

AUGUST 13, 2025

Medical Leader Forum: New Medical Leadership Structure





Territorial Acknowledgement



Post your questions in Sli.do:

#MLForum0825

Submit questions until end of day!

*Please note that questions around individual circumstances and FTE allocation will be answered at a later date.

Agenda

- 01 Introduction
- 02 Leadership Model
- 03 Roles and Responsibilities
- 04 Next Steps



Introduction | Current State

We heard from our medical staff that the current approach to medical leadership structure, compensation, and support within Island Health does not meet the existing and future needs of both medical staff and the organization.



Introduction | Case for Change



This work is grounded in what we've heard from medical staff - and we've listened.

Critical areas for improvement:

- Ensure clarity in leadership roles and foster effective co-leadership
- Strengthen governance and decision-making structures
- Create clear, transparent processes for FTE allocation and compensation
- Improve supports for effective onboarding and leadership development



In June 2024, a Case for Change was presented to, and supported by, HAMAC.

Introduction | Engagement-Led Approach

Our approach was guided by a thorough analysis of the current state, review of evidence and best practices, and grounded in meaningful engagement.

Advisory Group*



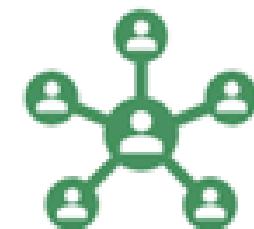
Design Labs:

- ML Onboarding
- Design Principles
- ML Structure

Advisory Group Membership:

MSA representatives + recruited Medical Leaders from different regions, leadership positions and time in leadership + administrative co-leaders

Medical Director Focus Groups



Service MDs
Community MDs
Program MDs

Interviews



Departed Medical Leaders
Medical Staff at Large
EMDs
Chiefs of Staff
Department Heads
Division Heads
Medical Directors
Medical Leads
LTC Coordinators
Executive Directors
Directors, Clinical Operations

Standing Meetings



Multiple presentations at the following:
Department Head Council
Chief of Staff Quarterly
Med Staff Townhall
MSA Transparency and Communications Committee
HAMAC AOM
HAMAC



Leadership Model

Leadership Model | Principles

1. Meaningful local leadership is a priority
2. Consolidate governance and operations, where possible
3. Clarify reporting and decision-making lines
4. Define co-leadership
5. Reduce the number of roles



Leadership Model | Key Changes



-  One medical staff member → one department.
-  Departmental roles are regional.
-  Leadership roles combine governance, quality and operations.

Changes to Acute Structure:



- The Site Chief - serves as the department's service lead at each site.
- Chiefs of Staff and Site Chiefs have a lead role in local operations.

Changes to Community Structure:



- Community Medical Director role supports transitions between Community, Long-Term Care, and Acute settings.

