



2013

Annual Report



South Island
Division of Family Practice
A GPSC initiative



Cover photo by Andrew Hume





Values/Vision/Mission

"Healthy family practices supporting healthy patient outcomes."

Our core values and guiding principles are the foundation on which we deliver our mission and attain our vision.

Our Values

Collaboration

We believe in respectful, mutually beneficial and effective relationships and partnerships.

Strategic Leadership

We work strategically, and in an effective and efficient manner to shift cultures and systems to improve patient care and physician satisfaction.

Physician Health

We believe that physician health and wellbeing are necessary foundations for the provision of quality health care.

Accountability

We believe in being fully accountable to members, partners, funders and the community.

Organizational Culture

We value the unique contributions of individuals, welcome diversity of opinion in the best interest of the whole organization, and believe that action arising out of consensus is most likely to lead to mission attainment. We model a simple, effective organizational structure.

Our Vision

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

Our Mission

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 area. The Division provides strategic leadership that shifts cultures and systems to:

- Improve patient care delivery
- Improve physician satisfaction and wellbeing
- Support sustainability



South Island

Division of Family Practice

A GPSC initiative



Message from the Board Chair



Dr. Robin Saunders
Board Chair

The past year has been a time of change and progress for the South Island Division with completion of the planning and assessment phase of our A GP For Me initiative, the expansion of our Partners in Care program to include new specialist groups and a change in our Executive Director with the departure of Andrew Hume and welcoming of Clay Barber in that key leadership role.

Andrew has been with the Division since we were established in 2010 and we wish him well as he engages in new life-work pursuits. Clay brings valuable management skills and provincial-level experience to the Executive Director's position and I encourage all members to welcome and support him as we enter our fifth year as a Division.

In January 2014, Vanessa Young was appointed to the Board to replace Andrea Lewis, who took a six-month leave to work in Vanuatu with her husband and Division member, Sean Cruz and their two children. We wish to acknowledge Vanessa's important contribution and commitment to the Division. We were also happy to welcome Lorelei Armitage as our ex-officio resident appointment to the Board and extend thanks to David Harrison for his contribution as our resident voice over the past year and wish him well as he pursues his medical career.

We also moved into new office space in November 2013 and the Division formally established our first full-time, permanent office support positions with Jay Boulet as Office Manager and Jen Roberts as Administrative Coordinator.

These changes are all part of our Division maturing as an organization. Thinking back to our first meeting with the founding members in November 2010, we have come a very long way together, more than tripling our membership from 45 to over 150 and increasing the amount of program and operational funding we are responsible for by ten-fold, from \$135,000 in 2010 to over \$1.3 million today.

And we have been very busy supporting the work and interests of Division members. Starting this year, the Board set a priority to enhance member participation in the work and activities of the Division. To that end, we have seen important success.

During the 2013-14 operating year, the Division organized and hosted 22 events with over 1,200 attendees and we had 20 percent of our members actively engaged in leadership roles through committees, working groups and task groups. The Division also hosted and sponsored several physician health and wellness events and activities including a health and wellness fair, rowing team, soccer program and cycling team in the Tour de Victoria.

Unfortunately, about 30% of our members did not attend any Division events over the past year. We want to ensure the Division finds ways to more actively engage and attract these members to become more involved in the organization.

We have more important initiatives on the horizon as we move into the implementation work around A GP for Me and continue to build critical relationships with our specialist colleagues through Partners in Care. On behalf of the Board, I encourage all Division members to become or remain involved in the important work of your Division.

Sincerely,
Dr. Robin Saunders, Board Chair

Executive Director's Report

A Message from Clay Barber

It is with great pleasure that I have the opportunity to address the members of the South Island Division as the newly minted Executive Director. I have watched the birth and growth of the South Island Division from its inception in the fall of 2010 to a point where it has become a leader amongst the 33 Divisions across BC and I am very proud to now serve as its Executive Director.

With the firm commitment of members, the executive and staff, a solid foundation has been built from which we will launch exciting new initiatives centered on physician health and wellness, recruitment and retention, office efficiency, patient attachment and organizational excellence.

I know I speak for all members and staff when I say thank-you to Andrew Hume for building and leading a highly skilled team and positioning the Division on a solid foundation to meet its mandate.

