



Annual Report



South Island

Division of Family Practice

A GPSC initiative

Vision Statement

Empowered family physicians engaged in meaningful change to health care delivery resulting in improved health, well-being and satisfaction for physicians and patients.

Mission Statement

The South Island Division of Family Practice is a not for profit society led by and for family physicians practicing in the South Vancouver Island and area. The Division provides strategic leadership that shifts cultures and systems to:

- improve patient care delivery
- improve physician satisfaction and well-being.



Message from the Board Chair and Vice-Chair



Dr. Andrea Lewis
Board Chair

The past year has been very active for the South Island Division, as you will see from the Year in Review highlights provided later in this annual report. We have engaged many more members in the work and activities of the Division, and through the Partners in Care (PiC) program that is funded through the provincial Shared Care Committee.

While the South Island is the lead Division for PiC, we collaborate closely with the Victoria Division as the events, initiatives and projects that come under PiC are of value and importance to all family physicians in the Greater Victoria area. The Victoria Division, Specialists and the Vancouver Island Health Authority are represented on the PiC Steering Committee to ensure an effective collaborative process.

Earlier this year we consulted with members regarding engaging in A GP For Me initiatives. The first step of this initiative is to secure planning and assessment funding so we can clearly identify key areas and strategies where the Division and its' members can develop initiatives to improve access to primary care. The Division's intent is to identify and develop approaches to attach patients to a 'medical home' and to help develop and sustain capacity both in the broader health system and within individual practices.

Three working groups were formed to look at areas that Division members identified in a members' survey as being of most importance to family physicians in our area.

These include:

- Physician Recruitment, Retention, Succession Planning and Retirement;
- New Models/Concepts for Primary Health Care Centres; and
- Physician Health and Wellness

The work undertaken by these groups will help inform the planning and strategies as part of A GP For Me initiatives over the coming year and we are committed to ensuring ongoing communications with and engagement of Division members as our work progresses.

The Division continues to work on EMR and information technology issues through our EMR-IT group in partnership with the Physician Information Technology Office including the development of communities of practice as a way of addressing the needs of EMR users through peer-based support and supporting those who are transitioning from paper records.

The Division and our PiC program hosted a number of very successful events and learning activities throughout the year and we have been pleased to see increasing interest and participation from our members, from specialist physicians and our partner agencies.

The Board encourages active engagement of members and in considering leadership opportunities through the Board, committees, working groups and other initiatives. It is important to support and encourage continuous leadership renewal to ensure we have a vital organization for the future.

Thank you to all those who have helped support the work of the Division throughout the year, whether you were actively participating on a committee or working group or attending one of our learning and engagement events. We look forward to meeting and seeing more of you over the coming year.

Executive Director's Report

I have had the great privilege and opportunity to meet and work with more members of the Division over the past year and to welcome 20 new members to the Division. At almost 150 members, we are very close to 100% membership.

Our Partners in Care (PiC) program also came into full force over the past year and my role as Chair of the PiC Steering Committee has afforded me an exceptional opportunity to learn and appreciate the critical importance of supporting effective, collegial relationships between family physicians and specialists. I also had the privilege of representing the Division on the maternity clinic project steering committee over the past year and will continue in this role over the coming year. The maternity steering committee also includes physician representation from the Division.



Andrew Hume
Executive Director

PiC has also provided an opportunity to demonstrate the value of collaborative partnerships with our neighbouring Victoria Division, specialist physicians and the Vancouver Island Health Authority. In particular, initiatives with orthopaedic specialists have led to improved patient referral processes and new professional and collegial relations with family physicians. A series of educational workshops planned and hosted between PiC and the orthopaedics group were over-subscribed and we are now working on a new series for the coming year. In addition, the Fishing for Pearls session in May attended by almost 100 FPs and specialists sharing their 'pearls of wisdom' was hugely successful.

We are embarking on major new initiatives over the coming months designed to identify strategies to improve access to primary care and increase the capacity of family medicine. These initiatives will be funded through A GP For Me. Through our A GP For Me Committee, we are seeking funding to support a planning and assessment process that will be undertaken over the balance of the fiscal year. This process (subject to funding being secured) will provide the essential research and analysis we will need to ensure that any activities or initiatives undertaken will have a likelihood of success.

