



East Kootenay
Division of Family Practice
An FPSC initiative

Strategic Plan

2025-2028



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Introduction

The East Kootenay Division of Family Practice (EK Division) brings together family physicians and primary care partners across a large rural region of southeastern BC. Our members provide the backbone of community-based care—often in challenging environments marked by geographic isolation, resource constraints, and increasing complexity of patient needs. The Division exists to support our members in this work. Without the EK Division, physicians would face these pressures without the coordinated infrastructure, partnership connections, and peer support, which enhance sustainable practice.

Our mandate is grounded in improving both physician experience and patient care. As one of 36 Divisions across BC, we are part of a provincial network committed to strengthening community-based primary care, advancing the goals of Primary Care Networks (PCNs), and ensuring that physicians have a strong voice in shaping health system change. Our work is guided by the Quintuple Aim and implemented in close partnership with the Family Practice Services Committee (FPSC), Interior Health, the Ktunaxa Nation and its four communities, the Shuswap Band (Secwépemc Nation), local Métis and community-based organizations.

The priorities in this strategic plan reflect what matters most to our members. In our most recent surveys, members emphasized recruitment and retention, physician development, culturally safe and trauma-informed care, stronger support for women physicians, and improved coordination across teams. Members also called for more transparent and efficient Division operations, better communication, and greater physician input into how health care is delivered locally. These findings shaped not only our goals, but also the EK Division’s approach to how we support and engage our community partners and govern our organization.

Our PCN development work is grounded in local needs and collaborative planning. The EK Division leads several initiatives to improve team-based care, team integration in clinics, and care coordination. Through Shared Care, we support quality improvement, innovation, and partnerships between providers, patients, and communities. We continue our PCN work through the East Kootenay PCN Steering Committee and community engagement to ensure local voices are at the centre of any change efforts.

Our commitment to cultural safety is central to our organization. Through cultural safety working groups, our partnerships with Ktunaxa Nation, Shuswap Band, and Métis representatives, and the EKPCN Cultural Safety Workplan and Toolbox, we are working to embed cultural safety and humility into our governance, member supports, and organizational culture. Our **Declaration of Commitment to Cultural Safety and Humility** outlines the principles that guide this journey.

We know that building the future of primary care in East Kootenay requires collaboration, courage, and creativity. This plan is a living document which we will periodically review and update as we consider external realities, what our members are asking for, and the ever-evolving regional and provincial health care system we want to create together with our partners.



Our Vision

Innovative, fulfilled, healthy family physicians empowered and equipped to practice optimal primary care in support of healthy communities across the East Kootenay.

Our Mission

To empower and support family physicians as they work to optimize the health and well-being of their patients.

Value Proposition

The East Kootenay Division of Family Practice strengthens and sustains comprehensive, team-based primary care by supporting family physicians and partnering with communities. We bring value through our members' personal, professional, and leadership development, culturally safe and equitable care supports, and locally responsive solutions that reflect the unique needs of rural and remote communities in our region. As a trusted connector across the health care system, we align local priorities with provincial realities to drive collaborative, patient-centred change.





Core Values and Guiding Principles

The East Kootenay Division of Family Practice upholds the following core values:

- **Humility and Respect** – We honour the strengths and perspectives of others and listen to learn from every interaction.
- **Equity and Cultural Safety** – We commit to anti-racism, reconciliation, and supporting culturally safe care for Indigenous, Métis, and underserved communities.
- **Professionalism and Integrity** – We act with accountability, reliability, and transparency.
- **Creativity and Innovation** – We adapt and improve in a complex health system.
- **Trust and Support** – We nurture a psychologically safe environment for staff, physicians, and partners.