I look forward to meeting as many members as possible during events and in their practices and will strive to provide the same level of quality leadership that you have come to expect.

Best regards, Clay



Clay Barber and Andrew Hume
Executive Director and
former Executive Director

A Message from Andrew Hume (former Executive Director)

The past year has been one of important growth and transition for the South Island Division with a change in executive leadership, important progress in the A GP for Me initiative, expansion in the work of Partners in Care and newly formed collaborative regional partnerships with other Divisions on Vancouver Island.

The past year also saw an increase in membership and participation among Division members in a number of committees and working groups, a trend that will hopefully continue as the engagement of members in the work of the Division is a clear testament of support for the values of the organization.

It has been a distinct pleasure and privilege to have worked with and met many members over the past four years and I am gratified by the support and well wishes so many of you extended to me when I announced my decision to leave the position of Executive Director.

I wish the organization well in the coming years and encourage you to continue to make the Division your Division by getting and staying involved in the initiatives and activities that are designed to enable change, facilitate dialogue, and support camaraderie and relationships. The real value of the organization comes through the support of members, by members, for members.

All the best, Andrew

Year in Review

September 2013

- A GP for Me Kick-Off event

October 2013

- Third Annual General Meeting at Delta Ocean Pointe
 - Three Board members were elected for two-year terms:
Jennifer Tranmer and Allison Ferg (new) and Elizabeth Rhoades (re-elected)
- First meeting of a Vancouver Island-wide Physician Recruitment and Retention working group
- Provincial Shared Care showcase

November 2013

- First of two billing sessions on GPSC billing codes and "Back to the Basics"
- Division committee leads participated in media training in Nanaimo
- Opened an administrative office and meeting space
- First 'Community Health Forum' - Sooke

January 2014

- Second billing session
- Board Strategic Planning Retreat
- Saanich Peninsula Civic Leaders meeting re: health care planning

February 2014

- In-Patient Care Billing session
- Physician Health and Wellness Fair
- Partners in Care: new Cardiology working group
- Vancouver Island Inter-Divisional Collaborative Services Committee (CSC) meeting
- Provincial Divisions Roundtable
- Saanich Peninsula Community Health Forum



Members at event

Year in Review

March 2014

- Physician Information and Technology Office (PITO) leadership workshop
- Digital Health – Speed Dating workshop for Physicians and MOAs on EMR and IT issues
- Division/Practice Support Program (PSP), Colon Screening Program Education session
- Phase II funding for the Partners in Care Program approved
- CSC redesign workshop

April 2014

- Maternity Billing Seminar
- Vancouver Island Inter-Divisional CSC meeting

May 2014

- Division/PSP, half-day allergy and immunology session
- Third annual Partners in Care 'Fishing for Pearls & Digging for Nuggets' Event
- Primary Health Care Home, Division-wide planning workshop
- Division rowing team, "Docs in a Row," competed in the Corporate Rowing Challenge

June 2014

- In partnership with Victoria Neurologists, hosted "Keeping Your Head in the Game" Neurology event
- Occupy Orthopaedics workshop on the shoulder in partnership with RebalanceMD
- Launched new Division website
- Three-day Provincial Roundtable
- Vancouver Island Inter-Divisional CSC meeting
- Board Strategic Planning Retreat

July 2014

- A GP for Me half-day planning session
- "Docs on the Ball" Division soccer team started

August 2014

- "Docs on a Roll" Division cycling team participated in Tour de Victoria

September 2014

- A GP for Me Committee Implementation Proposal presentation to the GPSC, the proposal was approved by the GPSC on September 16th, 2014.
- Two Occupy Orthopaedics workshops on the shoulder in partnership with RebalanceMD

A GP for Me Update

As a result of support expressed by members at an information session in April 2013, the Division successfully applied for \$375,000 in Planning and Assessment funding through the General Practice Services Committee (GPSC). This funding was provided to: evaluate the number of people looking for a family doctor; identify issues related to access to primary care services in their community; identify the needs of local family physicians; and find ways to strengthen and fill gaps in local primary care resources.

