

Department Overview

Data updated September 25, 2024

Credentialing and privileging data sourced from CACTUS

Department Summary							
Providers	Assignments	New Assignments*	Appointments	Interim Appointments	Leave of Absences	Recruited Headcount†	Vacancies†
1079	2338	373	2006	326	6	110	217

Table 1.0

Note: This summary excludes providers with clinical trainee, scientific research, and honorary assignments.

* The 'New Assignments' metric encompasses new assignments initiated between September 1, 2023 and September 23, 2024.

† Recruited Headcount and Vacancies are as of September 18, 2024.

Site Summary						
Sites	Active	Locum Tenens	Temporary	Provisional	Consulting	Associate
Aberdeen Hospital	53		1	4	1	
Cairnsmore Place	5			1		1
Campbell River	46	3	2	12		17
Chemainus HCC (Res. Care)	8			2		
Chemainus Health Care	16		11	13		
CISC						5
Comox Valley	70	6	8	14	1	54
Cormorant Island H.C.	7		5	3		
Cowichan District	67		3	15	3	22
Dufferin Place	20	1		6		1
Eagle Park	6					
Glengarry Hospital	53		3	4	1	1
Gold River Health Centre	5	1	3	3		
Gorge Road Hospital	44	1	12	7	1	
Lady Minto / Gulf Islands	15	1	41	1		13
Lady Minto/Gulf Island RS				1		
Ladysmith Community Hlt	28		10	14	1	4
Mount Tolmie Hospital	13					
Nanaimo Regional General	55	7	1	4	13	62
Oceanside Health Centre	24	1	10	5		59
Port Alice Hospital	6	1	2	5		
Port Hardy Hospital	9		68	8	1	
Port McNeill Hospital	9		67	6	1	
Priory Hospital	41		1	4	1	
Queen Alexandra Centre					1	
Royal Jubilee Hospital	42		2		26	268
Saanich Peninsula (RS)	45		2	2	1	
Saanich Peninsula Hosp	46		15	20	2	74
SISC					1	70
Tofino General Hospital	7	16	41	1		9
Trillium Lodge	12			1		
Victoria General Hospital	44		1		25	268
West Coast General	20		1	1		9
Assignment Total	816	38	310	157	80	937

Table 2.0

- Multiple services in any given site.
- Innovative and interesting services
 - FP in ED fast track.
 - Family physician inpatient MRP dedicated to Emerge.
 - Virtual support for emergency VERRA.

Medical Staff Recruitment Round-Up

Conferences Attended:

October 2023 – Family Medicine Experience (FMX)

November 2023 – Family Medicine Forum (FMF)

November 2023 – St. Paul’s Hospital, CME for Primary Care Physicians

April 2024 – Society of Rural Physicians of Canada

May 2024 – Island Medicine Conference

August 2024 – America Academy of Family Physicians (AAFP) National Conference

September 2024 – Family Medicine Experience (FMX)

October 2024 – CaSPR Repatriation Exposition & Career Fair

November 2024 – Family Medicine Forum FMF

November 2024 – St. Paul’s CME Conference for Primary Care Physicians

November 2024 – Mini – Society of Rural Physicians of Canada

Additional Engagement Events:

September 2023 – UPCC Residents Pub Night

May 2024 – UPCC Residents Pub Night

Marketing:

Social Media: From September 2023 to September 2024, the medical staff recruitment team developed a total of 154 posts - 88 on Facebook, Instagram, and LinkedIn, and 66 on Twitter - focused on Family Medicine.

“Our engagement rate on Instagram, Facebook and LinkedIn was 2.76%, which reflects audience interactions, such as shares, comments, saves, and likes. During this period, we reached 43,198 users across these platforms.”

Print Advertisements:

Alberta Medicine Association

Canadian Family Physicians online

Canadian Family Physicians print issues

Google Ads

Indigenous Physicians Association of Canada

BC Medical Journal

JAMA Network

- Only this year 2024 did BC create a competitive payment for family physicians, LFP.
- Great as it is implementation was, it made it challenging for In Patient MRP programs and LTC.
- BC only trains 328 family physicians per year. Only 40 on Vancouver Island.