Strategic Priorities – 2025-2028

Our priorities are shaped by member input, partnership mandates, system needs, and emerging challenges. Each priority is of equal importance, and includes:

- **Enhance Physician Retention, Recruitment, and Retirement.**
- **Advance the Integration of Cultural Safety and Humility.**
- **Strengthen Community Engagement and Education.**
- **Strengthen Team-Based Care and Integration.**
- **Enable Physicians to Bring a Rural Equity Perspective to Health System Improvement.**

Goals and Areas of Focus

Enhance Physician Retention, Recruitment, and Retirement

- Support physicians through their professional life cycle (from learners to retirees).
- Enhance locum support, foster long-term locums in communities, onboarding, and mentorship programs.
- Promote physician personal, professional and leadership development through systems and initiatives such as Thrive, Peer Support Initiative, and Women in Medicine.
- Improve physician engagement, leadership, and feedback, targeting regions/areas of historically lower engagement.
- Address physician overwhelm, isolation, and moral injury/distress by providing supports and stronger peer networks.



Advance the Integration of Cultural Safety and Humility

- Work to enact and uphold our commitments outlined in our **Declaration on Commitment to Cultural Safety and Humility** (Appendix A).
- Facilitate shared decision-making with Indigenous partners.
- Partner with the Ktunaxa Nation, Shuswap Band, and Métis to develop practical, trauma-informed, locally grounded training for physicians to offer culturally safe care for patients.
- Ensure cultural safety principles are embedded in Division staff onboarding and Board orientation and provide support to clinical practices to do the same.
- Leverage cultural safety working groups to guide implementation and evaluation efforts with Indigenous partner guidance.
- Engage physicians in leadership roles for culturally safe care initiatives.
- Expand storytelling, learning, and accountability tools to reflect diverse provider and patient experiences.

Strengthen Community Engagement and Education

- Leverage the Community Engagement Group to inform external messaging and ensure community voice shapes PCN priorities.
- Promote public awareness of local primary care innovations.
- Publicly celebrate and elevate physician stories, especially those from under-represented groups.
- Support physician leaders to participate in public engagement.

Strengthen Team-Based Care and Integration

- Improve partner role clarity and system-level care coordination at the PCN Steering Committee and Collaborative Services Committee.
- Support the PCN Operations Committee to optimize patient care and equitable access.
- Provide supports for orientation, referral pathways, co-location strategies, patient attachment system, and operational supports to clinics as they integrate teams.
- Build and enable physician leadership within team-based care initiatives.
- Support initiatives such as Shared Care, gender equity, and quality improvement to enhance collaboration in a team-based care delivery model.



Enable Physicians to Bring a Rural Equity Perspective to Health System Improvement

- Promote primary care innovation.
- Be adaptable and responsive to physician member input.
- Address systemic issues affecting physicians through advocacy to appropriate bodies.
- Develop physician leaders and engage with them through strategic committee work.
- Participate in regional and provincial networks, (e.g. Regional Physician Representative Committee, Rural Divisions Network).
- Facilitate and plan with members on how to support vulnerable services including inpatient, long-term care, and maternity, (e.g. FPSC incentive payments, physician contracts, etc.).



Supports for Successful Outcomes

- **Data and Evaluation:** Invest in meaningful measures, AI integration, and reporting that inform decisions. Develop an EK Division-wide evaluation framework that integrates data across work streams to inform decision-making at the board and management levels.
- **Partnership:** Strengthen reciprocal relationships with the Ministry of Health, Doctors of BC, Ktunaxa Nation, Shuswap Band, Métis, Interior Health, First Nations Health Authority, and other Divisions.
- **Communication:** Embed storytelling, transparency, and clarity in member and public-facing communications.
- **Capacity Building:** Prioritize professional development, staff retention, and succession planning.
- **Cultural Safety Infrastructure:** Build on the Cultural Safety Toolbox, local partnerships, and Indigenous governance standards to embed cultural safety at all levels.