The next step in the A GP for Me program is to develop and implement a community plan (working with the local health authority and other partners) for improving local primary care service delivery capacity, including a mechanism for finding doctors for patients who are looking for one. Phase 2 Implementation funding was applied for and granted by the GPSC on September 16, 2014 and these funds will be available until March 2016.

The five main components of the Planning and Assessment work included:

- A survey of members conducted prior to the 2013 AGM, which achieved a 43% response rate (63 of 153 members)
- The coordination and hosting of locum and resident engagement events
- A comprehensive physician survey, which achieved a 66% response rate (100)
- A community health survey, which has achieved statistical significance with almost 900 responses
- Two community health forums held in Sooke and Sidney with approximately 230 participants in total between the two events

The implementation phase of A GP for Me includes five main pillars:

1. **Practice Support** including: strategies to enhance practice support coaching, help for practices to implement the Physician Resource Manual, support for succession planning, MOA training, and billing efficiency sessions.
2. **Improved Access for Aboriginal Populations** including: cultural competency training, an Aboriginal services physician liaison, development, and support for a team-based health-care service model.
3. **New Models of Care** including: development of a business plan for a Primary Health Care Home, new models for a Care Toolkit, and member engagement events.
4. **Health Promotion** including: a Health Promotion Coordinator; development of a web-based community health resource (based on the Nanaimo Division's FETCH model); a joint Cardiology forum with community providers, specialist and family physicians; and support for improved health literacy.



5. **Physician Recruitment and Practice Coverage Support** including: a recruitment and practice coordinator, member mentorship training, and a Red Carpet welcoming strategy for new physicians to the community.

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

A GP for Me Update

Surveys and Data Collection

A physician survey was conducted with approximately two-thirds of members responding. The data is being used for both planning purposes as well as to inform the GPSC of the key issues and needs facing our physician community as the Division applies for Phase 2 funding under A GP for Me. The Division presented the Implementation funding proposal to the GPSC and was granted approval on September 16, 2014.

Primary Health Care Home

In May 2014, a comprehensive feasibility study was undertaken to look at a business case for the development of a primary health care home to bring together a multi-practitioner, multi-disciplinary approach to expanding and improving access to primary care. The intent is to develop a business approach and design that is replicable in any community that has an interest in the model.



A Division working group has been actively engaged in the planning and design process for the past year. The feasibility study and business plan will be completed in the fall 2014 and will identify the next key steps and anticipated timelines required for implementation. The business case will include:

- Revenue and expense projections
- Benefits case (for physicians and patients)
- Timelines for implementation
- Transition costs to enable physicians in existing practices including: lease, equipment transitions, EMR/paper files conversion, and other key elements

Locum and Practice Coverage Program

Through the A GP for Me planning and assessment phase, a locum and practice coverage coordinator was hired to develop key components for an ongoing practice coverage program for South Island Division physicians. The key components of the program include:

- One point of contact for physicians to find locums and for locums to find work
- Support with the work of physician/locum matching, locum postings and advertising
- Development of resources and tools to support both the GP and the locum including: a locum orientation manual, policies, and contract templates



A GP for Me Update

A 'red carpet' program was also initiated in the summer of 2014 designed to welcome, orient, and accommodate visiting locums and physicians, who have expressed an interest in living and working within the South Island Division catchment communities. The Division is also establishing a database of these 'best prospects' to keep them informed of work opportunities and to help them with questions they have about living and working in South Island communities.

The locum and practice coverage program is closely linked with other physician recruitment and retention initiatives being developed and will be implemented throughout the next phase of A GP for Me. The Division continues to work on recruitment and retention at a regional planning level with other Divisions on Vancouver Island as well as through a Provincial planning group.

Implementation

The success of the A GP for Me initiative will be measured by how well the Division achieves the over-arching goals of A GP for Me:

1. Confirming and strengthening the GP-patient continuous relationship and better supporting the needs of vulnerable patients
2. Enabling patients that need a family doctor to find a medical home
3. Increasing capacity of the primary health care system

Building primary care capacity will take a blended solutions approach that relies very much on collaboration and new approaches, including:

- Innovative models of primary care, practice support, and recruitment
- Building stronger partnerships with Island Health and better aligning the patient's needs with primary care programs and services to reduce pressures on GPs, while supporting more appropriate use of GP services (i.e. reduced unnecessary use of hospital emergency services)
- Building stronger relationships with community leaders and community service providers
- Improving health literacy
- Assessing the needs of the most vulnerable patients and identifying ways to respond to those needs



Helen Truran
Program Lead, A GP for Me

The Division's Implementation Proposal was approved by the GPSC on September 16, 2014 and the Implementation phase of A GP for Me will be initiated in the fall of 2014.