When we talk about "increasing capacity" for family medicine, it is not just about recruiting new doctors and retaining the ones we have. It also relates to helping physicians improve the efficiencies in their practices – whether through technologies or processes – improving the overall work environment and work experience such as through shared care or new models of primary care delivery, and in finding creative new ways to provide practice coverage to support a healthier work-life balance.

These ideas and solutions need to come from and engage Division members. Your Division can provide the staffing and resources to ensure effective and appropriate research, analysis and planning support, but the process really must be physician driven and directed.

For the year ahead, with the growth of work and activity through the Division, our PiC program and the emerging A GP For Me work in addition to various committees and working groups, we will be looking for a "home" for the Division with office space that can better support the current and future needs of the organization and the staff who provide the glue in getting things done.

I look forward to continuing to provide support to Division members and our many programs and initiatives in the year ahead. Your feedback is always welcome to help us improve how we support our members and how we communicate about the work of the Division.

Year in Review

October 2012

- Organized a physician roundtable to gauge the interest of Peninsula family physicians in the creation of a primary health care centre
- Hosted the Partners in Care Occupy Orthopaedics educational workshop on navigating “patients and their knees through the system”
- Hosted an MOA appreciation event, through which MOAs were able to network and discuss barriers, motivators and benefits of EMRs
- Participated in an inter-Divisional Collaborative Services Committee (CSC) meeting with all Division CSCs on Vancouver Island

November 2012

- Held the second Annual General Meeting

December 2012

- Became accredited to issue CME Mainpro-M1 credits for educational/learning events
- Appointments to the Division Board: Chair: Dr. Andrea Lewis; Vice-Chair: Dr. Robin Saunders; Secretary-Treasurer: Dr. Elizabeth Rhoades; Members at Large: Dr. Jeff Pocock, Dr. George Wray, and Dr. Michele Fretz

January 2013

- Hosted an information session in partnership with the Physician Information Technology Office on EMRs, including making the best choices and getting the most out of EMRs
- Participated on a provincial working group on physician recruitment and retention

February 2013

- Hosted the first of two Teledermatology workshops in partnership with Shared Care for physicians wanting to learn about Consult Derm and accessing specialist consults quickly and efficiently
- Hosted the second Occupy Orthopaedics workshop in partnership with RebalanceMD
- Organized one of two physician practice resource manual information sessions to help physicians learn about the benefits and implementation of the manual
- Hosted a Partners in Care MOA event to promote knowledge development and networking
- Participated in an Inter-divisional CSC meeting

March 2013

- Hosted the second Teledermatology workshop.
- Hosted the third Occupy Orthopaedics workshop in partnership with RebalanceMD
- Held the second physician practice resource manual information session
- Organized a recruitment and retention discussion group with family physicians as part of a provincial Division strategy aimed at identifying and developing tools for physicians seeking practice coverage and participated on the Provincial working group on physician recruitment and retention
- Participated in a mental health and addiction services planning day with VIHA

Year in Review

April 2013

- Hosted the fourth Occupy Orthopaedics workshop at RebalanceMD
- Held a GP for Me physician engagement session to provide an overview of the new billing fee codes and discuss ideas and opportunities for the Division to access community funding

May 2013

- Organized the second annual Partners in Care Engagement Event, which brought together specialists and family physicians to share knowledge, information and practice pearls
- Held half-day maternity clinic event for maternity care providers to learn about the progress of the maternity clinic project and seek feedback from participants
- Participated in a Shared Learning day with VIHA and other VI Divisions
- Established a multi-stakeholder working group to develop strategies to support an in-patient care (doctor-of-the-day) program at Saanich Peninsula Hospital
- Piloted and jointly sponsored with other VI Divisions a learning day hosted by the Nanaimo Division for first and second year medical residents on “The business of being in practice”
- Established working groups (see message from the Board Chair) to develop strategies to support Division members and to inform the work of A GP For Me committee

June 2013

- Partners in Care struck a new Neurology working group with five neurologists and five family physicians
- Partners in Care organized an MOA working group with fifteen MOAs
- Participated in a 3-day provincial roundtable with 31 Divisions and other key stakeholders

August 2013

- Developed a Partners in Care Phase 2 program design and funding request
- Developed A GP For Me Phase 1 funding proposal

September 2013

- Hosted an evening workshop with the Division Board, physician working groups and GP for Me committee to share knowledge and create strategic linkages between the groups and to support the A GP For Me Phase 1 planning and assessment funding proposal

Physician Engagement Events 2012/13

Activity Highlights



Dr. Michele Fretz
Family Physician Lead
Partners in Care

PARTNERS IN CARE

Funded by the Joint BCMA/Ministry of Health, Shared Care Committee
Program Lead, Darlene Letendre

The goals of the Partners in Care (PiC) program are to create an environment that encourages and supports rebuilding of the critical relationship between family physicians and specialists and to foster collaborative partnerships with key stakeholders. The desired outcome is improved patient care and increased professional satisfaction.

