



# ANNUAL PLAN 2022–2023

## Our Vision

To be a community of family physicians, nurse practitioners, and other primary care providers working collaboratively to develop and support the implementation of primary care focusing on wellness, satisfaction, and sustainability for both patients and providers.

## Our Goal

To answer the call to action pursuing creative ways of developing practice opportunities for longitudinal care with family practitioners and our partners.

## Our Mission

The Thompson Region Division of Family Practice (“the Division”) is the:

1. Support for the Thompson Region community of primary care providers in their pursuit of excellence and innovation in family medicine and patient care.
2. Place where primary care providers go to identify their needs, engage in learning, and participate in collaborative community-based solutions.
3. Provider of primary care leadership in systems and clinical improvements and participates in collaborative quality improvement in family medicine and primary care.
4. Support for primary care provider wellness and collegiality.
5. Advocate for the essential role of primary care providers in the delivery of health care.
6. Source for structural primary care advice to Health Authorities, specialist care providers, Ministry of Health, community partners and interested parties.



## Our Values

We value quality, collaboration, inspiration, innovation, and resilience.



## Our Strategic Enablers

These strategic enablers allow our organization to execute its strategy more efficiently and effectively. To ensure successful implementation of the strategic plan, the following key actions will be interwoven in the day-to-day operations of the organization:

1. Continue to play a lead role in integrated health service planning and implementation with partners.
2. Act as an advocate for the role of the primary care provider in the provision of longitudinal care and integration across the spectrum of care.
3. Build regional and provincial connections for service delivery and strategic partnership in the Thompson Region.
4. Support the continued implementation of successful strategies that promote wellness through member engagement and the incorporation of ongoing feedback.
5. Collaborate and unite across our medical community in the Thompson Region.
6. Communicate activities, effectiveness, and opportunities for engagement to Division membership and partners.
7. Identify barriers to community redesign and work towards resolution through relationship building and supplying resources.
8. Showcase current practice opportunities while seeking ongoing opportunities to enhance recruitment efforts into future opportunities.
9. Implement innovative, robust approaches in marketing and communication.
10. Utilize an established framework for succession planning within the organization to ensure a strong, sustainable leadership team.

# EXECUTIVE SUMMARY

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In our second year of the 2021-2026 Strategic Plan, we have decided to demonstrate alignment through the presentation of our Annual Plan to this strategic work. The intention of this 2022-2023 Annual Plan is to show how each area of work the Division is participating in aligns with the tactics the Division Board and membership laid out in our 2021-2026 Strategic Plan.

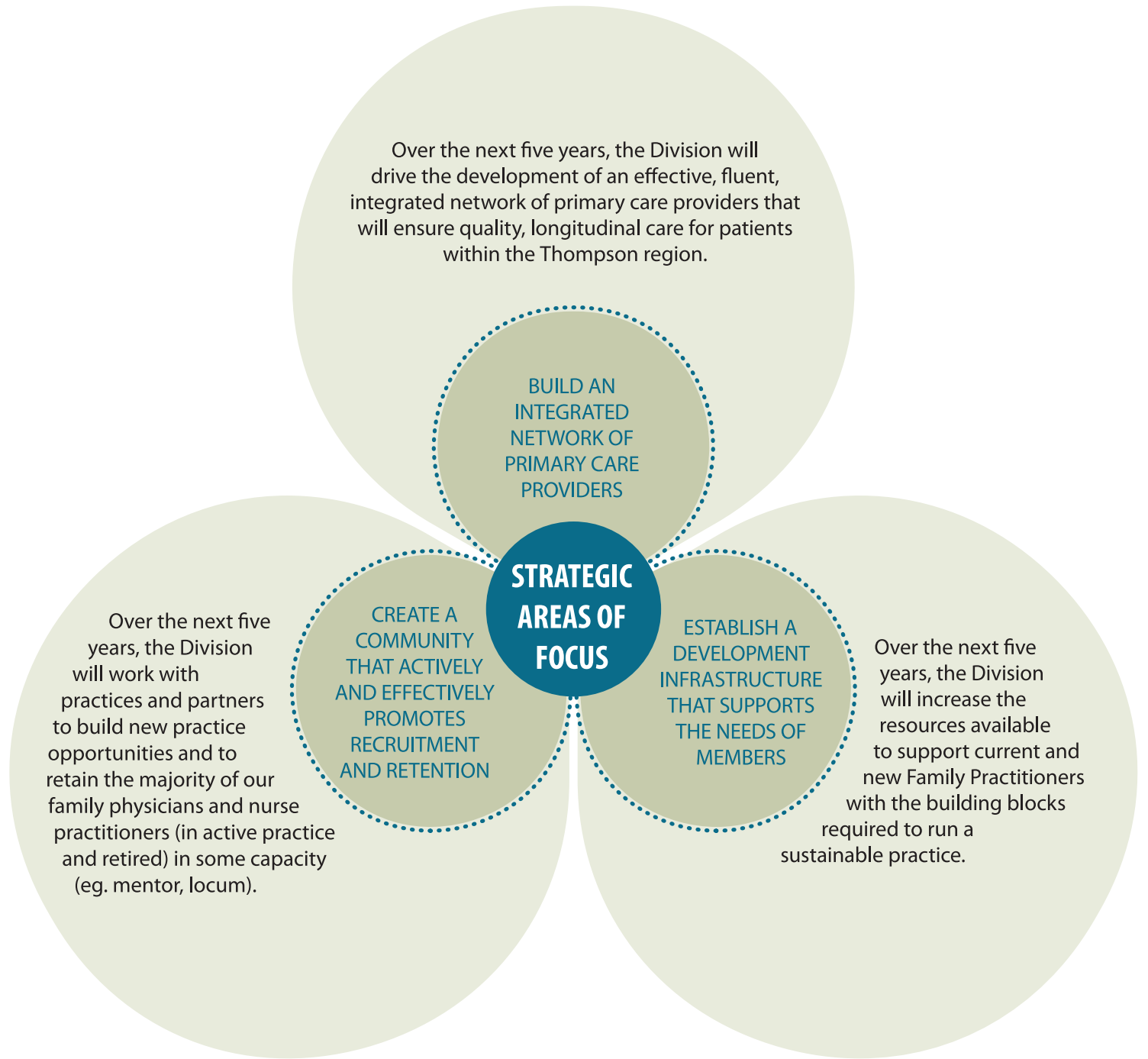
We hope that this 2022-23 Annual Plan demonstrates how integrated our work is and how focused the physician, nurse practitioner, along with midwife leadership our staff team is in pursuing. There are many funding streams, and many sub-specialties and as we all know many committees that support and drive this work. We have a far reach in our work and continue to strive to make practice level, neighborhood, and community level. We also want to share our learnings regionally and provincially.