Partners in Care Update

The primary goals of the Partners in Care (PiC) program are:

- Enhancing family physician and specialist collaboration through continued stewardship resulting in stronger professional relationships and interactive communications
- Establishing a seamless patient journey and improving the overall experience for all stakeholders in the delivery of health care

PiC was implemented in the fall of 2011 with funding through the Shared Care Committee. In taking on the leadership role, PiC initiatives have included close engagement of both South Island and Victoria Division family practice and specialist physicians.

In terms of overall key successes, PiC has been instrumental in increasing physician engagement and active participation of both FPs and SPs, with PiC sponsored knowledge-sharing events being regularly oversubscribed, indicating the keen need for these initiatives. The collaborative design, development and implementation of key system changes, such as central referral processes, have also contributed to the overall success of the PiC program, improving both the patient and physician experience.

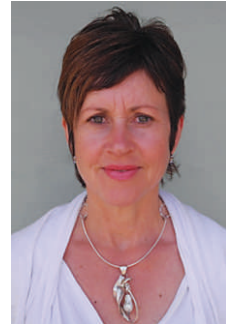
The main challenge PiC has encountered relates to finding the overall capacity and resources to meet the growing interests and needs of FPs and SPs in a wide range of areas while ensuring program momentum is not lost. Establishing a central hub for shared communications between FPs and SPs also remains a challenge.

In terms of interest, continued growth has been significant. The PiC program started with two working groups in the areas of Orthopaedics and Gastroenterology. In 2014 with the addition of Neurology, Cardiology and Plastic Surgery, the number of working groups has increased to five. Additionally, the MOA Network was established with future opportunities for collaboration are being identified and pursued. There are also stand-alone initiatives in the areas of Mental Health and Allergies, bringing the total areas of activity to eight.

At present, there are a total of approximately 450 members who have voluntarily joined the South Island (156 FPs); Victoria (248 FPs) Divisions, and are participating in various initiatives within the PiC program.

Phase 1: Funding received totalled \$591,000 from the provincial Shared Care program.

Phase 2: Funding totalling \$582,000 was approved in February 2014. Phase 2 funding will be released in three instalments, two of which total \$300,000 and have been received. The final Phase 2 funding instalment will be released subject to 80% completion of initiatives currently in progress.



Dr. Michele Fretz
PiC Co-Chair and FP Lead

Partners in Care Update

Program Highlights

Orthopaedics:

- Successful pilot and full spread of central referral process and FAAST (First Available Specialist Triage) model
- Collaborative development and distribution of:
 - Single entry referral and triage form
 - Referral acknowledgement and appointment confirmation communications
 - Medical imaging prerequisites
 - Sub-directory of surgeons special interests
- Educational workshop series included:
 - Four educational workshops on the knee provided in collaboration with RebalanceMD (Total of 132 FPs attended)
 - One education workshop on the shoulder provided in collaboration with RebalanceMD (35 FPs attended) with two additional shoulder workshops planned to accommodate demand in the Sept 2014 (Total participation over the 3 workshops anticipated to be 120 FPs).



Dr. James Stone, Orthopaedic Surgeon
Workshop on Knees

Gastroenterology:

- Successful pilot of a virtual central referral access and triage model initially utilized by 250 FPs; full spread throughout Vancouver Island occurred as of Sept 1, 2014.
- FP / SP collaborative development that has resulted in:
 - A single entry point for referrals
 - A standardized referral form
 - A document defining the various Levels of Urgency
 - Target timelines for referral acknowledgements /appointment confirmation
- One colon cancer screening education session provided in collaboration with GI specialists (Total of 50 FPs attended)
- PiC presence at the Annual GI Conference, (Victoria Conference Center Sept 2014) to showcase progress to date

Neurology:

- A satisfaction survey was completed and analyzed to determine working group priorities
- Practice profiles were developed and distributed
- Design program for educational workshops was hosted in collaboration with neurology specialists (Total of 70 FPs attended)
- First Educational CME workshop titled 'Keeping Your Head in the Game' held June 2014 (Total of 52 FP's attended). The intent of the workshop was to increase participants' knowledge of topical neurological issues, including mild cognitive impairment, treatment of early Parkinson's, epilepsy management, migraine management and common movement disorders.