Over the past year, the focus has been on creating opportunities to bring family physicians and specialists together in new ways to foster collegial relations and collaboratively identify solutions to improve the patient's journey between and through primary and specialty care.

The commitment to strengthening the collegial relationship between family physicians and specialists, practice re-design to improve the referral/consultation process and forging new partnerships requires a shift in thinking, changes to practices and a significant amount of patience, time and energy on everyone's part. Results to-date show the investment is definitely worthwhile.

Guiding the program's work is a dedicated, passionate and committed multi-stakeholder Steering Committee. This governing committee includes family physician representation and the Executive Directors from both Divisions, specialists, the Vancouver Island Health Authority and the Shared Care Committee.

Successes achieved over the past year are the direct result of the level of engagement of the many family physicians from both Divisions and the specialists who have either championed or participated in the various events, surveys, working groups, educational workshops and trials of new forms and processes.

Highlights of key physician engagement initiatives:

Orthopaedic Partnership:

A working group of five family physicians, two Orthopaedic specialists and one MOA was established in April, 2012 to collaborate with the local Orthopaedic group as they developed their interdisciplinary musculoskeletal clinic and the Single Entry Referral/First Available Appropriate Specialists Triage (FAAST) system. This collaboration resulted in the development of forms, materials and processes such as:

- Standardized referral & triage form
- Referral acknowledgement and appointment confirmation processes
- Medical imaging guidelines
- Surgeon and Physician directory



2nd Annual FP/SP Engagement event



*Dr. James Stone, Orthopaedic Surgeon
Workshop on Knees*

Physician Engagement Events 2012/13

Activity Highlights

In June 2012, a trial of the new referral process along with the new forms started with 15 offices and by April, 2013 over 50 percent of referrals were selecting the FAAST model. Based on positive feedback, in June, 2013 the new referral system was made available to all family physicians.

As a joint priority, PiC provided funding as well as organizational and administrative support for four CME accredited workshops. Ninety-five percent of the 133 family physicians who attended these workshops gave the sessions a high satisfaction ranking.

Gastroenterology Partnership:

A working group of 10 (now eight) family physicians, a designated specialist lead representing the 10 local Gastroenterology group and one MOA was established in June, 2012. The key focus has been the development of a virtual Central Referral Access & Triage model that provides family physicians with:

- A single entry point for referrals
- A standardized referral form to assist in triaging patients more accurately
- Definitions of the various levels of urgency
- Target timelines for referral acknowledgements and appointment confirmation.

Ninety-five physicians responded to a satisfaction survey of both Divisions' members that was conducted concurrently regarding implementation of a pilot of the new referral system. The survey results showed the following:

- 64% rated access to urgent care as satisfactory or higher
- 26% rated access to semi-urgent care as satisfactory or higher
- 4% rated access to routine care as satisfactory or higher

Since mid-October 2012, 43 family physicians have been piloting this new referral system. A phased launch of this new referral system is planned for early fall.

Neurology Partnership:

A working group of five family physicians, five Neurologists and two MOAs was established in June, 2013. Although only two meetings have been held, the initial focus is on improving communications and developing knowledge transfer opportunities. Potential initiatives are:

- Develop a neurology practice summary directory
- Develop and conduct an FP survey
- Develop guidelines to support the referral process
- Identify topics and hold knowledge transfer sessions

FAMILY PHYSICIAN/SPECIALIST ENGAGEMENT EVENT Fishing for Pearls

In May, 2013, PiC hosted its second annual FP/SP engagement event. Eighty-eight family physicians, specialists and guests attended. The event theme was designed by specialists for family physicians. The *Fishing for Pearls - What you didn't learn in medical school* segment involved 12 specialists from various specialties. Split into two groups, each specialist rotated among six tables of up to seven family physicians sharing their practice pearls. A total of 65 individual pearls were shared.



*Dr. Justin Shah, Gastroenterologist
Sharing his practice pearls*

This event received that highest rating of all events to-date.

