

2011

Annual Report



Richmond
Division of Family Practice
A GPSC initiative

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Leading the Way - Message from the Board of Directors



Dr. Jack Kliman
*Board Chair and
Physician Lead*

I am pleased to submit the Richmond Division of Family Practice inaugural year report. I would like to take this opportunity to look back at this first year and to look forward to the issues we will be working on behalf of our members in 2012.

The Division was formally incorporated as a non-profit society in December 2010. This was after many months of negotiation and planning between a founding group of family doctors in Richmond, the General Practice Services Committee, Vancouver Coastal Health Authority and the Ministry of Health. The formal agreement was captured in a document of intent.

All of the parties came together with the aim to improve the quality of primary care in Richmond, to find new ways to work together, and particularly to plan services collaboratively.

The founding group of doctors became the first board of directors who have steered the Division during this inaugural year and up until the first board elections that will take place early in 2012.

In March 2011 we engaged our coordinator, Betty Sinclair whose first task was to establish the systems and administrative infrastructure to operate the Division. This has enabled the Division to begin to manage its own funding starting in June 2011. Prior to that date, the provincial Divisions office operated the funding on our behalf.

One of our first challenges was to find all of the family doctors who work in Richmond. The estimate was that there were around 120 but no single, comprehensive list of practitioners existed and privacy legislation prevents one organization giving their membership list to another. Consequently, a number of organizations got in touch with their known contacts to announce a first member meeting for the Division in May 2011. To be as diligent as possible, we mailed a member-invite to all family doctors on the register of the College with a Richmond business address. As a result, we had 95 members join the Division by the end of December 2011.

I am proud that we have managed in a relatively short space of time to not only establish a whole new body that represents family doctors in Richmond, but also to have made a real start in establishing the

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mechanisms to work on problem-solving.

I am particularly proud that we have firmly established the principle that we work as a member-driven organization and that this means consulting with physicians in practice and finding out what they need to be successful. Just as importantly, we are now able to access their experience and wisdom as plans and services are developed for Richmond.

We have established a collective voice that has been missing for so long in Richmond and regardless of future funding we are now a formal entity with life and vitality. I would like to extend an invitation to all of my colleagues to participate in this rejuvenation of family practice. This can be through teaching residents, extending the hand of friendships to new doctors who arrive here, being a member of a working group or board committee, or offering to collaborate with others on coverage and on the other programs we develop.

In conclusion, I would like to thank all of you who have joined the Division to help it to get off to a really solid start.

BELOW - Learning about Division activities in November 2011.





ABOVE - Members get the opportunity to spend time with colleagues in November 2011.
 BELOW - Sorting out priorities and setting the agenda for the Richmond Division in November 2011.





Member Consultation

As a member-driven organization, the Division's first priority was to make contact with the membership and learn about the issues that impact their practice and the quality of care received by their patients. In May 2011, the first meeting was held and three major themes were identified.

These became the three C's of the Division's strategic plan:

- Coverage
- Communication with specialists
- Coordination of health services

To get a clearer picture of the issues, in September and October, the board met with members to drill further down into each of these issues.

Coverage - The challenges of finding locums was raised and discussed, together with what the Division could do to help with the practical things. This includes finding an online method of requesting and booking locum time, developing information for incoming doctors, and getting solo-practitioners together to discuss mutual coverage. The Division was also asked to look at on-call services to see if efficient and effective responses could be offered to members.

Communication with specialists – The Division also heard about the issues that patients and doctors face when there are lengthy wait-times for appointments, the challenge of exchanging information and the realities of the patient journey where these issues exist.

Coordination of health services –The challenges of daily practice when a patient requires care or help at home and practical issues and difficulties when patients are being transferred between services was also raised.

In addition to these key areas of focus, we wanted to find practical ways to support members and their practices and have begun to develop what we hope will be a suite of member-services. The first one established was finding a member-discount opportunity with the stationery supplier Staples and looking at finding savings for members who need confidential shredding services. The board is also actively working on establishing a made-for Richmond sharps collection service.



Key Division Initiatives

To tackle the major issues that members have raised, the Division is working on some key initiatives:

Collaborative Services Committee

A CSC has been established and will have its first meeting in January 2012. This committee is a formal partnership with representation from the board of the Division, the GPSC, and senior staff of the Vancouver Coastal Health. The CSC is a new initiative that provides a table where family practitioners can work with the partners to ensure strategic alignment, information sharing, and cooperation between in the development and implementation of innovative models of primary care patient services. All parties have agreed to use consensus building to reach decisions.

