

# ALL CHAPTERS RETREAT: A VIEW FROM THE STARBOARD BOW

## SUMMARY REPORT



(Top Left) Dr. Milt Stevenson, Jaqui Van Zyl, Riley Gettens, Shelley Sim, Dr. Greg Costello, Linda Anderson, Cecilia Larson, Guangbin Yan, Diana Penney, Lena Hozaima, Angela Pounds, Dr. Erin Cusak, Dr. Don Sutherland, Dr. John Soles, Dr. Juliana Losier, Sarah Sandusky, Dr. Carrie Marshall, Leanne Mack, Kaitlyn Morrison, Helen Truran, Rhonda Elliott, Harpreet Kullar, Dr. Tracey Thorne, Rhonda Orobko, Dr. Erin Carlson, Dyan Dunsmoor-Farley, Carrera Teal.

## INTRODUCTION

Despite a blast of late February blast of winter for the Interior and South Coast, the Rural and Remote Division of Family Practice hosted a successful retreat on February 27th and 28th, 2023 for our Physician Leads, Board of Directors and staff team in Vancouver, on the traditional unceded territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Selílwitulh (Tsleil-Waututh) Nations. Snow prevented a handful of attendees from joining in person, but thankfully many were able to connect virtually. The Retreat was split over two days with particular focus on sharing successes, recruitment and retention, and networking. Enormous appreciation to George Jeffrey from Tsow-tun Le Lum for opening the Retreat with his poignant words, as well to Nola Jeffrey for beginning with a song.

# THE RISING TIDE: SHARING THE SUCCESSES FROM THE STARBOARD BOW

## Success Share #1: Bella Bella Orientation Website

Dr. Greg Costello and Rhonda Orobko (Chapter Coordinator, Bella Bella) shared a presentation about Bella Bella's recruitment and retention initiatives. Bella Bella is located within the Vancouver Coastal Health Authority and is serviced by eight physicians who provide a total of 4.67 FTE. Their recruitment and retention strategies are to:

- maintain comfortable housing,
- foster collegiality,
- encourage physician-led projects.

They have developed a recruitment website and an internal orientation website, as well as they've streamlined their communication via the messaging app *Slack*. Bella Bella physicians use *Slack* to communicate with each other, assign tasks, and set up alerts and notifications to keep everyone up-to-date. In 2020, a static PDF welcome package for new physicians was developed along with a physician orientation manual in 2021. This was printed and placed on a shelf and was difficult to keep up to date. In 2022, the team developed a Wikipedia-like orientation website using the *Confluence* platform. Videos on how to use medical equipment were also uploaded to YouTube and linked to the orientation guide. The website costs approximately \$1,000 per year and requires time and effort of a cohesive group of physicians working together to keep it updated. It is a living resource and allows contributors to provide updates on an ongoing basis. Funding for the site was a collaborative effort through the Division and the local Medical Staff Association (MSA). A skeleton of the site is in the process of being transferred to Bella Coola so they can set up their own version. Information about the site can also be shared with other interested communities.

For more information on the Bella Bella Orientation Website, contact Rhonda Orboko (Chapter Coordinator) at: [rorobko@rrdfp.ca](mailto:rorobko@rrdfp.ca).





## Success Share #2: Placemaking – Creating Community with Physicians (Clearwater)

Shelley Sim (Chapter Coordinator, Clearwater) presented on how to create community with local physicians. In 2021, Clearwater faced challenges with one local physician retiring and other physician contracts ending. The clinic ownership was being taken over from physician run to a local non-profit society.

Two new International Medical Graduate (IMG) physicians were set to arrive in late 2021 and support was needed to ensure a smooth transition despite all the changes. Hired in June 2021, Shelley was new in her role, but was able to leverage her contacts within the community. These physicians were provided with support and a touch point to navigate the community. This helped to create a sense of inclusion and integration into the community.



After their first year, an appreciation dinner was held for the physicians, which created space to have conversations and brought human connection to healthcare. The Mayor, Council members, MP and MLA were all invited. As restrictions from the pandemic eased and more social interaction was possible, physicians were included in community events, holiday parties and dances to make them feel included.