Physician Engagement Events 2012/13

Activity Highlights

Supporting Initiatives:

To ensure solutions developed to improve the referral/consultation processes and information flows meet the needs of patients, the program partnered with the Patient Voices Network. A patient focus group was held to better understand what the patient viewed as problem areas requiring improvement. The knowledge gained from this group provided the groundwork for the development of a patient engagement strategy and toolkit.

Additionally, as the medical office assistant (MOA) is a key stakeholder in the design and implementation of solutions, a MOA Working Group has been established. The Working Group consists of 15 MOAs from both Divisions, the current specialty partnership, Practice Support Program and the local chapter of the Medical Office Assistant Association.

Expansion of Partners in Care program:

With the completion of phase one activities around the corner, the Steering Committee and the Board has endorsed a proposal for an expansion of the program. Subject to funding approval through the Shared Care Committee, the following key initiatives have been identified:

- Continue with new projects identified by Orthopaedic working group
- Implement a phased expansion of the new GI central referral and triage system to all family physicians
- Continue the recently formed Neurology and MOA working groups
- Expand the number of specialty-specific partnerships to include Cardiology and Plastic Surgery
- Conduct a comprehensive review of VIHA's Internal Medicine telephone advice line to determine requirements for expansion
- Establish a FP/SP Advisory Committee to identify practical strategies to address the lack of a formal communication infrastructure between family physicians and the various specialty groups

MATERNITY CLINIC

A multi-stakeholder maternity clinic project steering committee was established and met monthly. The steering committee includes physician and executive representation for the South Island Division, midwifery, VIHA, obstetrics and the Island Medical Program.

The collaborative planning process involves maternity family physicians, midwives, specialists, VIHA, the Island Medical Program, doulas and consultations with patients. The new clinic (scheduled for opening at Victoria General Hospital in late fall 2014) will be based on a model with physicians and midwives working in an interdisciplinary model, where midwives and family physicians will share the delivery of each woman's care. Both the individual model of care and the group care model of primary maternity care that brings 8-12 women of similar gestational age together with care providers 10 times throughout their pregnancy for approximately two hours will be offered at the clinic.

A project planning group continued to meet weekly and two working groups were created on compensation and governance/management.

In May a half-day multi-stakeholder workshop on the new maternity clinic was held to present a comprehensive project update and to get feedback from all stakeholders including:



Physician Engagement Events 2012/13

Activity Highlights

- **Compensation:** Building on models in use at the South Surrey Connecting Pregnancy Clinic and Jim Pattison Birthing Centre, a framework was identified that blends GP and Midwife billing.
- **Governance and management:** Leaning toward a co-governance model that would see equal participation of a GP, Midwife and clinic manager in a shared decision-making team. A multi-stakeholder steering committee will remain in place for the first year of operation of the clinic to provide governance oversight.
- **Service design:** Building on the 'Connecting Pregnancy' model that incorporates a shared care approach (GPs & Midwives) and group visits with a wide range of service providers including: physicians; midwives; nutritionists; doulas; lactation consultant; RNs and others.

GP FOR ME COMMITTEE

With the April 1st, 2013 launch of the GP for Me initiative, the Division struck a GP for Me committee in June. The initiative was undertaken based on interest, feedback and direction from Division members who attended an information and planning session in April.

The aim of A GP For Me is to strengthen the health care system by helping orphaned patients find family doctors and supporting the relationship between patients and family doctors. The Committee's purpose is to provide oversight and leadership to the Division's participation in A GP for Me. The Committee has the following goals:

1. To maximize the potential for success of this initiative through a collaborative, coordinated, and strategic implementation.
2. To build a foundation that enables ongoing improvement activities that has the greatest likelihood of sustainability into the future.
3. To develop and implement strategies at a community level to:
 - confirm and strengthen the GP-patient continuous relationship – including better support for the needs of vulnerable patients,
 - enable patients that want a family doctor to find a medical home, and
 - increase capacity of the primary health care system, by improving local primary care access.

The GP For Me committee is charged with the development of a proposal to secure funding for planning and assessment, a phase that will continue to the end of March leading to an implementation plan in 2014.