Leadership Model | The Department Structure

All Departmental roles are *Island Health wide*

 **Department**
defined by specific colleges and residency training

 **Divisions**
sub-specialty of a Department

 **Sections**
sub-specialty of a Division

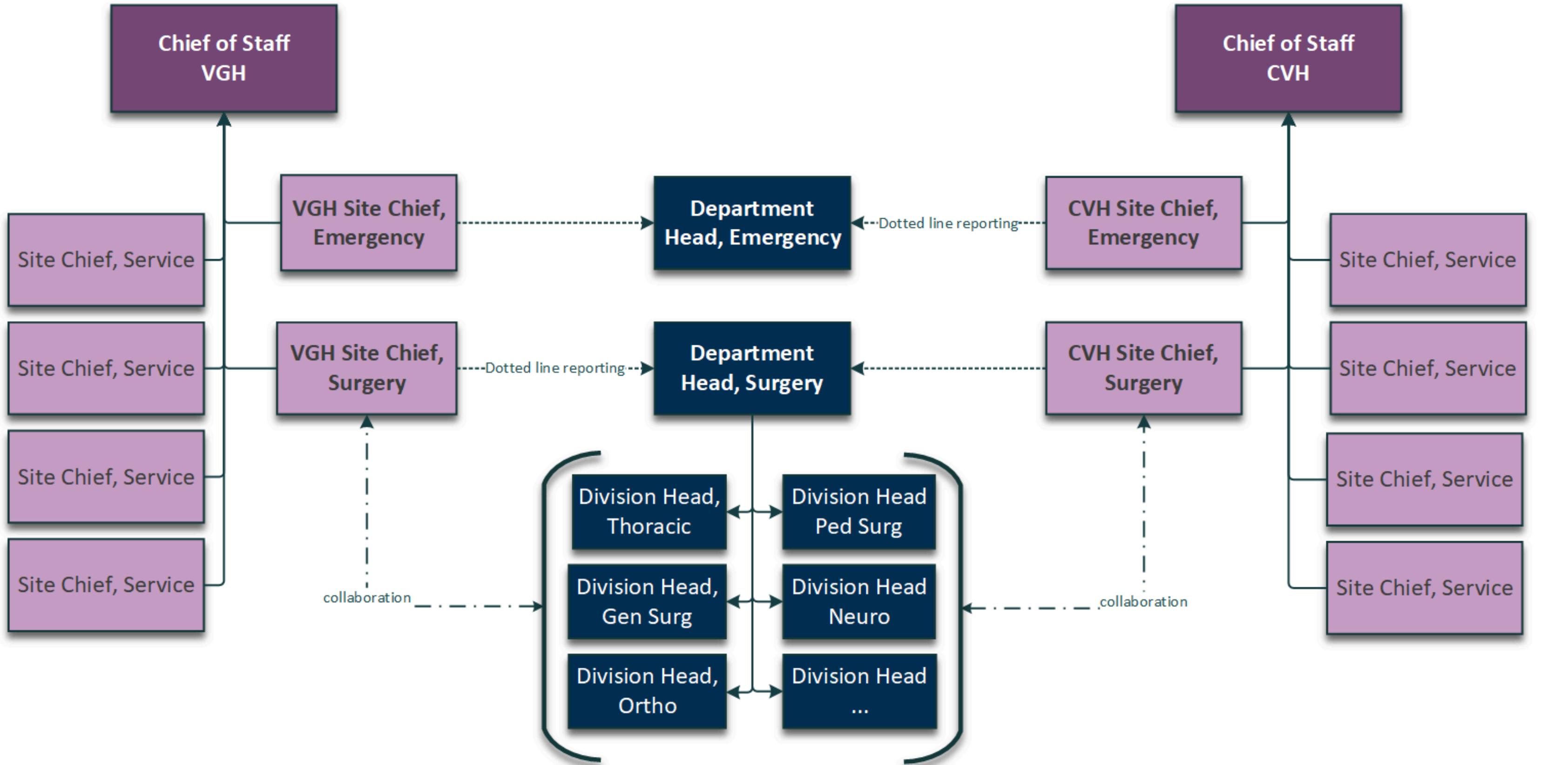


Leadership Model | The Department Structure

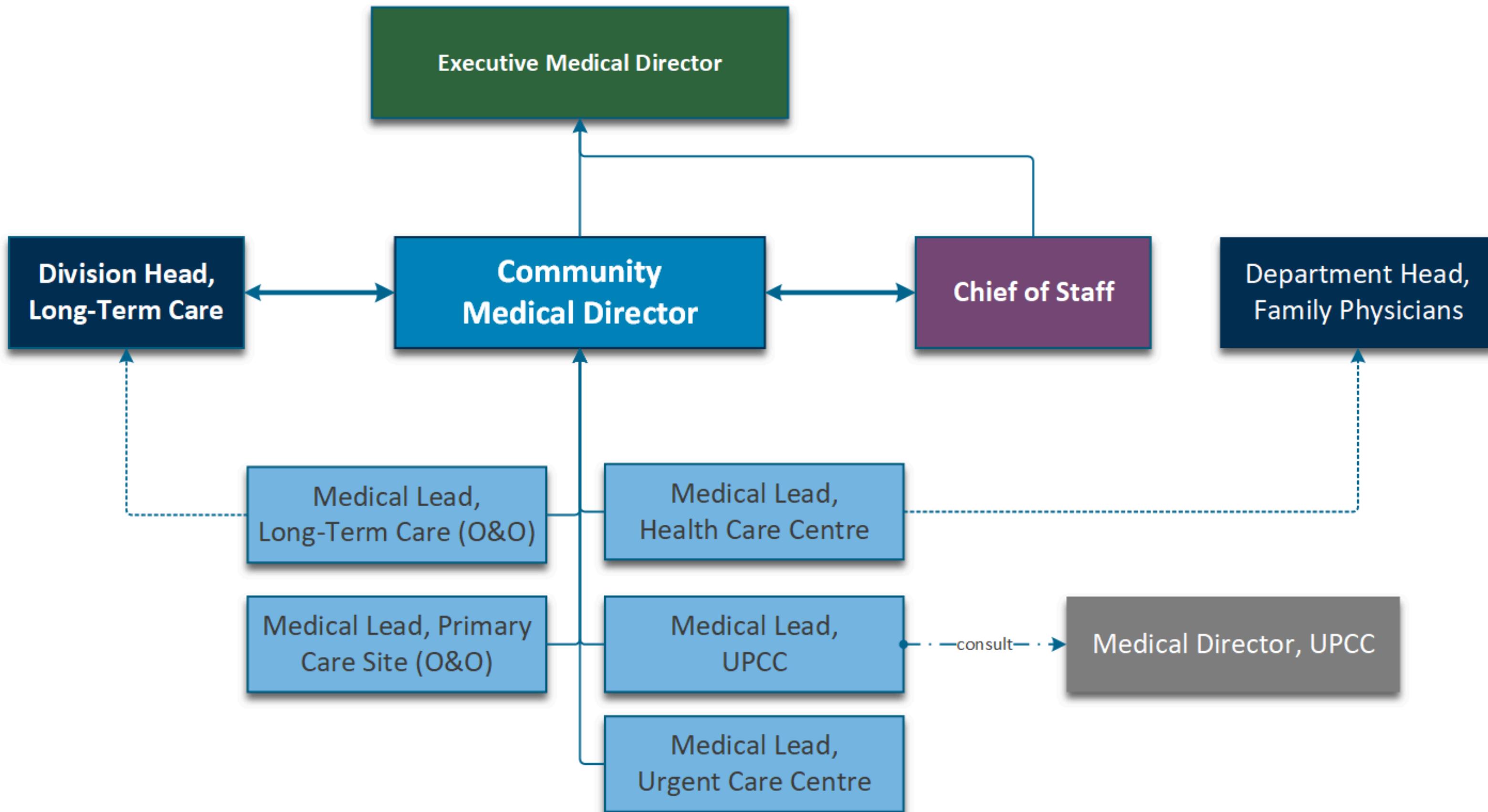
*Pending HAMAC approval

Structure	Examples	Main Changes	
Department*	Anesthesia Emergency Medicine Family Physicians Imaging Medicine Medicine Midwifery Nurse Practitioners	Obstetrics and Gynecology Pathology and Laboratory Pediatrics Population Health and Preventative Medicine Psychiatry Surgery	Creating some new departments Changing some departments to reflect the membership
Division	Cardiology, Neurosurgery, Nuclear Medicine, etc.	Divisions are organization-wide One Division Head per Division	
Section	Interventional Cardiology, etc.	Few Sections for highly specialized services One Section Head per Section	