However, we ultimately want to ground our actions intentionally and provide value to the members, their patients, and our community through a renewed focus and commitment on moving these three strategic areas of focus.



## STRATEGIC AREAS OF FOCUS 2021 – 2026:

1. Build an Integrated Network of Primary Care Providers.
2. Create a Community that Actively and Effectively Promotes Recruitment and Retention.
3. Establish a Development Infrastructure that Supports the Needs of Members.





# Strategic Area of Focus

## 1. Build an Integrated Network of Primary Care Providers

Over the next five years, the Division will drive the development of an effective, fluent, integrated network of primary care providers that will ensure quality, longitudinal care for patients within the Thompson region.



## Strategies and Implementation Tactics

### Play an active role in leading system planning and implementation.

#### EFFECTIVE DIVISION REPRESENTATION AT STRATEGIC, OPERATIONAL, OVERSIGHT, AND WORKING TABLES WITHIN THE COMMUNITY.

1. Co-host the Collaborative Service Committee (CSC) with Interior Health. Effective Division representations at this table ensures that physician and nurse practitioner voice is brought forward and represented in planning, implementation, and evaluation of health care in our region. The CSC strives to provide a collaborative linkage to the various streams of work that come together to deliver on an Integrated Model of Care for this region. (\*INF)
2. Contribute and take turns co-hosting the regional and system level initiatives with Interior Health, Interior Division and First Nations Health Authority through the Interdivisional Strategic Council. Areas of work this year include virtual care in the Interior, working with the In Plain Sight Report, and emergency preparedness and response. (\*INF)
3. Co-host the quarterly Shared Care Steering Committee (SCSC) with Royal Inland & Hillside Physician Association (RIHPA). To provide strategic leadership for Shared Care funded projects. To bring the Specialist and Family Physician communities together on matters of shared interest such as well wellness, CME, social and engagement activities, and recruitment efforts. Provides the medical community an opportunity to leverage and align shared care projects with other strategic initiatives. The SCSC is linked with the Thompson Medical Alliance. (\*SCSC)
4. Actively participate in a regional Interior Division Network where the Thompson Division joins a collective regional voice and is able to raise opportunities for alignment with other Divisions when engaging with Interior Health, Ministry of Health and/or Doctors of BC. Key areas of work this year include linking business supports for practices and neighbourhoods to centralized services, recruitment, and retention, and sharing learnings through primary care network development. (\*INF)
5. Participate in the BC Rural Remote Network. Participation in this network connects the experience, challenges, opportunities, and innovative solutions of our Thompson Region rural physicians and nurse practitioners to those of other rural communities across the province. (\*INF)

## SIGNIFICANT CHANGE STORIES THAT REPRESENT ACTION AND PROGRESS BECAUSE OF DIVISION REPRESENTATION AND ACTIVITY AT THE VARIOUS HEALTH TABLES.