Helen Truran
Program Lead
GP for Me



A GP For Committee
L-R: Alicia Power; Jenn Tranmer; Elizabeth Rhoades;
Tom Bailey (Physician Lead); Cheryl Cuddeford

Physician Engagement Events 2012/13

Activity Highlights

PHYSICIAN WORKING GROUPS

Physician member engagement continues to be a Division priority. In April, the Division invited members to participate in an online survey to identify key priorities and initiatives that reflect the needs of members. Three working groups were established based on members' top areas of interest in the engagement survey:

1. **Physician Recruitment and Retention, Retirement and Succession Planning**

Goals: To attract physicians/locums to the South Island Division area and develop tools and strategies to assist physicians in addressing their practice coverage needs in the short and long-term.

2. **Primary Health Centre Planning**

Goals: To identify gaps and opportunities in primary care in the South Island Region and develop a vision for new models of primary care delivery and improved access.

3. **Physician Health and Wellness**

Goals: To support physician health and work-life balance for physicians and their families; to support healthy living in their work and their relationships; to increase awareness of existing resources and how to access them and supplement them as/where needed.

The working groups are being strategically linked to the A GP For Me Planning Committee. A working group coordinator has been working closely with the physician leads and members to ensure that the goals of each group are met and that their work contributes to the development of the A GP For Me planning.



Terry Manzo
Physician Working
Groups Coordinator

CROSS-DIVISIONAL RELATIONS

The division participated in both regional and provincial cross-divisional initiatives throughout the year. At the provincial level the division participates in a bi-annual provincial roundtable with the 31 other divisions across the province. These sessions are key learning and knowledge sharing opportunities for both physicians and division staff. It is also an opportunity to hear directly from and provide feedback to the General Practice Service Committee, BCMA, Ministry of Health and regional health authorities as well as organizations that support the work of divisions such as the Physician Data Collaborative.



*November 2012 Provincial Divisions
Roundtable event*

At the regional level, the six Vancouver Island divisions along with VIHA have established inter-divisional meetings of their respective collaborative services committee co-chairs and staff twice a year. These sessions are designed to help facilitate knowledge sharing and joint planning around projects, programs and policies that impact on all divisions.

Locally, the South Island and Victoria divisions continue to collaborate on initiatives and programs (such as Partners in Care and Transitions in Care) that benefit all family physicians working on southern Vancouver Island.

Physician Engagement Events 2012/13

Activity Highlights

PHYSICIAN DATA COLLABORATIVE

The Division continues to be a funding member of the Physician Data Collaborative (PDC) with voting membership.



The (PDC) is a not-for-profit organization working to enable the collaborative use of clinical data to improve patient care. It is comprised of members of Divisions of Family Practice from across BC. It aims to develop a community and a distributed data network that are trusted by family physicians. Core principles of its work are transparency of process, a collaborative approach to development, and ensuring data is used in a manner that protects physician and patient privacy.

The PDC will create a frontline physician-driven, divisionally owned and controlled distributed data network with the potential to achieve the following:

- Provide data to drive and evaluate divisional initiatives, and support divisional funding applications
- Enable clinical quality improvement activities and continuing medical education (CME) reflective practice
- Answer clinical and research questions of interest to frontline practicing physicians
- Answer population health questions to assist with health system management and improve patient care

IN-PATIENT HOSPITAL CARE PROGRAM

The Doctor-of-the-Day (DoD) program at Saanich Peninsula Hospital has had challenges over the past year, particularly in being able to attract enough family physicians into the program to ensure long-term sustainability. A dedicated core group of Peninsula-based physicians have been supporting the DoD program over the past number of years and there is a need to expand the number of physicians engaged.



Saanich Peninsula Hospital

The introduction of the new GP For Me incentives which took affect April 1, 2013 means that the service agreement that had been in place over the past year has to be replaced. Recognizing the challenges in designing a new service delivery model, the General Practice Service Committee (GPSC) has advised the Division that the previous service agreement can be extended to allow time to seek a new approach through A GP For Me. The GPSC has clearly indicated a desire to see a 100% community-based GP solution for the DoD program in place by or before December 31 this year. Physician recruitment of new physicians into the program and retention of the current DoD physician group remains the key to program sustainability. To achieve this, the Division is working collaboratively with VIHA and GPSC. A contingency plan for patient transfers is being developed in the event of gaps in DoD schedule coverage at SPH.

Physician Engagement Events 2012/13

Activity Highlights

ELECTRONIC MEDICAL RECORDS AND OFFICE AUTOMATION

The Division's EMR-IT working group is continuing to work with the Physician Information Technology Office (PITO) on planning and funding to support the development of EMR Communities of Practice (CoP) to provide ongoing peer-based support for both current EMR users as well as those who are considering the transition from paper-based files.

