Dear Division Members,

I'd like to use this letter as an opportunity to share with you the influences that are guiding our organization today and what the Board has used in the background to set strategy in alignment with our **core values:** physician and patient health and well-being; collaborative relationships; locally appropriate solutions; and, sustainability.

In the early days of the Division (Spring 2012), members came together to discuss and prioritize initiatives for the organization. These included: continuing medical **education**; **recruitment** and **retention** of Physicians; active management of **complex wounds**; and improvements to issues impacting Family Physicians working in the **hospital**. A member survey conducted in 2017 confirmed your interest in continuing to work on the first three priorities and add **mental health and substance use** and **seniors care**. Members also indicated the importance of continuing work with our **First Nations** community members and Government Assisted **Refugees**. All these grassroots initiatives continue to this day.

Since 2013, two initiatives introduced and funded by the Doctors of BC (DoBC) and the Ministry of Health have impacted all 35 Divisions of Family Practice across BC – *A GP for Me* and *Patient Medical Home/Primary Care Network (PMH/ PCN)*. Although not initiated by our members, the work and outcomes are guided and molded with your input to be locally appropriate. This work has been supported by additional project managers and administrative staff you see in the Division today. They are funded entirely by DoBC and the Ministry of Health for these initiatives.

We continue to use the core Division funding/member on the areas of work you've identified as priorities and seek other funding opportunities as they become available. For example, our work on wound care, substance use, and seniors is funded by DoBC through their proposal approval process. It's important for you to know that the funding streams are kept entirely separate and audited each year.

When the Division began, members included GPs (those working in Family Practice), the Emergency Department and Hospitalists. Family Medicine Residents were included to enhance the voice of early career Physicians. At the 2016 AGM, members voted to expand Division membership to include Nurse Practitioners. Their voices at working groups and committees have helped to round out discussions about primary care.

The 9-member Board of Directors remains representative of the broad spectrum of GP experience. In keeping with changes to the Society Act and Bylaws which govern our Society, we had the ability to add two community members to the Board. The selection of the community members was conducted with the intent of adding value to the organization in areas where we did not have expertise. At the September 2018 AGM, two Directors were appointed by the Board: Doug Torrie, a lawyer with Vining Senini in Nanaimo and Courtney DeFriend, the Regional Manager for Mental Health and Wellness with the First Nations Health Authority.

At this point, I'd like to provide you with some highlights about Board strategy discussions that occur each month and influence Division initiatives.

Cultural Safety and Competence

There are several sources of information that assisted the Division Board in developing a strategy for Cultural Safety and Competence, including: your input into the 2017 member survey; Physicians and First Nation staff working at the Snuneymuxw and Snaw-Naw-As wellness centres, and the community members they serve; the voices of the Tillicum Lelum Friendship Centre; and the First Nations Health Authority. These First Nation Voices are also represented at the Collaborative Services Committee (CSC), our partnership table with Island Health (IH) and community.

The cultural safety and competency strategy framework includes:

1. Online **training** available for Division members, Board, and staff titled, "Aboriginal Health: For the Next Seven Generations for the Children." This modular training was recommended by Dr. Randal Mason (previous Board member and graduate of the UBC FM Residency Indigenous program) who felt it was more in keeping with First Nation life on the island. The film provides historical context and the impact this history has on First Nation patients you see today. The online training is free and a requirement of all providers who wish to participate in the Primary Care Network (the latter is currently in the early discussion phase at the CSC). The training provides the "why" of cultural safety and competency. We proceeded to find out the "how."

2. An **experiential** retreat for staff and Board was held May 2-3, 2019 at the Tillicum Lelum Friendship Centre, coordinated by Courtney DeFriend. This type of training provides the "how", which First Nation members counsel us, is understanding through experiencing their culture.

3. Ongoing **experiential** opportunities – the Tillicum Lelum Friendship Centre shares community events taking place that are open to everyone, e.g., the sweat lodge calendar that was shared with members in a GP update. The sweats at the Centre are free, and there is a donation jar at the entrance if you'd like to contribute. On April 30, 2019, the Snuneymuxw First Nation invited Division members, IH and community to a full day event titled "Cultural Connections: Reconciliation in Action." Over 100 participants attended. The day was led by Elders who shared the history of First Nations in BC and their cultural approach to honoring the holistic nature of family and community and healing our divide. The Division will continue to communicate opportunities to members as they arise.