1. Support the neighborhoods of primary care providers, the subspecialty networks and working groups within the medical community which will inform and improve provider practice capacity and member wellbeing. (\*EMPH)
2. Lead the Health Leadership Committee (HLC) and focus on storytelling that show action and progress on matters of importance for the membership. To facilitate the integration of shared physician and primary care provider initiatives in the Thompson Region. (\*EMPH)
3. Implement an evaluation framework that ensures Most Significant Change stories are being captured and shared to members and other stakeholders. (\*INF/EMPH)
4. Co-lead the work with the Interior Division Network in linking business supports between the different funding streams to provide better alignment across Doctor of BC resources and the Joint Clinical Committees and implementation solutions for local practices and neighbourhoods. (\*INF/EMPH)
5. Seek out stories from different neighbourhood successes and share across the region. (\*EMPH)

## THE DIVISION'S ROLE IS ACKNOWLEDGED, ENCOURAGED AND SOUGHT AFTER BY THE PARTNERS TO LEAD AND SUPPORT NETWORKING INITIATIVES.

1. Maximize the Health Leadership Committee as a physician and nurse practitioner resource for health service planning and transformation initiatives. To assist in retention efforts by identifying opportunities to bring together members who will find support in one another. (\*EMPH)
2. Support the implementation of the PCN and its operations which includes hiring a PCN project manager, facilitating broad membership and partnership engagement on the service plan, and general PCN start-up operations such as information sharing agreements, change management, and human resources. (\*PCN)
3. Work across neighbourhoods to develop and implement collaboration across practices. (\*EMPH)

## CONTINUE TO **PARTNER** WITH ORGANIZATIONS THAT WILL INCREASE OUR ABILITY TO INFLUENCE CHANGES FROM A COMMUNITY DEVELOPMENT LENS.

1. Co-lead the Primary Care Network (PCN) Re-design team to review Ministry data, continue engagement around the final draft of a service plan, and submit the Primary Care Network Service Plan for both Kamloops and the Lower Thompson. (\*PCN)
2. Lead the Integrated Network of Primary and Community Care to clarify and strengthen a shared vision and comprehensive plan for healthcare in our region by connecting different health care partners to the Division as well as to the CSC. Establish network/neighbourhood membership, clear roles, responsibilities, and accountabilities in the implementation and delivery of the broad health service plan and neighbourhood structure. (\*PCN)
3. Implement the Pathways Community Services public facing directory. (\*INF)

## PARTNERSHIPS ARE CREATED AND FORTIFIED WITH LOCAL HEALTH TABLES TO SUPPORT COMMUNITY DEVELOPMENT.

1. Provide better alignment and connection between the Secwepemc Nation and the CSC for future service planning and implementation through a partnership table with the First Nations Health Directors, including Division, Interior Health, First Nations Health Authority and the Secwepemc Nation, including the health directors from communities in the Thompson Region. (\*PCN)
2. Develop a framework and opportunity for community health tables to connect on region wide community wellness initiatives. (\*INF)
3. Lead the Enabling Healthy Communities to work collectively with community health tables, municipalities, and First Nations communities to support and influence appropriate patient care/ services and programs as part of the integrated service model, as well as addressing social determinants of health through a partnership table including the Division, Interior Health, United Way, First Nations Health Authority, and the Secwepemc Nation. (\*EMPH)
4. Identify community engagement plans with Nation partners to build relationship with Elders and Chiefs. (\*PCN)

## DEVELOP BI-DIRECTIONAL COMMUNICATION WITH THESE COMMUNITY PARTNERS WITH BOTH THE COLLABORATIVE SERVICES COMMITTEE AND THE TRDFP DIVISION.

1. Establish Memorandum of Understanding with the community health tables and neighbourhoods to solidify partnership with the Collaborative Services Committee and with the Division. (\*PCN)
2. Develop mechanisms and clear pathways for bi-directional communication and knowledge exchange between INPCC and the CSC and the Division. (\*EMPH)
3. Analyze data and communications needs to support integrated health service planning and implementation through a partnership with Division, PSP, IH Population Health, IMIT, IH Quality Improvement, Healthlink BC. The Data and Communications Working Group provides knowledge translation and analysis that informs decisions through the CSC including making data connections and requests and development of communications plans for the partners to utilize. (\*EMPH)