Appendix A: Declaration of Commitment to Cultural Safety and Humility

The East Kootenay Division of Family Practice acknowledges with gratitude that we live and work within the traditional, ancestral, and unceded territory of the Ktunaxa Nation. The Ktunaxa Peoples have resided on this land for over 10,000 years, and the 70,000 square kilometre territory in the southeast Kootenay region is known as ʔamakʔis Ktunaxa (Ktunaxa Nation, n.d.).

It is also home to Secwépemc Peoples in the Shuswap Band community, as well as three chartered Métis Nation communities: Rocky Mountain Métis Association, Columbia Valley Métis Association, and the Métis Nation Columbia River Society. We recognize that true health equity requires the transformation of systems that have historically caused harm to Indigenous Peoples, and we commit to advancing cultural safety and humility as a central pillar of our work.

This Declaration affirms our commitment to Indigenous partners, health care providers, communities, and all those we serve. It reflects the principles that guide our leadership, our practices, and our partnerships, now and into the future.

Our Core Commitments to Cultural Safety and Humility

1. We centre relationships and reciprocity.

We understand that meaningful partnerships with Indigenous communities begin with humility, deep listening, and respect for self-determined priorities. Relationship-building is not transactional—it is grounded in human connection, patience, and trust that is earned over time. We acknowledge that we do not lead this work; we support it, and we follow the leadership of Indigenous partners.

2. Our actions follow our knowledge and words.

Cultural safety is not a checklist—it is a continuous, relational process of change. We are committed to translating knowledge into action through our Cultural Safety Workplan and Toolbox, through governance that includes Indigenous perspectives, and through visible changes in how services are delivered and how decisions are made.

3. We learn in place, from place.

Our approach to cultural safety is grounded in local Indigenous worldviews, protocols, and lived realities. We recognize that every community has its own unique language, traditions, needs, and aspirations. We are committed to place-based learning and to shaping services that reflect the strengths and stories of the Indigenous Peoples of the East Kootenay region.

4. We share power and make space.

We are working toward a future in which Indigenous Peoples have full authority in shaping health care systems that serve them. We strive to share decision-making power, to support the inclusion of Indigenous healers and knowledge systems in care delivery, and to advocate for structural change within and beyond our organization.

5. We hold ourselves accountable.

We will monitor, evaluate, and report on our progress using indicators developed in partnership with Indigenous communities. We commit to transparency, and to publicly acknowledging both our achievements and our learning moments.

6. We cultivate a culture of reflection and growth.

Humility requires ongoing self-reflection. We are committed to creating environments—within our Board, staff, clinical teams, and community networks—where it is safe to reflect, to unlearn, to challenge assumptions, and to grow.





Our Commitment to Indigenous Communities and Partners

We believe that reconciliation in health care is rooted in action: in how we build relationships, make decisions, and how we show up—consistently and with care. We are committed to:

- Upholding the principles of *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*, *BC Declaration on the Rights of Indigenous Peoples Act (DRIPA)*, the *Truth and Reconciliation Commission Calls to Action*, the *In Plain Sight* report, and the *HSC Cultural Safety and Humility Standards*.
- Supporting the leadership and full participation of Indigenous Peoples in shaping health care in the East Kootenay.
- Valuing the expertise of Indigenous health leaders, Elders, Knowledge Keepers, and community members, and creating space for them to guide and inform our work.
- Investing in long-term, sustainable relationships that honour the time and capacity of Indigenous partners and avoid consultation fatigue.
- Continuing our collaboration with the Ktunaxa Nation, Secwépemc Nation, and Métis communities, the First Nations Health Authority, and Interior Health to co-create pathways to culturally safe, person-centred, team-based care.

This is a living declaration—one that we will revisit, reflect upon, and revise as we learn. We understand that the journey toward cultural safety is lifelong, and we are each at a different place in the journey. It will require courage, humility, and the willingness to sit in discomfort and complexity. We make this commitment in that spirit.