As of spring of 2022, another physician was joining the community. To ensure she felt welcome, Shelley organized a group of community members, including the Rotary Club and others, to help unload her moving truck and provide reassurance that she was welcome in the community. The term “placemaking” is about creating places people love and creating culture within community. It is people focused, inclusive and collaborative, visioning and practical.

The Clearwater Chapter is able to provide some support for physicians in rural communities, but sustainability of these services requires standardizing community supports and building systems that can be passed on even if someone leaves the community. The Health Authority and other local health associations play a role in placemaking and partnering with community groups such as schools, the Rotary Club, Mayor and Council members. As well, cultural orientation by community members is important to ensure success.

### Success Share #3: Providing Service in First Nations Communities (Long Beach)

Dr. Carrie Marshall and Brooke Wood (Chapter Coordinator, Long Beach) shared a presentation on providing service in First Nations communities. Long Beach has six physicians serving a population of approximately 6,500 people, in addition to seasonal visitors. Thirty-eight percent of their population is Indigenous and the Long Beach physician group provides service to Tofino, Ucluelet and four Indigenous communities.

There is extensive collaboration with the First Nations Health Authority (FNHA), with flexibility across clinics and providers. The First Nations Primary Care Initiative (FNPCI) provides sessional support for a physician to work in community. Relationship building with the Health Directors of each Nation took some time to develop. Having physicians show up when scheduled was important to building trust. Patient values and philosophy of care in these communities doesn't necessarily fit with current models in the healthcare system focused on attachment. There is a desire for flexibility in clinic location rather than attachment to one clinic. Support for care seeking patterns and privacy is important. These clinics operate under a variety of different payment models and some have more staffing support than others. Travel to these areas can also be challenging, for example:

- **Ahousaht** is accessible by boat only and has a team-based care clinic with Nuu-Chah-Nulth Tribal Council (NTC) nurses two to four days per week.
- **Ty Hystanis** is 16 km from Tofino and offers a weekly team-based care clinic each Tuesday with support staff from Tofino First Nation. They see 25 to 30 patients per clinic.
- **Hitacu** is 43 km from Tofino. They have two full-time nursing staff and the band provides patient transportation to the clinic for appointments.
- **Macoah** is 58 km from Tofino. They have a monthly team-based care clinic with 15 to 16 patients per clinic.
- The **Tonquin Clinic** is across from the Tofino hospital and is open five days per week with one to two physicians.
- The **Ucluelet Clinic** is open two days per week with one to two physicians. This clinic is partially supported by Vancouver Island Health Authority.

For more information on the Long Beach Chapter's experience, contact Brooke Wood (Chapter Coordinator) at: [bwood@rrdfp.ca](mailto:bwood@rrdfp.ca).



#### Success Share #4: Shared Care Collaborative Midwifery Model (Revelstoke)

Jennifer Brunelle (Chapter Coordinator, Revelstoke) presented on the Revelstoke Shared Care Collaborative Midwifery Model. Revelstoke has an interprofessional model of care with 80 to 100 births per year. Home births are not currently offered in Revelstoke and high-risk births are transferred to Vernon, Kelowna or Kamloops.

The Revelstoke Shared Care Collaborative Midwifery Model project began in 2019. Their strategy included surveys, in-person engagement, monthly working group meetings and improvement initiatives. Approximately 200 patients were engaged and provider feedback was received. Through the project a four-session prenatal series was developed. The goal was to provide patients with a connection point to their peers. The emergence of COVID-19 forced the transition to online sessions, but ultimately it was found that virtual sessions worked best, exemplified by high engagement and improved patient care. Physicians were able to bill MSP for a group visit.

Challenges with the project included engaging patient partners, limited in-person engagement due to COVID-19 and rural maternity sustainability funding and capacity issues. Good feedback was received on the current model of care, but it was difficult to evaluate the changes over time as respondents were no longer pregnant at the end of the project. Advocacy from patients did change some physician ideas, but managing patient expectations was difficult as understanding of the system can be a challenge.