## INFLUENCE HEALTH CARE POLICY AT THE PROVINCIAL AND REGIONAL LEVELS TO ENACT CHANGE DESIRED BY THE MEMBERSHIP.

1. Continue to advocate on behalf of the physician community in partnerships to ensure equal consideration at decision-making and health human resource planning tables (\*INF).
2. Participate in the Interior Physician Recruitment and Retention committee which focuses on regional supports to enhance and advocate for health human resources. This includes work related to ongoing improvement and engagement in the Practice Ready Assessment program, the International Medical Graduate program (\*RECRUIT)
3. Raise matters of concern from members to the Interior Division Network and work with our regional partners to find solutions. Invite guests from GPSC to attend our regional work and influence health care policy. This year this includes family physician's role in vaccinations, the need for virtual care to be embedded into longitudinal practice, how urgent services can be offered inline with community practices (\*INF)
4. Use mapping to geospatially show and analysis socio-demographic and service need trends along with physical infrastructure to support health service planning and implementation as well as for emergency management tools. (\*EMPH/EMERG)



## Strategies and Implementation Tactics

**Take action** to move toward sustainable, integrated models of care.

ESTABLISH A MULTIDISCIPLINARY THINK TANK TO IDENTIFY INNOVATIVE AND SUSTAINABLE SOLUTIONS TO ENABLE NEW INTEGRATED MODELS OF CARE. IDENTIFY ADDITIONAL STAKEHOLDERS NOT YET INVOLVED IN THIS WORK.

1. Host the first multidisciplinary think tank event with Division membership in attendance to demonstrate governance and service delivery models of neighborhoods could be organized. (\*EMPH)

IDENTIFY THE DIVISION'S ROLE IN THE DEVELOPMENT AND STABILITY OF NEW MODELS OF PRIMARY CARE AND IMPLEMENT ACCORDINGLY.

1. Develop a clear how-to document and pathway that outlines the steps neighborhoods can take to engage and launch. This outlines the role the division will play in their set up and transition. (\*EMPH)
2. Establish individualized work plans for interested neighborhoods to move to new model of primary care. Support their implementation. (\*EMPH)
3. Develop a clear model of how discharge services and teams can be aligned in the integrated model of care. (\*EMPH)

PROGRESSIVELY INCREASE THE NUMBER OF PRACTICES IN THE THOMPSON REGION THAT ARE ATTACHED TO INTERDISCIPLINARY TEAMS STRIVING FOR A PATIENT CENTRED PRACTICE AND SHARING PATIENT RESOURCES.

1. Support integration of physicians and nurse practitioners into the redesign of the Specialized Community Service Programs (SCSP). This includes Adults with Complex Medical Conditions and/or Frailty Interdisciplinary Teams being linked to the neighbourhoods as well as linking Mental Health and Substance Use Navigator/ Clinical Counsellor to neighbourhoods for mild to moderate MHSU needs. (\*SCAMH/EMPH)
2. Develop a local pathway for connecting patients on the Health Link registry and those in need of discharge services with teams and primary care in our region. (\*PAS)
3. Support integration of neighbourhoods to the Moderate to Severe Mental Health and Substance Use and Cancer Care Interdisciplinary teams. (\*AMHSU)
4. Link the redesign work occurring with the overall Integrated Model of Care led by the Collaborative Services Committee. (\*PCN)
5. Support Community Health Centres in their applications for funding to secure interdisciplinary teams. (\*EMPH)





## Strategies and Implementation Tactics

### **Support** initiatives that create frameworks for broader, more fluent interdisciplinary communication.

THE DIVISION'S KNOWLEDGE OF AREAS OF CARE IS CURRENT WITH CONTINUOUS EFFORTS TO IDENTIFY AND RESOLVE GAPS IN CARE SOLUTIONS TO ENABLE NEW INTEGRATED MODELS OF CARE. IDENTIFY ADDITIONAL STAKEHOLDERS NOT YET INVOLVED IN THIS WORK.

1. Conduct a comprehensive needs assessment, building upon the knowledge gained through the 2019 Deliberative Dialogue focused Oncology session by engaging primary care providers, family physicians with a focused practice in oncology, oncologists, and the health authority concerning their experience in providing care to oncology patients. (\*CANCARE)

### PROMOTE INTERDISCIPLINARY CONNECTIONS TO ENCOURAGE NEW STAKEHOLDER PARTICIPATION IN DEVELOPING NEW MODELS OF PRIMARY CARE.