Appendix B: Strategic Plan Evaluation Framework: Suggested metrics and data availability, by focus area and strategic priority

Strategic priority	Focus area	Potential metric	Report frequency	Source	Ease of capture
Physician recruitment, retention, and retirement	Locum support	# of new to area locums	6 months	EK Division Team – Recruitment Coordinator	Easy - Data already available, excepting new survey
		# of returning locums	6 months		
		Locum Support Survey (new)	Dependant on # of locums		
	Onboarding support	# of new physicians onboarded	6 months	EK Division Team – Recruitment Coordinator	Easy - Data already available, excepting new survey
		New Physician Survey (new)	Dependant on # of new physicians		
	Physician wellness	% of members involved in wellness initiatives	12 months	EK Division Team – Project Coordinator	Easy - Data already available
		% of members involved in wellness initiatives within first 5 years of practice	12 months		
	Physician recruitment	# of new members in the area	6 months	EK Division Team – Recruitment Coordinator	Easy – Data already available
Advance Integration of Cultural Safety	Physician engagement	% of members engaged, by activity type (defined by intensity)	12 months	EK Division Team – across teams	Moderate - Requires collation and attribution
	Physician fulfillment	Professional Fulfillment Index	12 months	EK DoFP Members	Difficult - Requires survey completion and analysis
	Facilitate shared decision making with Indigenous Partners	Request qualitative feedback from Indigenous partners on value of participation and include chair/Division staff feedback.	12 months	EK Division Team – across teams	Difficult – Requires multiple team feedback and qualitative data capture
	Incorporate Indigenous Partner guidance in evaluation and implementation			EK Division Team – across teams	
	Expand tools to reflect diverse provider and patient experiences			EK Division Team – across teams	
	Partner with Ktunaxa Nation to develop physician training	% of members attending training	12 months	EK Division Team– Project Coordinator	Easy – Data already available
Strengthen community engagement and education	Embed cultural safety training principles in Division staff and board onboarding/orientation	Incorporation into internal documents – no metric suggested	12 months	EK Division Team– Executive Director and Operations Manager	Easy – Describe availability of training documents
	Leverage Community Engagement Group to inform PCN priorities and external messaging	In development			
	Promote public awareness of Division work	Number of Division initiatives, including PCN initiatives, with community engagement, by intensity (inform, consult, involve, partner, community-led) ‘Inform’ will incorporate Social Media Engagement (see below)	6 months	EK Division Team – across teams	Moderate - Requires collation and attribution
		Number of new patient resources created	6 months	EK Division Team – across teams	Moderate - Requires collation
	Celebrate physician stories	Social media engagement framework (new)	6 months	EK Division Team – single contact (Communication)	Moderate – Requires collation and new framework
Strengthen team-based care and integration	Support physician leaders to participate in public engagement	Number of Division initiatives with community engagement, led by a physician	6 months	EK Division Team – across teams	Moderate - Requires collation
	Improve partner role clarity and system-level care coordination at the PCN Steering Committee and Collaborative Services Committee	In development			
	Support PCN Operations Committee to optimize patient care and equitable access	# of PCN positions filled, by community and type	6 months	EK Division Team– EKPCN Manager	Easy – Data already available
		New PCN service offerings	6 months		
		EKPCN Family Physician and Nurse Practitioner Survey EKPCN Allied Health and Nurse Survey	12 months	EK DoFP Members EKPCN providers	Difficult - Requires survey completion and analysis
	Provide practice supports	Number of patients attached from Health Connect Registry (HCR)	6 months	EK Division Team– HCR Coordinator	EK Division Team– HCR Coordinator
Enable physicians to bring a rural equity perspective to health system improvement	Build and enable physician leadership	Number of physician members holding leadership positions within Division initiatives # of physicians supported by EK DoFP to attend FPSC Leadership and Management Program # of physicians supported to access REAP	12 months	EK Division Team – across teams	Moderate - Requires collation
	Support initiatives such as Shared Care, gender equity, and quality improvement	Number of Shared Care projects active, with individual project data on: patient volumes/outcomes, physician engagement/outcomes, external requests for information, presentations, or collaboration (new framework for SCC Project Leads)	6 months	EK Division Team– Project Leads	Moderate - Requires collation
	Be adaptable and responsive to physician member input	# of Network committees attended by board and staff leadership # of engagements attended by board and staff leadership with FPSC and/or Ministry of Health leaders Annual Membership Survey	12 months	EK Division Team – Executive Director, Evaluation Leads	Moderate – Requires collation Difficult - Requires survey completion and analysis
	Promote primary care innovation	Annual Membership Survey EKPCN Survey for FPs and NPs	12 months	EK Division Team – across teams	Moderate - Requires collation
		Number of external information requests, presentations, or new partnerships			
	Empower local physicians with leadership capacity to participate in regional and provincial networks	Number of physician members holding joint leadership positions between EKDOFP and other networks	12 months	EK DoFP Members	Difficult - Requires survey completion and analysis