For more information about this project contact, Jennifer Brunelle (Chapter Coordinator) at: [jbrunelle@rrdfp.ca](mailto:jbrunelle@rrdfp.ca).





## Success Share #5: Developing a Maternity Pathway (North Vancouver Island)

Carrera Teal (Chapter Coordinator, North Vancouver Island) spoke about developing a maternity pathway through a Shared Care Maternity Project. Birthing options on North Vancouver Island were not previously available. In 2009 an Aboriginal Midwifery Demonstration Project developed, followed by a Shared Care Maternity Project 10 years later, which addressed culturally safe care close to home. The project began with working group meetings and a data review. In 2020, this project was put on hold due to COVID-19, and in 2021-2022 they were able to re-engage and bring in a consultant for review and process mapping. They decided on a model, developed pathways and established a Steering Committee.

The project was successful in establishing an interprofessional team and development of a local on call pathway. Open communication with regular meetings and inclusive engagement, greater cultural safety engagement and a perinatal working group contributed to their success. Challenges were also identified including:

- Patient flow and the different stages of pregnancy.
- Staff and provider turnover and capacity.
- Space for births in hospital.
- Diversions due to hospital closures.
- Patient transport (currently takes approximately two hours).
- Recruitment of Midwives (three contracts are available, but recruitment is difficult).
- Lack of ultrasound and lab technicians.

Key learnings included practicing active listening, learning scope of practice, understanding perspectives, showing respect, and having safe space for dialogue. Birth is a sacred celebration and having a birth close to home is important.

In late January this year, the Ministry of Health announced \$30 million in one-time capital and ongoing operating funding to North Island. The Rural Coordination Centre of BC's Sustainable Communities Program brought together a variety of partners and they created a shared vision of what maternity care looks like. Key themes were identified which likely contributed to this funding.

For more information about this project, contact Carrera Teal (Chapter Coordinator) at: [cteal@rrdfp.ca](mailto:cteal@rrdfp.ca).



# RECRUITMENT, RETENTION AND RETIREMENT

## A Personal Story: Dr. Chibuikem Ofobgu

Dr. Chi provided a reflection on his journey to practicing in rural B.C. and being involved in the Practice Ready Assessment (PRA-BC) program. As an International Medical Graduate (IMG) from Nigeria, Dr. Chi first arrived in Saskatchewan where he wrote a licensing exam. The immigration process took longer than expected and he returned to Nigeria before returning again to Canada at the end of 2019. He wrote another exam and then applied to work in B.C. PRA-BC called him with a potential community, but his wife who is also a physician was unable to come to B.C. and is currently living in Manitoba with their three children.



Dr. Chibuikem Ofobgu

When Dr. Chi arrived in Clearwater, he was new to the country and new to the medical system in Canada. He was not familiar with the Division of Family Practice and what they do. Dr. Chi connected with Shelley Sim (Chapter Coordinator, Clearwater) and she assisted with his accommodations. There was an orientation period at the clinic, but no mention of the Electronic Medical Records (EMR) system before he arrived. Dr. Chi had never worked with an EMR system or Med Access before and he arrived to find 40 patients and 1,000 EMR tasks he was required to complete.

Dr. Chi shared some of the learnings from his experience that could help assist other physicians transition into a new community:

- Provide a soft landing and ensure the transition goes smoothly.
- Provide assistance with documentation.
- Improve the orientation process and have one to two physicians available to answer questions.
- Ensure new physicians know about the Division of Family Practice and what they do. Make efforts to demonstrate the difference between the Division and the Health Authority.
- Provide EMR training and have a physician who uses the EMR everyday show them how to use the EMR.
- IMGs who bond with others are more likely to stay in a community.