1. Improve geriatric clinical knowledge within the community of providers and health care professionals caring for patients in long term care. (\*LTC)
2. Deliver perinatal education and support through virtual platforms to fill the maternity care related gaps imposed by the COVID-19 public health restrictions, by offering evidence-based health education, combined with peer support to enhance personal skills and support social connections in a safe, accessible manner. (\*RIHF)
3. Enhance local relationships between providers (NPs & FPs) (including UBC resident physicians), long-term care homes, pharmacies, and the health authority. Opportunity to influence the development of best practices at the local level and within the broader context of long-term care through local partnerships. (\*LTC)
4. Provide the opportunity for interprofessional collaboration, by engaging family physicians, midwives, nurses and other health care providers to enhance relationships which will serve as a foundation for other innovative models, such as a group prenatal care program to contribute to the sustainability of maternity care. (\*EMPH)
5. Support the delivery of palliative care as a key part of longitudinal care by offering primary care providers educational opportunities to increase knowledge and skills; and increase awareness of resources to support enhanced care coordination between primary, community, acute and speciality care. (\*PALCARE)

## PROGRESSIVELY INCREASE THE NUMBER OF PRACTICES IN THE THOMPSON REGION THAT ARE ATTACHED TO INTERDISCIPLINARY TEAMS STRIVING FOR A PATIENT CENTRED PRACTICE AND SHARING PATIENT RESOURCES.

1. Increase practice efficiency and awareness of Pathways as an effective tool for physicians, nurse practitioners, midwives and specialists. To provide clear and up-to-date resources for specialist care. (\*INF)
2. Improve patient and provider experience through increased awareness of regional medical community services and referral pathways. Accessibility to regional and provincial services and resources for members referring outside of the community and likewise for members of other Divisions referring to Kamloops and area. (\*INF)
3. Maintain the Thompson Region data on Pathways website. Monthly usage reports. Training sessions available to providers and their teams. (INF/CM)
4. Explore the desire and capacity to implement Pathways Referral Tracker. (\*INF/SCSC)

## Strategies and Implementation Tactics

**Resource** initiatives that will **validate** member identified priorities, **enable** pursuit of improved provision of care, and **encourage** involvement of community partners and allied health professionals.

## REGULAR MEMBER ENGAGEMENT OPPORTUNITIES TO CAPTURE AND CONFIRM THE MEMBER VOICE AND INTENDED DIRECTION.

1. Embrace two-way dialogue from member input and information-sharing with regional divisions to build cooperation and better alignment in the BC Interior through the Interior Division Network and participation in BC Rural Network. (\*INF)
2. Promote the concerns and recommendations of the membership base in a focused and united voice to advocate for issues as they arise. Seek input through surveys, focus groups, engagement events, Health Leadership Committee, and other committee work. (\*INF)
3. Provide multi-channel opportunities for member feedback into the Integrated Model for the region, Neighbourhood development, as well as the Primary Care Network Service Plan. (\*EMPH/PCN)

## ENGAGEMENT EVENTS TO ENCOURAGE COLLABORATION AND INVOLVEMENT WITH COMMUNITY PARTNERS AND ALLIED HEALTH PROFESSIONALS.

1. Offer palliative care educational opportunities to primary care providers and specialist physicians. (\*PALCARE)
2. Develop and circulate a palliative care toolkit for primary care providers. (\*PALCARE)
3. Support a local network between physicians, long-term care homes, patients and their families, community pharmacies, post-secondary institutions, and the health authority which will improve patient satisfaction and clinical care in long-term care. To develop opportunities for knowledge exchange between relevant committees and lead quality improvement related priorities that arise from this interaction. (\*LTC)

## SECURE FUNDING FOR MULTIPLE AREAS OF HEALTH CARE (E.G. PRIMARY, SUB-SPECIALTY, LONG TERM CARE, MATERNITY, CANCER) TO PURSUE IMPROVED PROVISION OF CARE.

1. Provide opportunities for other project ideas to be identified and pursued through the Health Leadership Committee and then to the Board that align with our strategic direction and fill other known gaps in care in our community. (\*EMPH)
2. Submit the Post COVID proposal to secure funding to work alongside Interior Health with a specific focus on development educational opportunities and support for family practice in their clinical care of long-haul COVID patients. (\*PASC)
3. Develop a formal proposal to attend to the gaps/opportunities will be prepared following the needs assessment. (CANCARE)
4. Support physicians in achieving the five best practices, as per GPSC Long-Term Care Initiative criteria, which will contribute to improved patient care through delivery of LTC Incentive program. (\*LTC)



## Strategic Area of Focus

### 2. Create a Community that Actively and Effectively Supports Recruitment and Retention

Over the next five years, the Division will work with practices and partners to build new practice opportunities and to retain the majority of our family physicians and nurse practitioners (in active and retired practice) and physicians, in some capacity (eg. mentor, locum).



### Strategies and Implementation Tactics

Continue to actively **involve** community partners in recruitment and retention efforts.

RAISE THE DIVISION'S PROFILE (E.G. PURPOSE, EFFORTS, EFFECTIVENESS) IN THE COMMUNITY AND INFLUENCE THE PUBLIC'S VIEW TO A POSITIVE EFFECT.