Leadership Model | Acute Structure & Reporting



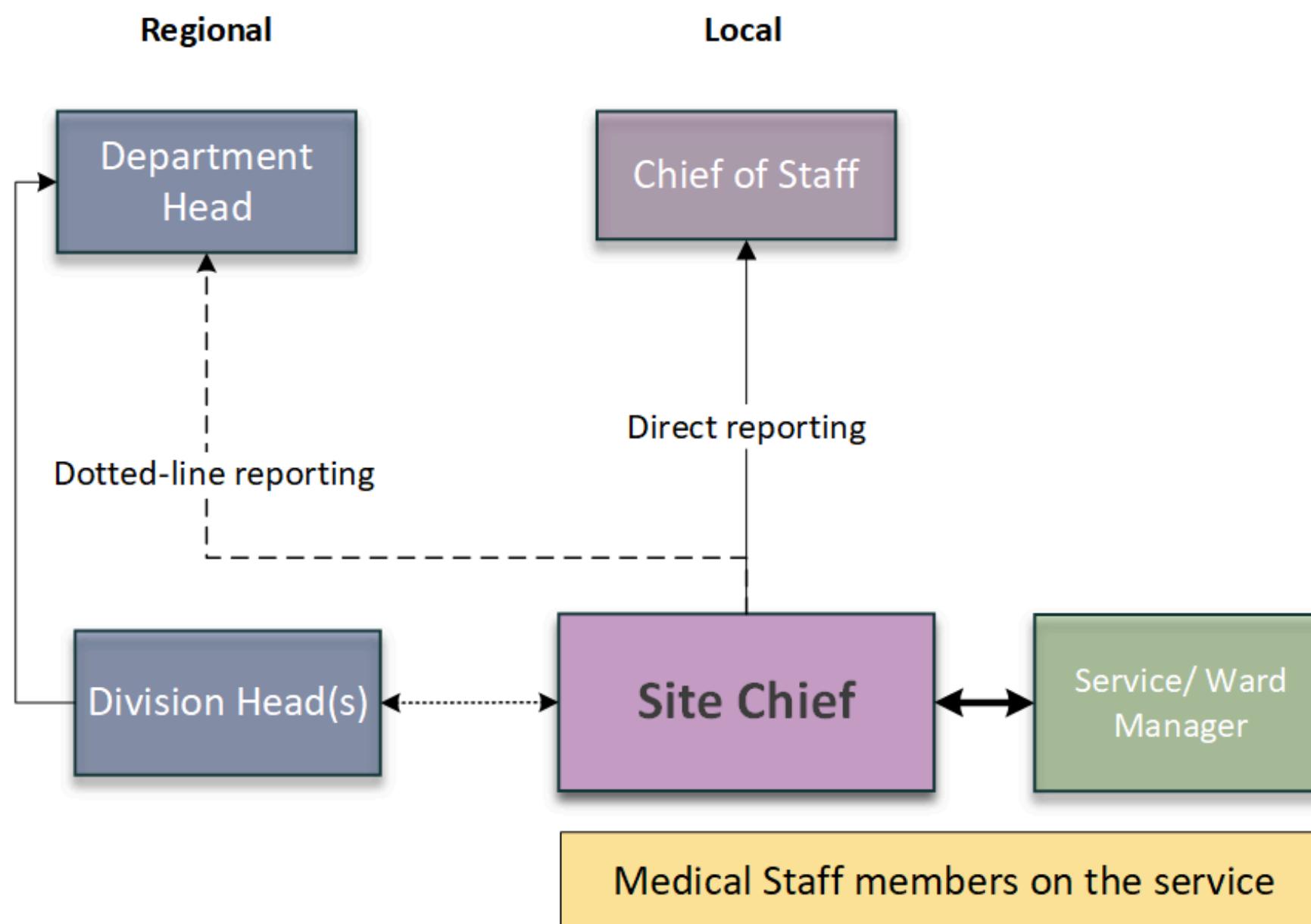
Leadership Model | Community Structure & Reporting