Coverage

We have established a board committee that is working on improvements that members have suggested. For example, names of locums are appearing in the members' e-letter, soloists will be meeting in February 2012 and a package is being developed to welcome new doctors to Richmond.

Shared Care

The board submitted a formal project proposal to the Shared Care Committee of the GPSC to enable the Division to work with our specialist colleagues. When this is formally approved, we will be working first with the orthopaedic specialists to collaboratively plan for improvements that can then generate action in other specialty fields.

Integrated Primary & Community Care

The Division's physician lead and other board members attend these meetings. This is a relatively new consultative table for looking at practical strategies and increasing collaborative planning between community care services and family practitioners.

Highlights

December 2010

The Richmond Division of Family Practice Society is incorporated

March 2011

Coordinator is contracted

May 2011

First member dinner meeting and 71 members join

June 2011

Division assumes the responsibility for managing its operating funds

August 2011

Monthly member e-letter established

September 2011

Members meet to explore the issues of coverage and membership grows to 91

October 2011

- Members meet to explore (1) coordination of health services and (2) communication with specialists
- Exploratory meeting held with orthopaedic specialists and the Division represented by Dr. David LI
- Drs. Hurwitz, Sigismund and Sourisseau develop a set of interim recommendations for the board on locum coverage

November 2011

- Division submits a Shared Care funding proposal – an 18 month project
- Division starts to work with the Richmond Society for Community Living on the feasibility of a social enterprise to collect sharps

December 2011

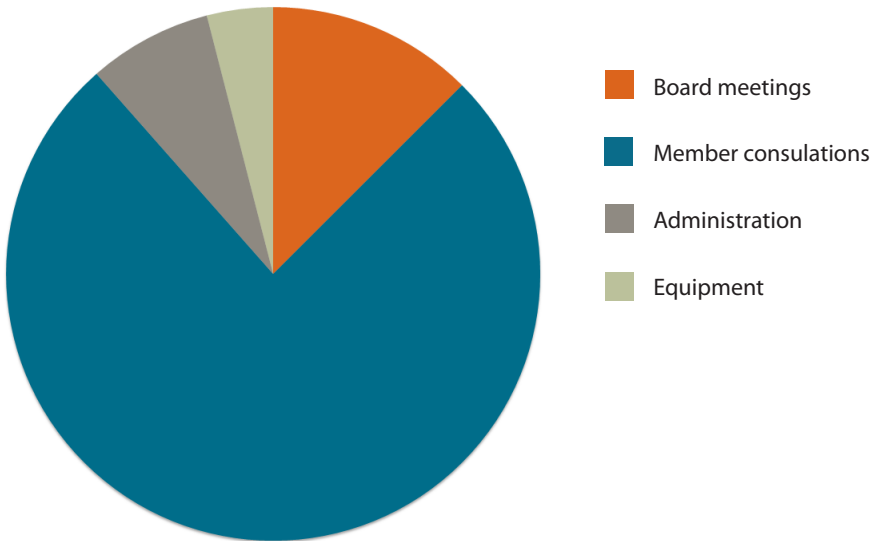
- board committee for coverage established under the leadership of Dr. Manoj Singhal
- Board learns that its Shared Care funding proposal has been successful
- Membership grows to 95

Financial Statement

The fiscal year end for the Richmond Division of Family Practice Society is March 31. At the year end March 31, 2011, the society was not administering its own funds. This report is an unaudited summary of the expenditure managed on behalf of the Division by the BCMA – Divisions of Family Practice from May 2010 to June 16, 2011.

EXPENDITURE

Board meetings	\$ 8,479.00
Member consultation events	\$ 51,340.00
Office, administration and human resources	\$ 5,025.00
Equipment purchased	\$ 2,644.00
TOTAL	\$ 67,448.00



Richmond Division of Family Practice

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2011 Board of Directors

Jack Kliman - *Chair and Physician Lead*

Scott Garrison - *Vice-chair*

Shiraz Aziz - *Secretary and Treasurer*

Wendy Amirault

Allan Horii

Michael Myckatyn

Coordinator

Betty Sinclair - *Contractor*

Photographs of the Georgia Strait area courtesy of:

Matilda Meyers

Page 6 - Steveston Wharf

PictureBC.com:

Cover - Richmond Olympic Oval

Page 2 - Steveston Historic Fishing Village

Page 8 - Scenic waterfront trails and the
blueberry farm.

Afsaneh Moradi

Page 4 and 5 - Member engagement
events.

The Divisions of Family Practice is sponsored by the
General Practice Services Committee, a joint committee of
the BC Ministry of Health and the BC Medical Association.

www.divisionsbc.ca/richmond