Member Engagement Session

Cardiology:

- A satisfaction survey and wait time poll was completed and analyzed
- Initial draft of a Practice Profile and Level of Urgency document was developed and presented to the Division of Cardiology for approval (August 2014)
- Working in partnership with the Island Health PSP portfolio the first Cardiology Forum will be held in January 2015.
- Working Group priorities identified included:
 - Exploring the possibility of creating a standardized referral form and a wait-time tracking system

Partners in Care Update

Allergy CDM Forum:

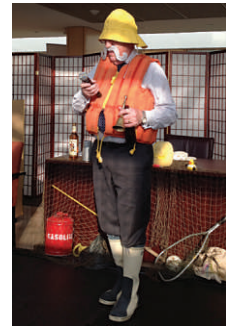
- Working in collaboration with Island Health, one educational workshop was held in the Spring of 2014 (Total of 50 FP's attended)

FP/SP Engagement Events:

- PiC began hosting annual events in May 2012 to bring together family physicians and specialists to share knowledge, develop professional and collegial relations and improve communications. The events were designed around a theme of 'Fishing for Pearls', and have consistently garnered exceptional satisfaction ratings among attendees around all core objectives.
 - First annual event in 2012 (93 FPs and SPs attended)
 - Second annual event in 2013 (84 FPs and SPs attended)
 - Third annual event in 2014 (95 FPs and SPs attended)

MOA Working Group:

- Ongoing development and population of a central MOA registry
- Ongoing design and testing of a potential communications hub concept
- Information gathering survey distributed and analysed
- Partnership established with the Island Health's PSP to support sustainability
- New collaborative opportunities being investigated related to MOA Communication Network through A GP for Me Projects



Dr. Tevaarwerk, PiC Event

Key Areas of Interest Identified in PiC Phase 1:

The following areas of interest were obtained through general feedback and the results of surveys and evaluations conducted as part of PiC Phase 1:

- Increased opportunities for family physicians to network with specialists
- Continued engagement with specialists through small group interactive knowledge transfer sessions
- Need for an efficient and sustainable means to enable ongoing communications and information sharing with specialty groups, individually or as a whole
- Need to improve access to specialist telephone advice
- Need to streamline and standardize (where appropriate) the referral/consultation process so it works for both physician groups with centralized referral systems being the preferred methodology

Key Areas of Focus in PiC Phase 2:

With the implementation of Phase 2 of the PiC program, three key areas of focus have been identified including:

- Continue stewardship of the established specialty-specific working groups with particular focus on future sustainability. (Orthopaedics, Gastroenterology, Neurology, Cardiology, Plastic Surgery)
- Assessment and potential development of a central communication hub for FPs/SPs to share information
- Expand and develop new community and professional partnerships to ensure future sustainability
- Hosting the 2014 annual 'Fishing for Pearls' interactive knowledge sharing and relationship enhancement event

Our Communities

The South Island Division represents 155 physicians working in the Sooke, West Shore and Saanich Peninsula Areas that include Local Health Areas (LHA) 62 and 63. The Division works closely with the Victoria Division, which serves physicians in the Greater Victoria LHA, as well as having collaborative partnerships with the other six Divisions on Vancouver Island and other key regional and provincial health agencies and organizations.