4. An annual **CME** for members on Cultural Safety and Humility will be provided. This fall, Courtney DeFriend will present "Trauma Informed Practice: A Practical Toolkit."

5. **Sustainability** - all new Board members and staff will take the online course as part of orientation, and the same is offered to Division members. Click Here for more information on how to register for the course.

6. We're in early discussions about embedding cultural safety and competency into the unfolding work around a PCN for Nanaimo and will update you as we make progress with this. This work is guided in part, by the Truth and Reconciliation Commission Report and its call to action. In our case, as it relates to health care.

Patient Medical Home (PMH) and Primary Care Network (PCN)

When the Ministry of Health and DoBC first announced policies to guide reform in the BC primary care system, our first piece of work was led by the Anchor Medical Clinic's proposal, "Primary Care Plus", a visionary model that, in part, drew on the wisdom of early career Physicians about what was desirable in a family practice.

Team-based care, alternative funding models, and additional GP positions to better connect with acute, urgent and residential care needs were part of the proposed model. As Robert Burns said, "the best-laid plans of mice and men often go awry." Although the clinic was ready to move forward and had the full backing of the

Division to explore, advocate and negotiate with other organizations, the supports necessary from the Ministry of Health, IH and GPSC did not come to fruition. We were advised the assets required for the model needed to be negotiated as part of a PCN for Nanaimo. It was a hard lesson to learn, but one that is at the forefront of our minds as we collectively strategize our engagement with funders and service providers for a PCN. In the interim, the Practice Support Program is working with clinics to assist in optimizing their patient panels for recalls, etc. Our PMH project leads, Dr. David Sims, Laura Loudon, and Brenda Adams (Project Managers) are continuing to visit interested clinics to gather your vision of PMH and identify gaps in the current system.

The PCN is intended to address our current attachment gap (approximately 20,000 patients without a primary care provider) and improve the integration and alignment of services provided by Physicians, Nurse Practitioners, IH and community organizations to increase patient access to services. The Collaborative Services Committee (CSC) is the PCN steering committee, and a sub-working group formulates the approach based on the CSC strategy.

We're in early days with the PCN discussions and waiting on word from the Ministry of Health as to when we can submit our expression of interest. We do, however, have our PCN GP Lead, Dr. John Trepess (Board Director) who is keen to work alongside Dr. David Sims as this work progresses. Board members, Dr. Takeda and Dr. Gillis, alternate their attendance at the CSC. Dr. Allison Croome, Dr. Jodie Turner and Dr. Connie Woo (MSA Executive) alternate their attendance at the CSC as well to ensure we have the Specialist and hospital-based Physician perspective as the PCN unfolds.

Division member engagement events, like those last fall around the Urgent and Primary Care Centre, will continue to occur as we gather your input about primary care system needs. We use these events and other engagement opportunities to ensure the network is locally appropriate and addresses gaps you've identified. The PMH/PCN working group is meeting in June to discuss upcoming engagement opportunities in the fall by which time we hope to have an update from the Ministry of Health.

Our most recent strategic discussions at the Board have been around Physician health and wellness and member engagement. You may recall a survey recently distributed by Dr. Kevin Martin, who is an Assembly Representative from DoBC for District 2 on the island. The results of the survey (N=171) showed an alarming rate of Physician burnout with the leading cause noted as clinical systems.

Whilst we had planned a member engagement event on June 27th to gather your feedback about clinical system issues, and confirm your priorities for the Division, we heard from you that the end of June is a busy time as the school year finishes, and summer plans are being made. We are authentic about our intent to curate Physician wellness, so this paid engagement will now take place later in the year. We hope you will be able to provide your support, so that we can gather information to advocate on members behalf to the Ministry of Health, DoBC, and Island Health, as we continue to develop the Nanaimo PCN privilege.

While our work as an organization centers around you, our intent is that the ripple effect positively impacts regional and provincial level systems that affect you every day. Each one of you is an equal partner in our journey to strengthen primary care in Nanaimo. The existing borders between the hospital and community are dissolving as the importance of primary longitudinal care gains momentum at many levels. We rely on your mandate—not ours, to do the work that needs to be done—to validate and strengthen our focus... so thank you for speaking up. It is my humbling privilege to bring your voice to the tables at which we sit.

With gratitude,

Roger Walmsley, MD
Board Chair