Part of the application for funding process requires the EMR-IT working group to develop, in conjunction with PITO, clear goals and objectives for the coming year in order to facilitate funding to the Division. This work is in progress.

Over the past year, the Division, in partnership with PITO, hosted two major EMR educational and knowledge sharing events. The first was in the fall of 2012 and was focused on engaging Medical Office Assistants and developing a peer-based communications network. The event brought together over 60 MOAs including long-term EMR users, more recent users and those still in paper-based practices. The event allowed non-EMR users to learn about the benefits of EMR from EMR users and the sharing of tips and techniques to improve efficiencies.



Dr. Andre du Toit
Physician Lead
EMR-IT Working Group



Dr. Alan Brookstone
Keynote Presenter

In January the Division hosted a knowledge sharing session that attracted over 80 physicians and MOAs. The session on how to get the maximum value out of your EMR was facilitated by Dr. Alan Brookstone – a well-recognized expert on EMR both in Canada and the US.

Dr. Brookstone's presentation covered a range of topics including: the current state of adoption of EMR in Canada, provincially and among Southern Vancouver Island family physicians; the importance of high quality data; managing change and workflow; recommended training; and strategies for sharing knowledge and skills.

A summary report from the January event and Dr. Brookstone's PowerPoint presentation is available on the South Island Division website under the Resources tab.

MEDICAL RESIDENTS WORKSHOP

Working collaboratively, the six Vancouver Island Divisions piloted a one-day workshop in May (hosted by the Nanaimo Division) for first and second year medical residents to introduce them to the range of business aspects of managing a medical practice.

Twenty-two medical residents attended the session and the intent is for the workshop to be hosted annually. A number of presenters discussed a wide range of topics including: billing advice; policies and procedures in the workplace; what to expect from locum work experiences; real estate; insurance and legal liabilities; and other business related requirements.

The session concluded with a mini-job fair where residents were able to meet local physicians to learn about locum and other opportunities and the benefits of joining a Division of Family Practice.

Physician Engagement Events 2012/13

Activity Highlights

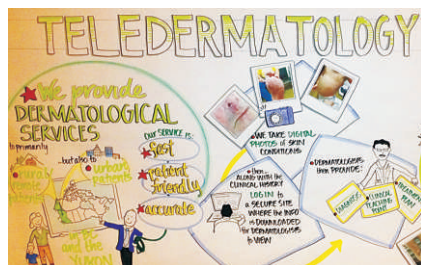


Dr. Shane Barclay

TELEDERMATOLOGY

The Division hosted two teledermatology events over the past year with family physician, Dr. Shane Barclay and Dermatologist, Dr. Patrick Kenny. These educational events introduced family physicians to Consult Derm, a program that allows FPs to send a digital photo of an affected area on a patient's skin, along with relevant patient information, to a secure website for viewing and assessment by a Dermatologist.

Over 50 Division members attended the two sessions and Drs. Barclay and Kenny provided an overview of the service and a real-time demonstration. The key benefits of Consult Derm include: reduced need for patients to travel for a specialist consult; increased capacity of Specialists in reducing the number, time and cost of face-to-face consults; increased capacity of FPs by providing case-specific learning and creating a knowledge-base of treated cases; and improved access to specialist advice and consults.



Teledermatology poster

Secretary-Treasurer's Report



Dr. Elizabeth Rhoades
Secretary-Treasurer

This year's Annual Report highlights the many activities, actions and engagement opportunities provided to members over the past year.

It was a busy year for the Division and I was pleased to accept the newly combined Board position of Secretary-Treasurer. The Board held regular monthly business meetings over the past year. Board and other Division members have been actively involved in committees and working groups and engagement and educational events in addition to receiving and reviewing reports on various projects.

The Board comprises six positions including A Chair, Vice-Chair, Secretary-Treasurer, three Members-at-Large. We also hold one ex-officio position on the Board for a medical resident. The resident also serves as a liaison with the medical residency program.

Board members comprise three of nine seats on the South Island Collaborative Services Committee (CSC). The CSC includes the South Island Division (three), VIHA (three), the GPSC (one) and community representatives (two). The CSC meets monthly. All Vancouver Island Division CSC co-chairs also meet twice a year with a VIHA executive team. Minutes from Board and CSC meetings are available to any Division member on request.