Table 3.0

Successes

- Temporaries for rural ED's. A way to guarantee that we have very high-quality credentialing and privileging for this high-risk large volume group of practitioners. Figured out a way to do yearly performance reviews. Got meaningful diverse input from physician's and site leadership, managers, and nurses.
- Rock solid initial credentialing and privileging and rock solid provisional to active. I have nothing but pride for the credentialing teams.
- Leslie Rewega and Jessica Havens membership reports, provisional to active assignments and temporary assignments reports.
- Proper performance reviews.
- Successfully recruited three new division heads. Thank you to Tofino General Hospital, Comox Valley Hospital and Campbell River Hospital.
- **CGII** - Aligned department work with C.A.R.E network work. No operational equivalent in this department, now have representatives on relevant C.A.R.E networks. Specifically emergency care C.A.R.E. network, medicine care C.A.R.E. network, and cross continuum rural committee. Two representatives on rural C.A.R.E network.

Challenges and more Successes

- Chart completion initiative at Medical and Academic Affairs. Thank you to Medical and Academic Affairs for initiative. Run independent from departments.
- Major discipline issues. Very time consuming. Reason that division heads quit. Thanks to EMSS, Bruce Campana, Daphne van der Boom, Ryan Sidorchuck, and our lawyers. Done in the spirit of remediation but often behaviours are so disruptive sometimes one has to part ways.
- One of the reason our division heads quit.
- Remaining challenges from 2016. Thank you to HAMAC subcommittees.
- Partnerships and Communications work:
 - Onboarding of members (MERC).
 - Improving how we onboard medical leaders (MERC).
 - Human Resources.

Current Recruitment Efforts

- Thank you to Harjinder Conway, supported by Shannon Williams, Maria Kang, and Crystal Lawson.
- Attending conferences.
- Aligned work with Division of Family Practice in community.
- Return of Service Programs through the Practice Readiness program tripled in size.
- Return of service task force with eight divisions of family practice on island. Sponsored by ISC.
- CCFP programs not training enough. Ongoing discussions provincially.
- BC college of physicians and surgeons is becoming more helpful.

Areas/Sites of Current Growth/Expansion of Services

- Dr. Cunningham is also Medical Director of Primary Care Quality. Very different then Department of Primary Care. It is responsible for supporting quality in our 31 own and operated community primary care clinics. Dependant on family practitioner HR in community and NP resources.
- Nearly all work in community and hospital.
- Nearly all family physicians work in community and hospital.
- Becoming more challenging to find people do the work. Extremely challenging with new payment modalities (competition with community practice which is more lucrative.)
- Not growth, shrinkage. Huge challenge at Comox Valley Hospital and Cowichan District Hospital. Parallel inpatient MRP programs.

Areas/Sites of Future Growth/Expansion of Services

- Relationship to Associate Physicians and Physicians Assistants. Great innovations. Will shore up services. If not ours, other departments that are related to what family physicians do in the hospitals.
- Relationship to growth of Nurse Practitioners at Island Health.

Current or Potential Areas of Risk for Service Delivery

- Biggest risks we are closing this year. Two-year reviews. Relationships to work with MERC. Will need to retro onboard people.
- Initial credentialling and privileging. Do fantastic provisional to active. Need to do two-year reviews.
- Human resources. Family physicians make more money in offices and much easier to have work life balance. Difficult to convince to work in our hospitals or long-term care.

Continuing Professional Development (optional)

- Huge number of options in BC and within Island Health. Now have a good infrastructure to make more successful.
- Grand rounds. Do collaboratively with Primary Care Strategy. As consequence have infrastructure to make successful. Invite every department member that works in facilities and thirty-one owned and operated Primary Care Clinics. Through invite of Division of Family Practice to their newsletters, every family physician and nurse practitioner is invited.

Quality Improvement and Research (optional)

- Quite a few people do PQI projects.
- The big one is CGII.
- So happy with the Clinical Governance Improvement project. Finally in position to match the governance work of the departments, individual physician practitioner quality with the system

through the C.A.R.E. network from our department. There is no FP department equivalent, so I have placed FP on Emerge, FP on Medicine.

- Redoing Primary Care website.

Conclusion

In conclusion, I believe we are doing a good job. We are seriously considering a name change as the Department of Primary Care has nothing to do with primary care. Perhaps we should be called the Department of Family Practitioners.

There is much to be proud of. A huge thank you to division heads, department members as well as MAA for making many of the goals we discussed eight years ago a reality.

Also thank you to Jessica Grimard for supporting our department and Kathy Anderson for doing my complicated schedule.

Submitted by:

William Cunningham