

## 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survey and medical leadership consultations — we heard a clear message: “The medical leadership model is unclear, outdated, and hard to navigate.”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
<b>Department</b>	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).
<b>Division</b>	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.
<b>Section</b>	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. <i>Ex. Interventional Cardiology.</i>
<b>Standalone Division</b>	Where medical staff from more than one department are working in the same field of practice, there will be a Standalone Division. <i>Ex: Critical Care.</i> 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.

<b>Practice Leads</b>	<p>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.</p> <p>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.</p>
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Sourced from Medical Staff Rules. See Appendix A for a full list of Departments.

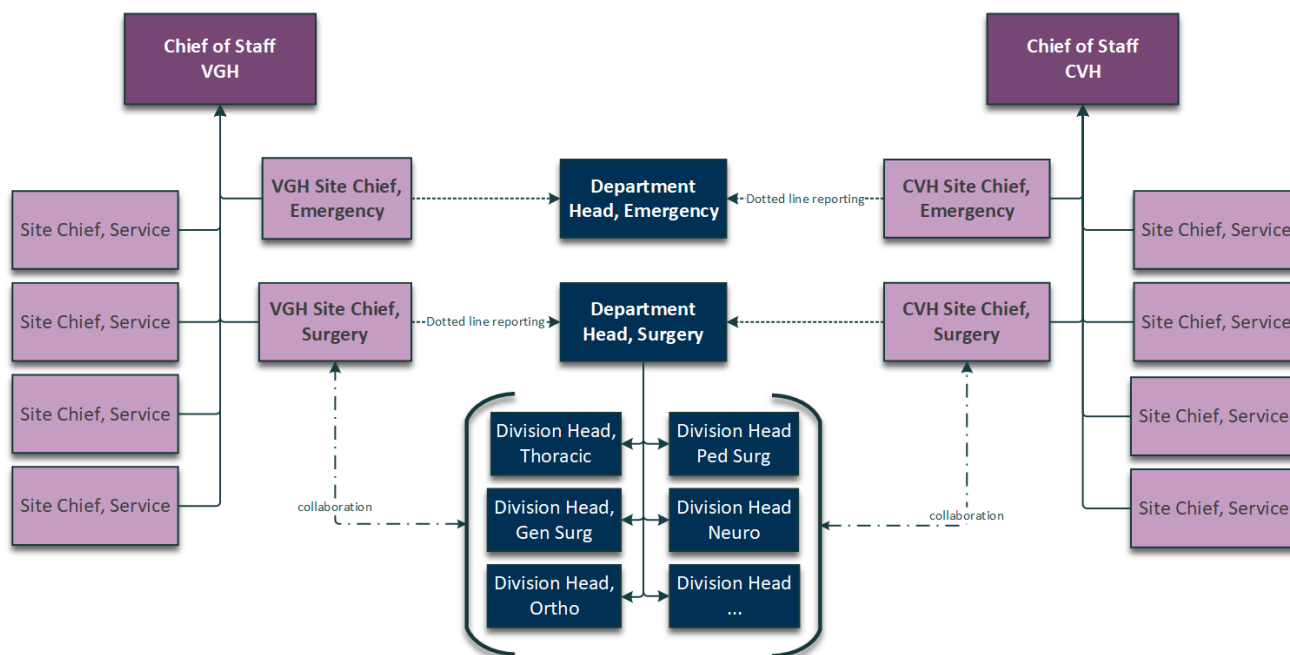
## GENERAL STRUCTURES

### 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

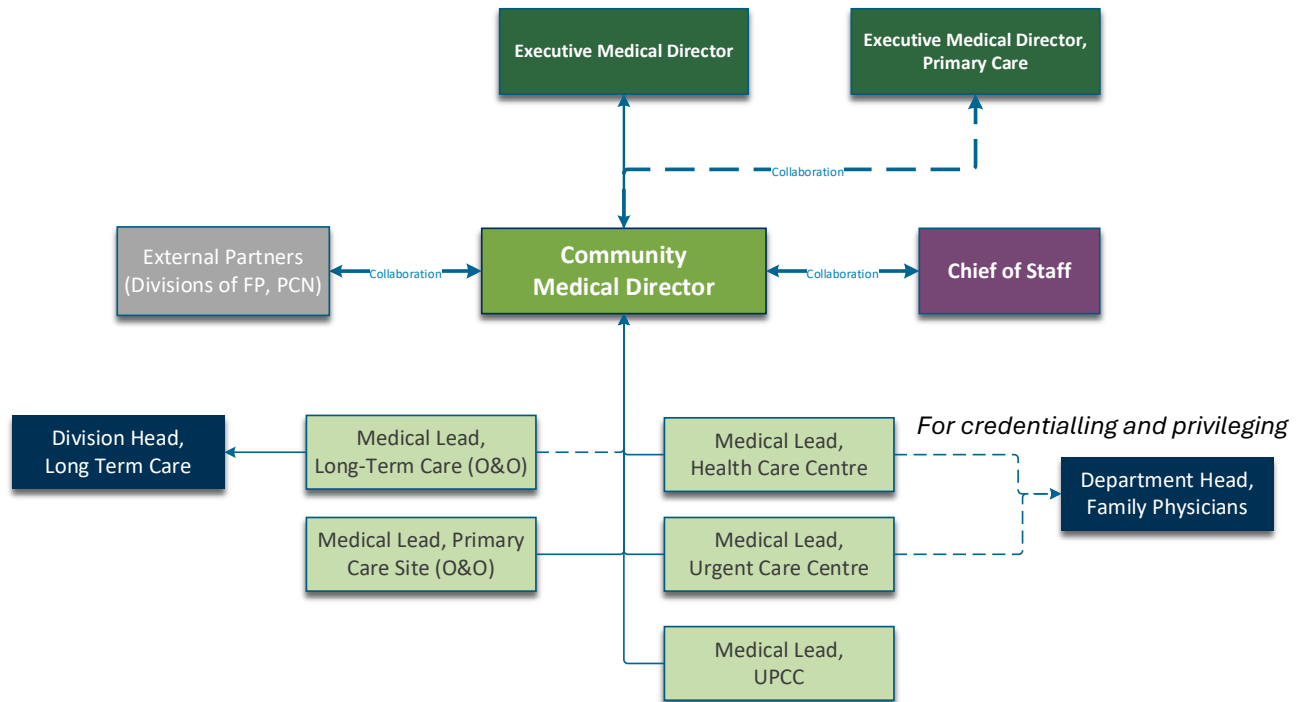
- Chiefs of Staff provide site-level strategic leadership and oversee operational performance of their site. They enable and support Site Chiefs in providing high-quality team-based care.
- Site Chiefs report to the Chief of Staff at each hospital.