# RECRUITMENT, RETENTION AND RETIREMENT

## A Personal Story: Dr. Memoona Akram

Dr. Akram moved to Saskatchewan nine years ago and wrote the Canadian exams, but wasn't able to practice medicine in Canada. She eventually travelled back to Pakistan to continue working in her profession then started practicing in Saudi Arabia. Her children were born in Canada, so she decided to return for her children to continue their education in Canada. She applied again for a medical license, but needed to upgrade her exams. Eventually she was accepted through the PRA-BC program and received her package just before the start of the COVID-19 pandemic.



Lillooet

Originally, she had applied to work in Duncan, but found out she was matched for Lillooet instead. This came as a surprise as she and her husband had been looking into housing, jobs and schools in Duncan. Her family is currently living in Duncan, while she is working in Lillooet. The PRA matching process allows candidates to grade each community, but the other criteria that determines placement is unknown.



## Interior Physician Recruitment and Retention (IPRR)

Dr. Mitt Stevenson, Jacqui Van Zyl, and Riley Gettens shared a presentation about the Interior Physician Recruitment and Retention (IPRR) network. The IPRR network was formed in May 2019 and is funded by the Family Practice Services Committee (FPSC), under the Interior Division Network (IDN) umbrella. This network encompasses eight Divisions of Family Practice which liaises with Interior Health, the Ministry of Health and the FPSC. The goal of the IPRR is to enhance recruitment, improve practice coverage strategies, improve access to recruitment and retention information and resources and enhance engagement of medical students and family medicine residents. Some of their initial projects include:

- Rural Emergency Room (ER) rapid deployment call list.
- UBC International Medical Graduate (IMG) project.
- Practice Ready Assessment (PRA-BC) IMG project.
- Out of Province Resident program.
- Regional Locum program.
- IPRR Network Development.

In 2021 there was no funding for recruitment efforts and most Divisions could not afford to allocate funds to recruitment. By 2022-2023 regional funding of \$750,000 and local physician funding of \$1.75M was allocated to Divisions from FPSC. To access this funding, at least three Divisions needed to work together. Riley offered to share the funding model and more detailed information with the group.



# RECRUITMENT, RETENTION AND RETIREMENT

With the PRA-BC program about to triple in size they are struggling to find assessors in smaller communities. Medical students are often not sure what the Division of Family Practice is or what they do, but having a central connection and someone on the ground in a community is important. These individuals can assist candidates who are looking at more than one community to make sure the placement is the right fit. There is also value in having a strong physician voice and a knowledge broker to keep momentum and conversations going, develop partnerships and build relationships. With more physician involvement and lead generation, they are seeing greater success. A provincial network of recruiters can also help spread learnings to other Health Authorities.

A new regional network is needed to support and build connections. Physician Leads can advocate for their community as they have an understanding of what a community needs and are able to speak up on behalf of the region. Having regional committees can also help to get things done and provide presence at monthly meetings. The Rural and Remote Division is unique in our structure and how we interact with these regional committees. It may be worth exploring other funding streams to support this work provincially.

The UBC IMG program has 52 family medical positions and six general practices. The program partners include Ministry of Health, Interior Health, Interior Divisions Network and IPRR. There is a transparent process for Interior Divisions to influence where IMGs go, but there are more clinic options than IMGs. The IPRR began a pilot project in 2021 to allocate one IMG per Division. Unfortunately, the clinics who requested an IMG and the 1:1 matches allocated two IMGs to the same Division. They are now looking at other options such as having the IMG choose a community first, but not a clinic. IMGs desire more autonomy and retention is a challenge. Having a regional point person who can coach IMGs or meetings with physician's who have IMGs in their clinics would be helpful. The Ministry of Health, UBC and many others are working to improve the IMG program with providing equal access and the same information at the same time.