1. Deliver the following Communication materials: Communications strategy; Bi-monthly e-newsletters (Xpress); Seasonal newsletters (Connexion); Social media posts; Promotional materials and graphic design assets; Annual report; Annual plan; Media inquiries; Website updates and maintenance (multiple websites); Quality Forum presentation assets; Public engagement and messaging (Public service announcements, seasonal messaging); Pandemic-related communications. (\*INF/RECRUIT)
2. Grow the membership's understanding of the Division's projects. Seek opportunities to communicate the work of local community primary health care providers. (\*SCAMH/SCMAT/PALCARE/CANCARE/EMERG)
3. Change management planning and implementation for integrated model of care. Development of process and pathways, communication mechanisms and ongoing implementation support for member, partners and stakeholders. (\*EMPH)
4. Host, maintain and promote the Division's websites including the main site, recruitment and retention, and emergency management. (\*EMERG/RECRUIT/INF)
5. Update the Division's family physicians, nurse practitioners and midwives on the work of both the Division and the members' colleagues, and curate the diverse range of regional primary care information and share it via timely and concise communications avenues. Promote collegiality among members, foster expression and information sharing. (\*INF)
6. Deliver meaningful and readily accessible information channels that nurture dialogue and broaden the communication landscapes between Division members, regional health care stakeholders, community partners, and the public. (\*INF/EMPH)
7. Use social media effectively to enhance the community profile. (\*RECRUIT)
8. Establish strong relationships with media. Using ongoing conversation with the media as one of the Division's communication channels with the public. (\*INF/RECRUIT)
9. Update the Division's 'Start Here Campaign' by working reidentification. (\*INF/RECRUIT)

## PROMOTE COMMUNITY VALUE WITHIN THE MEMBERSHIP THROUGH EDUCATION (E.G. CULTURAL SENSITIVITY), ENGAGEMENT EVENTS, AND SUPPORTING PHYSICIAN CHAMPIONS.

1. Establish a recruitment committee to assist with direction, site visits and attendance at recruitment fairs. (\*RECRUIT)
2. Seek and collaborate with new, and leverage existing, partnerships in the community to offer a well-rounded practice setting for potential physicians. (\*RECRUIT)
3. Succession planning for diverse physician champions within the Board and the Health Leadership Committee. (\*INF)
4. Support family physicians, nurse practitioners, and specialists with outpatient clinics, in patient care for those who require Post-COVID recovery by providing education and communication materials to physicians, nurse practitioners, and patients while also assisting in creating an effective workflow into the Post-COVID recovery clinic to be set up at RIH. Self-management guidelines and education for patients suffering from Post-COVID symptoms. (\*PASC)

## IDENTIFY AND SUPPORT PHYSICIAN ENGAGEMENT WITH PARTNERS OUTSIDE OF TRADITIONAL HEALTH CARE (E.G EDUCATION) TO UNDERSTAND THE BROADER PHYSICIAN ROLE WITHIN THE COMMUNITY.

1. Partnerships from Local Health Tables around recruitment and retention efforts documented as success stories and shared across the region. (\*RECRUIT)



## Strategies and Implementation Tactics

**Develop** new and/or enhance existing partnerships at the local, regional, and provincial levels that will serve to positively influence recruitment to the Thompson Region.

## ENHANCE MEMBER AND COMMUNITY RECRUITMENT AND RETENTION USING DIGITAL MARKETING.

1. Use photos and videos on social media and other marketing to increase awareness of the benefits of practicing in the Thompson Region, while continuing to highlight available practice opportunities and the work that the Division has done. (\*RECRUIT)
2. Use the following digital marketing tools: Physician site visits; Digital media advertising; Promotional photo assets; Promotional video assets; Practice opportunity postings; Social media presence (Facebook, Instagram, LinkedIn). (\*RECRUIT/INF)
3. Increase awareness of the Thompson Region at a recruitment fair. (\*RECRUIT)

## PARTNERS AND MEMBERS HAVE A FULL UNDERSTANDING OF THE DIVISION'S MANDATE AND EFFECTIVENESS THROUGH COMMUNICATIONS, EDUCATION, AND ENGAGEMENT.