- Site Chiefs have secondary reporting to an appropriate Division Head and/or Department Head on responsibilities, such as credentialing 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
<b>REGIONAL ROLES</b>		
<b>CHIEF MEDICAL OFFICER (CMO)/ VICE PRESIDENT (VP)</b>	Sets long-term vision and overall strategy for medical services across Island Health. Leads quality, planning, workforce, and system-wide improvement.	President & CEO
<b>EXECUTIVE MEDICAL DIRECTOR (EMD)</b>	Oversees consistent operations across regions. Leads system-wide planning, workforce strategy, and quality priorities.	CMO
<b>DEPARTMENT HEAD</b>	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
<b>DIVISION HEAD/ SECTION HEAD</b>	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

<b>PRACTICE LEAD</b>	Provides oversight for specialized skills or privileges and supports Department and Division Heads in ensuring adequate training and quality reviews.	Department or Division Head
<b>LOCAL ROLES</b>		
<b>CHIEF OF STAFF</b>	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
<b>SITE CHIEF</b>	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
<b>COMMUNITY ROLES</b>		
<b>COMMUNITY MEDICAL DIRECTOR</b>	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
<b>COMMUNITY MEDICAL LEAD</b>	Provides site-level leadership and operational oversight for owned and operated community sites.	Community Medical Director

## SITE CHIEF ROLE

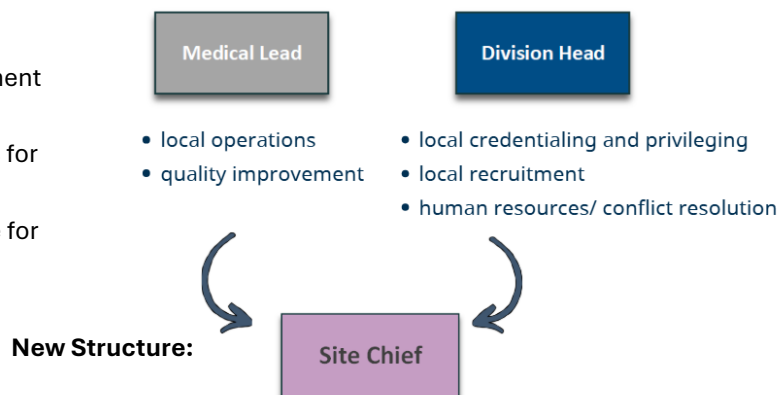
Site Chief is a department's service lead at the site, combining operational and governance responsibilities with support from Division and Department Heads.