(L to R) Dr. John Soles, Dr. Milt Stevenson, Riley Gettens, Jacqui Van Zyl, Shelley Sim and Sarah Sandusky

# ATTENDEES

Dr. Tracey Thorne  
Dr. Erin Carlson  
Dr. Donald Sutherland  
Dyan Dunsmoor-Farley  
Nola Jeffrey  
Dr. Liz Whynot  
Lena Hozaima  
Guangbin Yan  
Dr. John Soles  
Dr. Carrie Marshall  
Dr. Erin Cusack  
Dr. Greg Costello  
Dr. Juliana Losier  
Dr. Chibuike Ofoegbu  
Dr. Memoona Akram  
Leanne Mack  
Harpreet Kullar  
Helen Truran  
Katherine Brown  
Angela Pounds  
Brooke Wood  
Carrera Teal  
Rhonda Elliott  
Rhonda Orobko  
Jennifer Brunelle  
Sarah Sandusky  
Shelley Sim  
Cecilia Larson  
Diana Penney  
Kaitlyn Morrison  
Linda Andersson

## Guests:

Dr. Mitt Stevenson  
Jacqui Van Zyl  
Riley Gettens

Regional Physician Lead, Division Board Member  
Division Board Member  
Division Board Member  
Division Board Member  
Division Board Member  
Division Board Member  
Division Board Sub-Committee Member  
Division Board Sub-Committee Member  
Regional Physician Lead, Interior  
Chapter Physician Lead, Long Beach  
Chapter Physician Lead, Gabriola Island  
Bella Bella Physician  
Mayne Island Physician  
Chapter Physician Lead, Clearwater  
Physician Lead, Lillooet  
Executive Director  
Operations Coordinator  
Regional Manager, Vancouver Island & Coastal  
Interim Interior Regional Manager  
Chapter Coordinator, Gabriola Island  
Chapter Coordinator, Long Beach  
Chapter Coordinator, North Vancouver Island  
Chapter Coordinator, Bella Coola  
Chapter Coordinator, Bella Bella  
Chapter Coordinator, Revelstoke  
Chapter Coordinator, Merritt  
Chapter Coordinator, Clearwater  
Northern Region Recruitment and Retention Coordinator  
Chapter Coordinator, Fort Nelson  
Chapter Coordinator, Hazelton  
Documentation Coordinator

Co-Chair, Interior Physician Recruitment and Retention  
Co-Chair, Interior Physician Recruitment and Retention  
Knowledge Broker, Interior Physician Recruitment and Retention



(L to R) Dr. Greg Costello, Dr. Juliana Losier, Dyan Dunsmoor Farley, Guangbin Yan and Kaitlyn Morrison

# RETREAT FEEDBACK AND EVALUATION

An informal evaluation was conducted following the All Chapters Retreat, with participants invited to provide input on various components of the two-day event. The following two pages include quotes from participants as well as two figures illustrating the quality and utility of the retreat (n = 9 total respondents). Sincere appreciation to those who provided input, as well as to all those in attendance - in-person and virtually.

## WHAT WAS YOUR HIGHLIGHT FROM THE RETREAT?

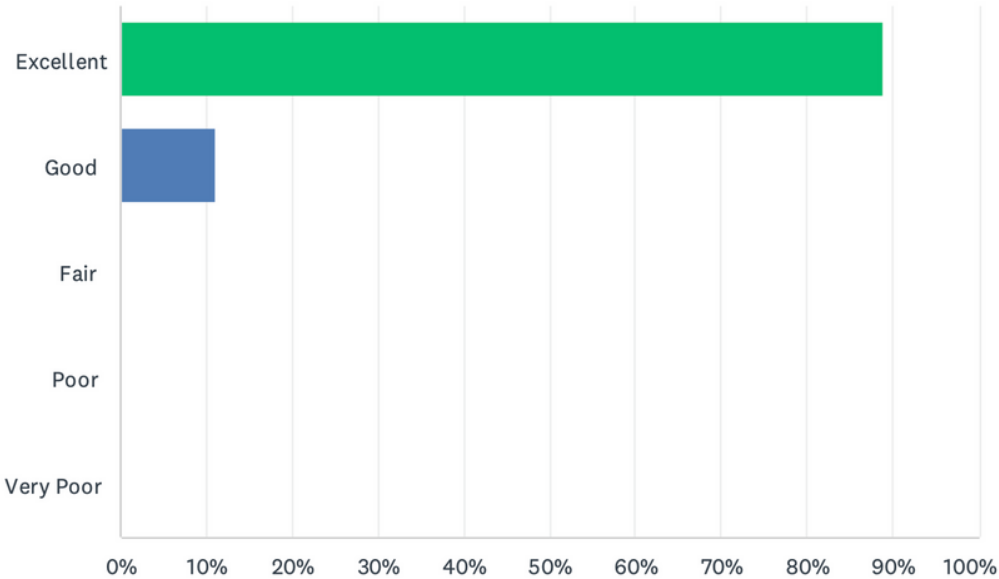
I really appreciated the format with two half days. It allowed lots of time for everyone to connect and get to know each other better.