Financial Review

I am pleased to present the year-end financial report to March 31, 2013 for the South Island Division of Family Practice.

The Chartered Accounting firm of Wolridge Mahon conducted a full financial audit for the Division. The auditor's report found no areas of concern with the financial management of the Divisions assets. You will find the financial statement on the following pages. A full copy of the audited financial statements of the Division is available to Division members on request.

In accordance with provincial funding guidelines, in fiscal 2012-13 the Division was funded on a registered membership of 142. The Division also received supplementary funding to support the Family Practice Hospital Support Program (FPHSP) funded through the Ministry of Health and the Partners in Care program funded through the Provincial Shared Care Committee.

The Division maintained financial administrative management of the FPHSP through a service agreement with the Ministry of Health. Physicians who participate in the FPHSP at Saanich Peninsula Hospital are paid through the Division on a quarterly basis based on the actual number of shifts provided.

In accordance with the funding agreement with the GPSC, the Division submitted proposals to use 2012-13 carry-over funds for two priority projects into the next year. Project proposals approved include:

- | | |
|---------------------------------|----------|
| · Physician Health and Wellness | \$25,000 |
| · Practice Coverage Support | \$11,000 |

The Division engages an Executive Director on contract as well as part-time administrative support staff and project consultants on an as-required project-by-project basis.

Financial Statement

(as of March 31, 2013)

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

For the year ended March 31

	2013	2012
	\$	\$
Revenue		
Infrastructure	442,041	486,082
Partners in care	295,332	59,438
Hospital support program	193,162	160,618
Maternity clinic project	22,729	-
EMR engagement event	12,024	-
GST/HST rebate	25,396	19,751
	990,684	725,889
Expenses		
Contracted fees	328,880	206,281
Courier and postage	1,254	1,223
GST/HST paid	46,956	36,521
Insurance	975	975
Interest and bank charges	412	290
Meetings and events	60,305	22,102
Office	16,996	2,928
Physician costs	359,700	252,497
Printing	17,575	13,743
Professional development	7,906	4,000
Professional fees	18,240	7,085
Projects and programs	105,439	156,644
Travel	730	1,850
	965,288	706,139
Excess of revenue over expenditures	25,396	19,750
Net assets, beginning	22,478	2,728
Net assets, ending	47,874	22,478

Financial Statement

(as of March 31, 2013)

STATEMENT OF FINANCIAL POSITION

For the year ended March 31

	2013	2012
	\$	\$
Assets		
Current:		
Cash	347,871	306,438
Receivables	77,093	31,495
	424,964	337,933
Liabilities		
Current:		
Payables and accruals	72,044	54,767
Deferred revenue	305,046	260,688
	377,090	315,455
Net assets		
Unrestricted	47,874	22,478
	424,964	337,933

STATEMENT OF CASH FLOWS

For the year ended March 31

	2013	2012
	\$	\$
Cash flows related to operating activities		
Excess of revenue over expenditures	25,396	19,750
Changes in non-cash working capital:		
Receivables	(45,598)	(11,107)
Payables and accruals	17,277	31,561
Deferred revenue	44,358	179,327
Net increase in cash	41,433	219,531
Cash, beginning	306,438	86,907
Cash, ending	347,871	306,438

Board of Directors

Dr. Jeff Pocock - Member-at-Large
Dr. Elizabeth Rhoades – Secretary-Treasurer
Dr. George Wray - Member-at-Large
Dr. Michele Fretz – Member-at-Large
Dr. Robin Saunders – Vice-Chair
Dr. Andrea Lewis - Chair
Andrew Hume – Executive Director

(from left to right)



Contracted Staffing Support

Andrew Hume – Executive Director
Jen Roberts – Administrative Coordinator
Jay Boulet – Administrative Assistant

Contracted Program & Project Management Support

Darlene Letendre – Partners in Care
Helen Truran – A GP For Me & Partners in Care
Terry Manzo – Physician Working Groups
(work-share agreement with VIHA)

South Island Division of Family Practice
P.O. Box 205
Saanichton, B.C. V8M 2C3
Email: jroberts@divisionsbc.ca or jboulet3@telus.net
Web: www.divisionsbc.bc.ca



South Island

Division of Family Practice

A GPSC Initiative

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

www.divisionsbc.ca/south-island