Roles & Responsibilities

Roles and Responsibilities | Site Chief Role

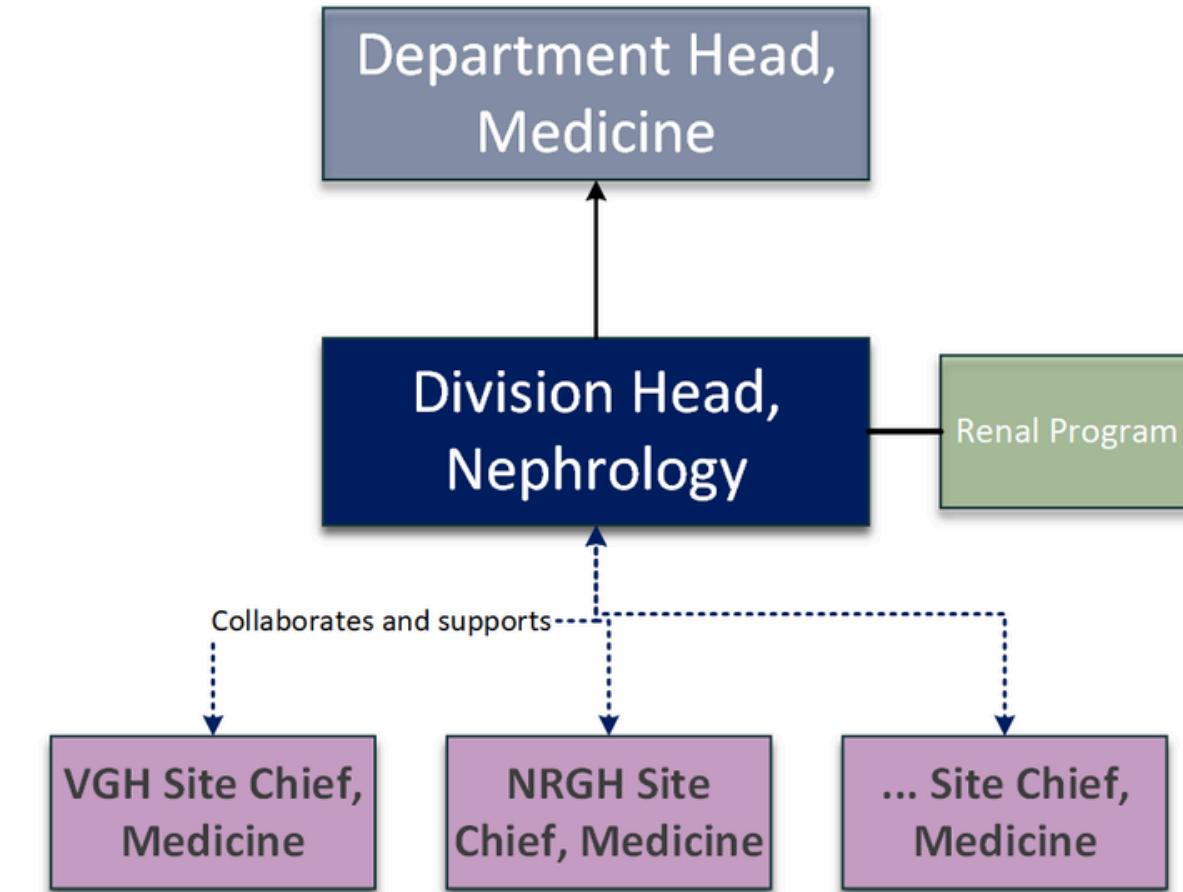
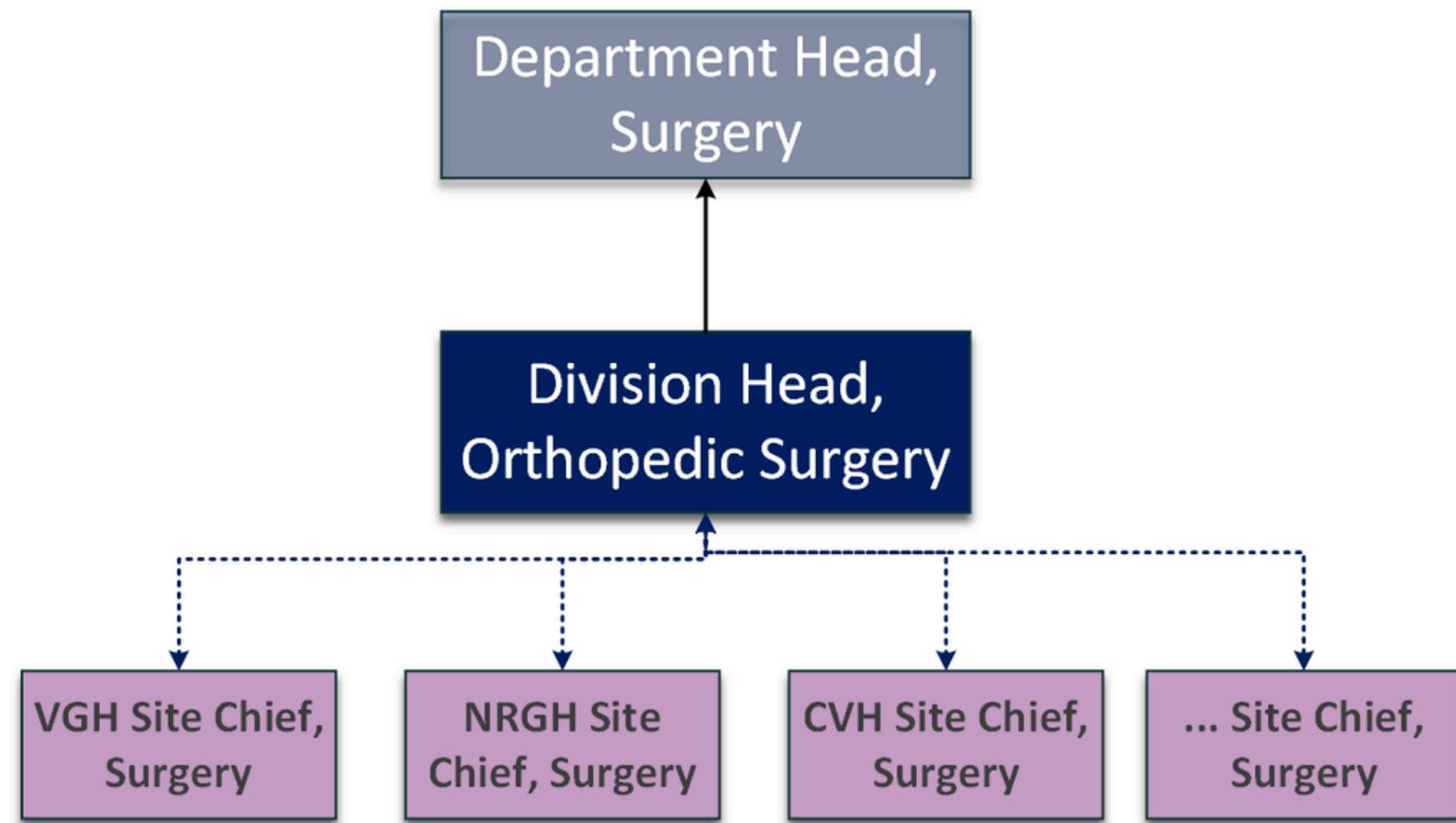