Really appreciated all of the presentations, lots of learning and insights. Highlights included the opening with George, who gives a new perspective; and Nola's song. The personal touch this meeting had: the stories of Dr. Chi and Akram. These are such important stories to hear.



(L to R) Dyan Dunsmoor Farley, Dr. Erin Cusak, Linda Andersson and Lena Hozaima

## RATE YOUR OVERALL EXPERIENCE AT THE RETREAT?



(L to R) Rhonda Orobko and Carrera Teal



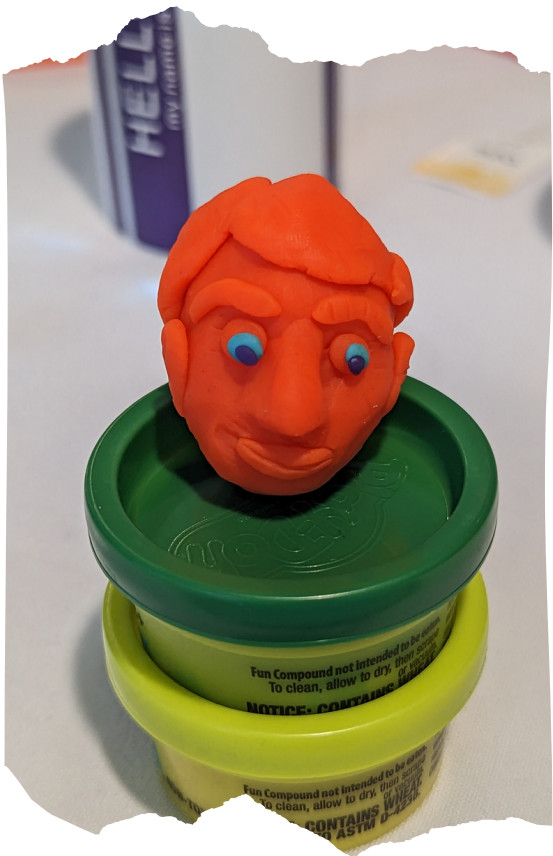
# RETREAT FEEDBACK AND EVALUATION

## WHAT WERE YOUR BIG TAKEAWAYS FROM THE RETREAT?

All the presentations provided so many great ideas and I look forward to connecting with Chapter Physician members to discuss these ideas and how they can fit within our Chapter.



(L to R) Dr. Tracey Thorne, Carrera Teal, Cecilia Larson, Diana Penney, Shelley Sim, Linda Andersson, Helen Truran and Harpreet Kullar



