical Leadership Strategy, which was developed through extensive engagement over the past year:

- The strategy and its principles were presented and discussed at HAMAC multiple times with strong attendance from Department Heads, Chiefs of Staff, and MSA Presidents.
- Department Head Council and Chief of Staff Quarterly had a frequent presence from the medical leadership strategy group to discuss progress and obtain input every one-two months since the project start.
- The Medical Leadership Advisory Committee (15 members selected through open call) held November 2024-June 2025 included 2 members from Medicine. The committee helped define the gaps and develop the general medical leadership structure.
- Custom departmental structures were co-developed with each Department Head through 1:1 engagement between May and September 2025, taking into consideration the unique needs of each department.
- Draft structures and presentation materials were sent out to Department Heads on September 25, 2025 to share and discuss via the department meetings. You can view individual site structures on Intranet Resources.

With the above engagement, we also recognize that not all physicians and physician leaders received this information directly, and this FAQ is meant to close those gaps.

For more information about engagement and the Advisory Committee, please see our ML Engagement and Communications report (downloads pdf).

17. What are the next steps?

- The new medical leadership structure will take effect on March 1, 2026.

- Transition and recruitment into the new medical leadership positions will begin in December and into the new year. Direct transition to a new contract will be the preferred method during this time of restructuring.
- The direct leader will be connecting with each of the medical leaders to have a transition discussion.
- Open roles will be available on a dedicated medical leadership careers page.

18. Where do I learn more?

- Watch for Dr. Weizel's Restructuring Newsletter for medical staff sent from MedStaffCommunications@islandhealth.ca. Past issues are found here: Medical Leadership Restructure Resources | Medical Staff
- Browse the new organizational structures by site, department and community in Resources (Intranet)
- Physicians may also connect directly with the Department Head of Medicine or the Department Head of Family Physicians for further information.

19. Where can I find the organizational charts or reporting lines for my site?

All new organizational structures are published on Intranet, see our Resources page.