1. Develop online resources that support Division and RIHPA members in their ongoing awareness of partner activities and projects. (\*INF)
2. Map the partner connections to support shared knowledge of influential partnerships, and communication opportunities. (\*SCSC)
3. Co-host the Thompson Medical Alliance (TMA) to align resources and maximize supports. The TMA seeks to consolidate processes, expand the collective network, and explore every opportunity to collaborate in support of physician and medical partners to continually drive change, while emphasizing collaboration over competition. Easier navigation of medical community initiatives, energy and resources that align with Division initiatives. Maximized funding opportunities to leverage collaborative dollars spent. (\*SCSC)

## EXTENSIVE OUTREACH VIA THE DIVISION'S MEMBER NETWORK INFRASTRUCTURE.

1. Maintain a robust and up to date CRM system (stands for customer relationship management). Including: Member profiles. Profiles for non-members (Specialists, MOA network, Community Partners etc). Recruitment profiles for potential new recruits. Keep each member's information current and accessible to all Division staff. (\*INF)
2. Launch and maintain the emergency management website to support intra- and inter-communication with neighbourhoods. (\*EMERG)

## CONTINUE DIVISION **FOCUS** ON MEMBER ENGAGEMENT AND RETENTION EFFORTS THROUGH MEMBER NETWORKS (E.G., PROVIDE ONGOING OPPORTUNITIES FOR SOCIAL, COLLEGIAL, AND FAMILY ACTIVITIES).

1. Inform and interact with members about the ongoing work of the Division and gather input on strategic direction. To ensure members are aware of the services the Division provides and the supports available. To move towards sustainable, integrated models of care as directed by members. (\*INF)
2. For members to build relationships with others in the community. Providers feel supported and connected in the community and are retained. (\*INF)
3. Increased connection with support of specialists through broader network linkages including: Continuing medical education, wellness, engagement with social activities and knowledge sharing across the medical community. (\*SCSC)
4. Update the Medical Staff Yearbook in partnership with RIHPA. (\*SCSC)
5. Host engagement and social events (family friendly event, physician /NP/ SP event, golf tournament). (\*INF)

## ENHANCE RELATIONSHIP WITH UBC RESIDENTS TO PROMOTE RECRUITMENT AND RETENTION.

1. Work with UBC Family Medicine Program residents to continue identifying the needs and desires of new-to-practice physicians, while utilizing our relationships with them to highlight the opportunities in our region. (\*RECRUIT)

## PROVIDE OPPORTUNITIES FOR POST-RETIREMENT ENGAGEMENT IN DIVISION WORK.

1. Support the Interior Physician Recruitment and Retention initiative to set up regional urban locum program with a particular focus on recruiting near retired physicians to support our communities. (\*RECRUIT)
2. Develop clear supports for members that link both locally offered and centralized supports for post-retirement educational events. (\*EMPH)
3. Seek opportunities for retired physicians to participate and lead committee work within the Division. (\*INF)



## Strategies and Implementation Tactics

### **Obtain** funding to support recruitment and retention activities.

#### NEW FUNDING SOURCES SECURED TO SUPPORT RECRUITMENT AND RETENTION ACTIVITIES.

1. Utilize and report on new R&R funding to make a case for increased in future. (\*RECRUIT)

#### LEVERAGE COMMUNITY CHAMPIONS AND LEADERS THROUGH LOCAL HEALTH TABLES AND OTHER PARTNERSHIP TABLES, IN CONCERT WITH DIVISION MEMBERSHIP, TO SUPPORT EVOLVING COMMUNITY NEEDS.

1. Co-leading of joint wellness committee with TRDFP and RIHPA members. (\*SCSC)
2. Secure charitable status to support Division operations and networking. (\*INF)



## Strategic Area of Focus

### 3. Establish Development Infrastructure that Supports the Needs of Members

Over the next five years, the Division will increase the resources available to support current and new Family Practitioners with the building blocks required to run a sustainable practice.



## Strategies and Implementation Tactics

### Create a formal “development” branch of the Division.

DEVELOP A COMPREHENSIVE FRAMEWORK THAT IS ESTABLISHED, REGULARLY UPDATED, AND IMPLEMENTED.

1. Established framework for the delivery of neighborhoods and change management within the Integrated Model. (\*EMPH)
2. Review and update the Division’s organizational chart. (\*INF)

CREATE AND ENABLE THE COMPREHENSIVE INTERNAL INFRASTRUCTURE TO RAISE AND HOLD FUNDS THAT ENABLE MULTIPLE PATHS TO PRACTICE, INCLUDING THE HIRING OF STAFF.