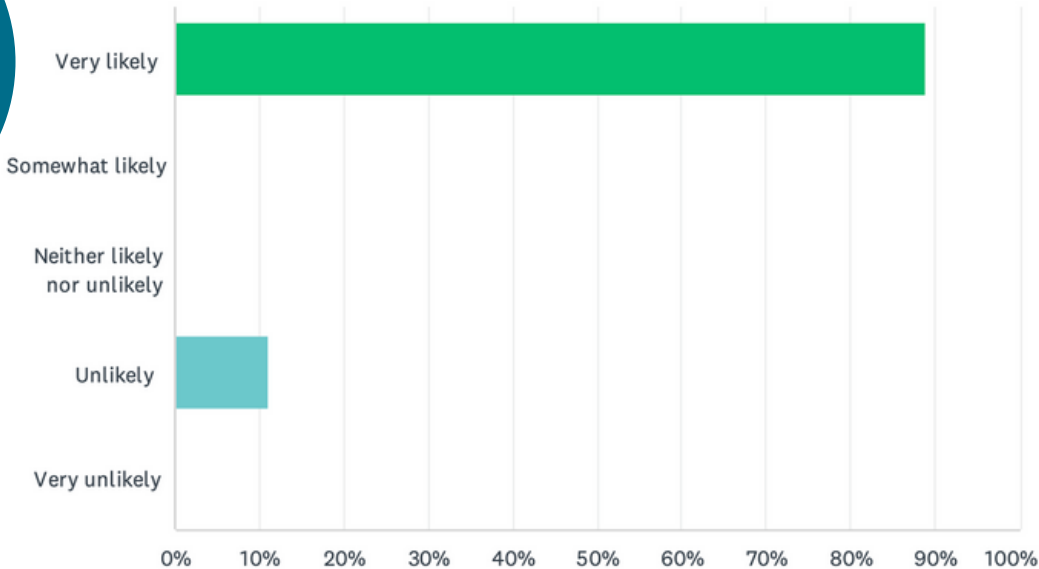
Art piece by Dr. Erin Cusack

Seeing the unique challenges and interesting strategies that each community came up with. Particularly how some communities challenged conventional thinking about what would work.



Linda Andersson

## HOW LIKELY ARE YOU TO APPLY WHAT YOU LEARNED TO THE WORK IN YOUR COMMUNITY?



# LAND ACKNOWLEDGEMENTS

The Rural and Remote Division of Family Practice acknowledges the importance of the lands, which we each call home. We do this to reaffirm our commitment and responsibility in improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures.

- The **Bella Bella Chapter** is grateful to live and work within the unceded, traditional and ancestral territories of the Heiltsuk and Kitasoo/Xiaoxia's Nations.
- The **Bella Coola Chapter** is situated on the traditional and unceded territory of the Nuxalk Nation.
- The **Clearwater Chapter** is situated on the traditional and unceded territory of the Simpcw people, of the Secwepemc Nation.
- The **Gabriola Chapter** is in the traditional territory of the Snuneymuxw First Nation.
- The **Fort Nelson Chapter** would like to acknowledge that the ancestral lands that we have the privilege of gathering on is in Treaty 8 Territory; and more specifically, the traditional lands of the Dene and Cree people of Fort Nelson First Nation.
- The **Ashcroft, Lillooet and Lytton Chapter** is situated on the traditional and unceded territory of the Northern St'at'imc and Nlaka'pamux Nations.
- The **Merritt Chapter** is honoured to live, work and recreate on the traditional, unceded territories of the Nlaka'pamux and Syilx Nations.
- The **North Vancouver Island Chapter** is grateful to live and work on the unceded and traditional territory of the Kwakwaka'wakw, Tlat'lasikwala, Kwikwasut'inuxw Haxwa'mis, Kwagu'l, Gwawae'nuxw, Gwa't'sinuxw, Da'naxda'xw, Dzawada'enuxw, and Namgis peoples.
- The **Pemberton Chapter** is situated on the traditional and unceded territories of the St'at'imx(Lil'wat, N'Quatqua, Samahquam, Skatin and Xa'xtsa (Douglas) First Nation) and Skwxwui7mesh (Squamish) Nations.
- The **Revelstoke Chapter** is situated on the traditional and unceded Sinixt, Ktuanaxa, Swepemec and Sylix Nations.
- The **Salt Spring Island Chapter** is grateful to live and work on the unceded and traditional territory of the Hul'qumi'num and SENĆOŦEN speaking peoples.
- **Hazelton Chapter** members are based at Wrinch Memorial Hospital in Hazelton BC, situated on the unceded traditional territory of the Gitxsan Nation.
- The **Long Beach Chapter** acknowledges the territories of Hesquiaht First Nation, Tla-o-qui-aht First Nations, Toquaht Nation, Ahousaht, and Yuułu?it̓ath̓ in the spirit of truth, healing and reconciliation.