New suggested metrics or survey tools required

1. Locum Support Survey. Items suggested including: 1) time in area; 2) likelihood of returning to the area for a future locum; 3) if coverage was provided for more than one physician; 4) if coverage was provided for an extended skill-set; 5) satisfaction with Division support (Likhert Scale); 6) use of travel supports; 7) how locum opportunity was found.
2. New Physician Survey. Items suggested including: 1) Division supports accessed in establishing practice; 2) satisfaction with Division supports; 3) interest in Division activities and programs (e.g., Women in Medicine/Thrive/Peer Support/Shared Care).
3. Social media engagement framework: currently under review.
4. SCC Project Lead framework: Items suggested including: 1) Total no. of capacity building events; 2) Patient resources created; 3) Physician resources created. The goal of this framework is also to provide quick access to project status for Program Manager, and clear activity summaries at project close for final reporting.

Appendix C: Documents Informing This Strategic Plan

1. **2022 Hedgehog Concept** – Provides clarity on the Division’s purpose, core competencies, and focus on member needs. Used to affirm vision and mission statements.
2. **Strategic Priorities Draft 2024** – Identifies key themes from prior work and physician input; helped shape the five strategic priorities.
3. **February 7th, 2025 Retreat Notes** – Captures Board and staff reflections on purpose, guiding principles, governance structure, and internal communications needs.
4. **2024 EK Division Physician Survey** – Provides rich insight into physician roles, needs, and satisfaction. Informed engagement, leadership, and retention goals.
5. **2024 Women in Medicine Survey Report** – Surfaces gender-specific barriers and challenges, to be addressed through equity and leadership strategies.
6. **2025 PCN Physician & NP Survey** – Informs focus areas around PCN collaboration, care coordination, and referral improvement.
7. **EKPCN Needs Assessment & Environmental Scan** – Offers in-depth analysis of barriers to cultural safety and prioritized local Indigenous community needs.
8. **EK Division Staff Report (May 2025)** – Describes recent progress, operational goals, and future areas of focus, especially in workforce development and locum support.
9. **EK Division Initiatives Report (May 2025)** – Provides current-state activity across projects; ensured alignment between strategy and operations.
10. **Interior Health Strategic Priorities (to 2024)** – Grounds Division priorities in regional health authority frameworks around population health, equity, and workforce.
11. **PCN Community Engagement Group Terms of Reference** – Clarifies how community voices inform planning, validating our focus on engagement.
12. **Refreshed EKPCN Steering Committee Terms of Reference** – Helps define Division governance roles and strategic alignment expectations within the PCN model.
13. **Toolbox for Advancing Culturally Safe Care (March 2025)** – Details implementation supports, stakeholder maps, and best practices for local cultural safety work.

Together, these documents form the foundation of a plan that is both responsive to top-down direction and rooted in grassroots insight from members, staff, partners, and patients.