1. Provide regular team meetings, knowledge exchange, professional development opportunities, and team events for the staff that work at the Division. (\*INF)
2. Provide quarterly financial reporting that is approved by Board. (\*INF)
3. Deliver a clean annual audit for the Division. (\*INF)
4. Deliver on all financial and regulatory deadlines. Including multiple reporting for each of our funding streams. (\*INF)
5. Hold On Targets (performance management) for each team members three times a year. (\*INF)
6. Review and update policies as required with the Board. New policy including Equity, Diversity and Inclusion to be added this coming year. (\*INF)
7. Review and update the HR Manual as well as the Division’s hiring, onboarding and procedures manual. (\*INF)
8. Update the Division’s continuity plan regularly. (\*INF)
9. Implement and evaluate the new accounting system and coding within the Division. (\*INF)
10. Quarterly OH&S drills and walk-throughs of the office and surrounding spaces. Maintain an evacuation procedure and information for staff in the event of an emergency. Up to date policies and procedures with regards to OH&S, such as Violence in the Workplace. (\*INF)



## DEVELOP A VISION AND INFRASTRUCTURE, INCLUDING FUND RAISING, TO SUPPORT AND GROW EXISTING PRACTICES (E.G. EQUIPMENT, SHARED RESOURCES, STAFFING, WORK PLANS).

1. Host Annual General Meeting for members. (\*INF)
2. Succession planning and implementation for Board of Directors. (\*INF)
3. To review and update Division organizational chart over the coming fiscal to adapt with new vision on neighborhood development. (\*INF)
4. Plan and implement processes and protocols with regards to IT security and electronic stewardship to protect the Division from internal and external IT risks. IT Security Risk Assessment and Process Document. (\*INF)
5. Mitigate and solve tech issues that arise during the course of our day-to-day work, either internally or by working with our technology partners, maintain email and website domains and accesses, manage the Division storage and filing system (NAS) and implement and run different platforms in order to improve communication and efficiency within the organization. Including quarterly maintenance of staff laptops and purchase of new equipment as hired. (\*INF)
6. Implementation and Management of MS Teams and other organizational tools. (\*INF)



## Strategies and Implementation Tactics

### **Continue** to provide opportunities to share business related skills so members can develop work plans and support their practices.

## IDENTIFY AND COLLABORATE WITH COMMUNITY PARTNERS TO PROVIDE EDUCATION AND HANDS-ON TRAINING TO ENHANCE MEMBERSHIP BUSINESS RELATED SKILLS.

1. Collaborate with the Division membership to support and enhance the business operations of their practices with a focus on developing tools, best practices, and the sharing of resources. (\*INF)
2. Offer a series of educational and information related seminars based on feedback from the membership (e.g. financial literacy, business, succession planning) that align with the Practice and Neighbourhood Development. (\*EMPH)
3. To provide one-on-one business and communications supports and needs assessments to enhance practice efficacy. To align these services with specialists' outpatient practices as well. (\*RECRUIT)
4. To further develop the MOA network to better enhance the network of practices and to support practices. Including educational opportunities, evaluation reports, and summary reports. (\*EMPH)

## SURVEY MEMBERS TO DETERMINE BUSINESS RELATED SKILLS EDUCATION REQUIREMENTS.

1. Conduct needs assessments and business plans for practices, clinical networks, and specialist outpatient clinics. (\*EMPH)
2. Conduct journey mapping of practices or neighbourhoods to better understand strengths and gaps. (\*EMPH)
3. Identify and engage with investors to support community business development. (\*EMPH)



## Strategies and Implementation Tactics

**Support** practices through ongoing outreach into communities (e.g., Community Health Tables, Community Health Action Committee, and other member networks) to build resilience in changing times.

### FREQUENT AND REGULAR OUTREACH AND COMMUNICATIONS WITH COMMUNITIES TO UNDERSTAND NEEDS.

1. Maintain a regular communication and meeting schedule with community health tables and neighborhoods. (\*EMPH)

### CONTINUED DEVELOPMENT AND IMPLEMENTATION OF THE DIVISION'S EMERGENCY MANAGEMENT PROGRAM WITH MEMBERS AND PARTNERS.

1. Lead and support networking initiatives for emergency management work with our members, Interior Division Network, GPSC and other Divisions. (\*EMERG/EMPLAN)
2. Continue to work across neighborhoods in the development of practice continuity plans. (\*EMERG)
3. Connect communities with health system planning and implementation information via the Enabling Healthy Communities structure of funding, advocating, and facilitating. (\*EMERG)

## Glossary of Terms for Funding Streams

*Infrastructure .....	INF	*SC Palliative Care.....	ALCARE
*GPSC Long Term Care .....	LTC	*Shared Care Steering Committee .....	SCSC
*GPSC PCN .....	PCN	*SC Adult Mental Health .....	SCAMH
*GPSC Patient Attachment .....	PAS	*SC Cancer Care.....	CANCARE
*GPSC Emergency Plan.....	EMPLAN	*Royal Inland Foundation Maternity ...	RIHF
*GPSC Engaging PMH.....	EPMH	*SC Maternity Care.....	SCMAT
*GPSC Recruitment .....	RECRUIT	*SC Post Covid .....	PASC
*SC Emergency Preparedness .....	EMERG		



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