Key Responsibilities:

- Leads day-to-day service delivery
- Leads recruitment and C&P
- Drives quality improvement
- Holds medical staff members accountable for quality of care provided
- Advocates for service needs

Roles and Responsibilities | Division Head Role

Balancing standardized regional model with unique departmental needs.



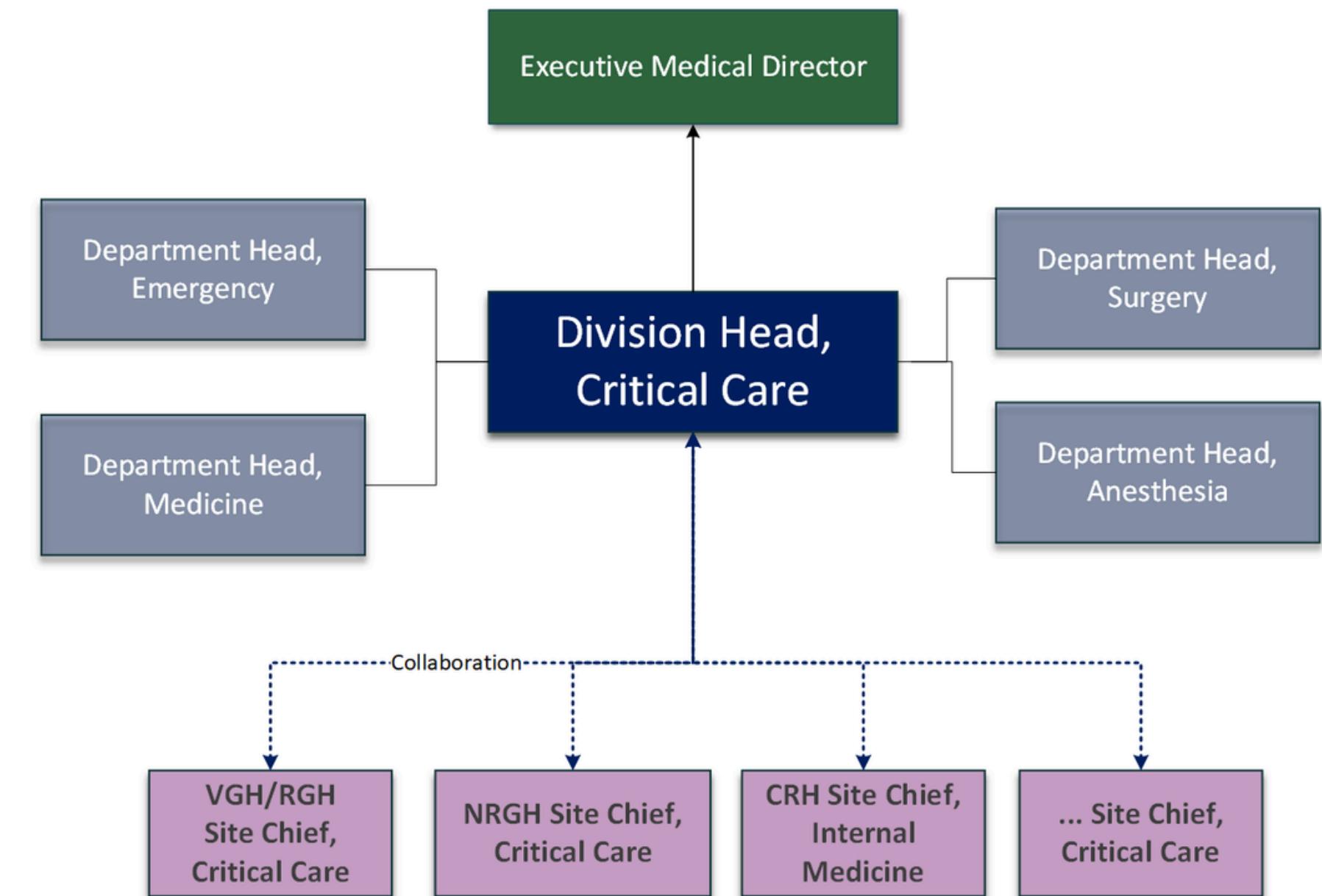
- One Division Head per Division;
- Secondary Credentialling and Privileging responsibilities - support Site Chiefs;