### Key responsibilities:

- Leads day-to-day service delivery, recruitment and credentialing 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:



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:

Inconsistent definition and responsibilities for a Division Head



- Regional roles
- Geo-based roles
- Site level roles

### New Structure:



Regional (Island-Health wide) leader:

- sets regional practice standards, policies and procedures
- determines C&P criteria
- sets educational standards



Local (site-based) leader:

- *operational and governance leader for a service at a site; reports to Chief of Staff*
- *supported by Division Heads and Department Heads on C&P, recruitment and planning.*

## GOVERNANCE

### GOVERNANCE RESPONSIBILITIES

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

**CONNECTION TO GOVERNANCE TABLES**

Regional Leader	Committee
<b>EMD</b>	<ul style="list-style-type: none"> <li>HAMAC</li> <li>ICGC</li> <li>Chair, CLHA QOEC Council</li> </ul>
<b>Department Head</b>	<ul style="list-style-type: none"> <li>Chair, CARE Network</li> <li>Chair, Dept Meetings</li> <li>ICGC</li> <li>HAMAC</li> <li>Dept Head Council</li> </ul>
<b>Division/Section Head</b>	<ul style="list-style-type: none"> <li>Chair, Division Meeting</li> <li>CARE Network</li> <li>Chair, SSA</li> <li>Department Meeting</li> </ul>
<b>Practice Lead</b>	<ul style="list-style-type: none"> <li>Specialty Service Area (SSA)</li> <li>Department Meeting</li> </ul>

Local Leader	Committee
<b>Chief of Staff</b>	<ul style="list-style-type: none"> <li>Chair, LMAC</li> <li>Co-Chair, Acute QOEC</li> <li>HAMAC</li> <li>CLHA QOEC Council</li> <li>Chief of Staff Quarterly</li> </ul>
<b>Site Chief/ Medical Lead</b>	<ul style="list-style-type: none"> <li>Acute QOEC</li> <li>LMAC</li> <li>CARE Network</li> <li>Dept Meetings</li> </ul>
<b>Community Medical Director</b>	<ul style="list-style-type: none"> <li>Co-Chair, Community QOEC</li> <li>CLHA QOEC Council</li> <li>Collaborative Service Comm.</li> </ul>
<b>Community Medical Lead</b>	<ul style="list-style-type: none"> <li>Community QOEC</li> </ul>

\*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.



## 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](mailto:sarah.taylor@islandhealth.ca) or **Bob Parker** [Robert.parker@islandhealth.ca](mailto:Robert.parker@islandhealth.ca)

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## APPENDIX A. DEPARTMENTS, DIVISIONS AND SECTIONS LIST

### DEPARTMENTS

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

Last updated: February 2, 2026

Medical and Academic Affairs

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
<b>CHIEF MEDICAL OFFICER(CMO)/ VICE PRESIDENT (VP)</b>	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	
<b>EXECUTIVE MEDICAL DIRECTOR (EMD)</b>	Oversees consistent operations across regions. Leads system-wide planning, workforce strategy, and quality priorities.	CMO	HAMAC, ICGC, CLHA QOEC (Chair)	Executive Director
<b>CHIEF OF STAFF</b>	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	Site Clinical Director, Operations (and equivalent)
<b>SITE CHIEF</b>	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	Ward/ Unit/ Service Manager
<b>DEPARTMENT HEAD</b>	Leads strategic planning and quality improvement for the department. Oversees practice standards, performance, credentialing & privileging and CPD.	EMD	HAMAC, CARE Network (Chair), ICGC, Dept Head Council, Dept Meetings (Chair)	Program Director/ Manager
<b>DIVISION HEAD/ SECTION HEAD</b>	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
<b>PRACTICE LEAD</b>	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
<b>COMMUNITY MEDICAL DIRECTOR</b>	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	
<b>COMMUNITY MEDICAL LEAD</b>	Provide site-level leadership and operational oversight for owned and operated community sites.	Community Medical Director	Community QOEC	