- Wherever possible, the Division Head also has accountabilities for the affiliated Program/Service.

Roles and Responsibilities | Stand-Alone Division

Stand-Alone Division: where medical staff from more than one department are working in the same field.

- Division Head oversees MS quality and education
- Separate from each Department - collaborates with Dept Heads
- “Members” also have a primary Department they belong to based on core training



Leadership Model | Clinical and Medical Governance Connections

Regional Leader	Governance Table	Local Leader	Governance Table
EMD	<ul style="list-style-type: none"> • HAMAC • ICGC • Chair, CLHA* Council 	Chief of Staff	<ul style="list-style-type: none"> • Chair, LMAC • Co-Chair, Acute Q&Ops • HAMAC • CLHA Council
Department Head	<ul style="list-style-type: none"> • Chair, CARE Network • Chair, Dept Meetings • ICGC • HAMAC • Dept Head Council 	Site Chief	<ul style="list-style-type: none"> • Acute Q&Ops • LMAC • CARE Network
Division/Section Head	<ul style="list-style-type: none"> • Chair, Division Meeting • CARE Network/SSA • Dept Meeting 	Community Medical Director	<ul style="list-style-type: none"> • Co-Chair, Community Q&Ops • CLHA Council
Specialty Practice Lead	<ul style="list-style-type: none"> • Specialty Service Area (SSA) • Dept Meeting 	Community Medical Lead	<ul style="list-style-type: none"> • Community Q&Ops

*CLHA: Consolidated Local Health Area

Roles and Responsibilities | Med Staff Perspective



*For acute sites only



Next Steps

Next Steps | What to Expect

August - December



PREPARATION AND
EDUCATION



September/October



CONTRACT
NOTIFICATIONS

October - December



TRANSITIONS AND
RECRUITMENT

January 2026



NEW STRUCTURE IS
LIVE

Senior medical leaders will be supported to share portfolio-specific information with their members through the Fall 2025 via standing meetings.

Next Steps | More Information



Project Information:

Medical Staff Website: medicalstaff.islandhealth.ca

Project Team:

- Sarah Taylor Sarah.Taylor@islandhealth.ca
- Bob Parker Robert.Parker@islandhealth.ca
- Dr. Michelle Weizel Michelle.Weizel@islandhealth.ca

Individual-level information:

Connect with your Department Head | Chief of Staff | Community Medical Director

Q & A | with Dr. Michelle Weizel

Raise your digital hand in Teams

or enter your question at Sli.do
(Sli.do link in Teams chat).

#MLForum0825





Thank you.

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