The Saanich Peninsula

- Includes the Districts of North Saanich and Central Saanich, and the Town of Sidney
- Served by the Saanich Peninsula Hospital
- Population of 63,000 with a median age of 51.7 years
- Higher than provincial average occurrences of depression/anxiety, hypertension and osteoarthritis are reported in community health surveys



The West Shore

- Comprised of the communities of Langford, Colwood, Metchosin and the Highlands
- Served by Victoria General Hospital
- Population of 55,000 with a median age of 40.2 years
- One of Canada's fastest growing regions, with many families actively seeking a family physician reported in community health surveys



Sooke

- This West Coast community of 11,000 lies 40 km from downtown Victoria and 30 km from the nearest hospital
- The West Coast Family Medical Clinic provides health care services to the Sooke residents, incorporating seven physicians, an after-hours urgent care clinic and Island Health's Integrated Health Network

Our Communities

Our Family Physicians

The following are highlights from a physician survey of South Island Division members undertaken in 2014. Over 100 of the Divisions' 156 members completed the survey achieving a 66% response rate.

- Average age: 52.5 years, of which 45% are female and 55% male.
- Average length of practice: 15.1 years and 29% have worked only in our local communities. Those who have practiced elsewhere in BC, Canada or other countries have spent, on average, 8.4 years in medical practice.
- Average practice size:
 - Part-time office practices: 945 patients per physician
 - Full-time practices is 1,613 patients per physician
 - Physicians aged 55-64 have the largest average practice size of 1,659
 - Physicians younger than 35 have practices averaging 625 patients
- Retirement and Semi-retirement:
 - Seven physicians are currently semi-retired. Of these, two have part-time office practices with less than 500 patients and four are locums
 - Six physicians are planning on retiring in the next two years.
 - Four have full-time practices and one has a part time practice
 - A combined total of approximately 5,000 patients are cared for through these practices.
 - Fifteen physicians anticipate retiring within three-to-four years, of which most are currently in full-time practice with an average practice size of 1,827
 - Of the physicians pursuing retirement within the next four years, seven plan to locum and nine may consider doing locum work once they are retired
- Practice Averages:
 - On average, physicians in full-time practice see 30 patients a day
 - On average, patient wait times for appointments are less than one day for urgent cases, six business days for routine cases and 13 days for a complete physical
 - On average, physicians indicated they spend about 7.0 hours a day on direct patient care and about 1.5 hours on administration.



Members at event

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 as one of 33 Divisions throughout BC. These sessions are designed for learning and knowledge sharing for both physicians and Division staff.

The Provincial Roundtables are also an opportunity to connect with the work of the General Practice Service Committee, Doctors of BC, Ministry of Health and regional health authorities and other organizations that support the work of divisions.

At the regional level, the six Vancouver Island Divisions, and the Rural and Remote Division, have established interdivisional meetings among the Divisions' Collaborative Services Committee (CSC) co-chairs and staff twice a year. To better reflect the intent of the CSC, the South Island Division has renamed this committee "Partners for Better Health."

These regional sessions are designed to facilitate knowledge sharing and joint planning around projects, programs and policies that impact on all Divisions. An important collaborative initiative is work related to improved integration of primary and community care services. This work will be of particular importance in relation to the re-alignment by Island Health toward four geographic zones on Vancouver Island to facilitate a move toward a more integrated approach to health care and community care services.

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.



BC/Divisions map

Setting Priorities

Introduction:

The Board meets twice annually to review, establish and update Division priorities for the coming year. Between these strategic planning sessions, the Board gathers information in a number of ways to help establish priorities.

The attendance at Division sponsored events and the satisfaction surveys done at each event are indicators of what Division members see as areas of importance.

The Board also works closely with the Division's committees and working groups that are addressing key programs and initiatives in a range of areas to help inform planning and to monitor progress.

The Division also collaborates with other health care partners including: Island Health, other Divisions across Vancouver Island and throughout the province, the General Practice Services Committee, Shared Care Committee, the Provincial Divisions Office, the Doctors of BC, and community agencies. These relationships help to inform the Board about established and emerging priorities that reflect the collaborative work going on in health care planning and delivery.

In addition to setting program and project priorities, the Board also establishes strategic priorities with core goals and outcomes identified for each priority to help measure progress throughout the year.

In 2014 the Board held two strategic planning sessions in January and June. These sessions resulted in the establishment of five primary goals and ranked seven strategic programs and initiatives to focus the work and resources of the Division.



SIDFP Board Members L-R:
Dr. Jenn Tranmer, Dr. Vanessa Young, Dr. Allison Ferg,
Dr. Robin Saunders, Dr. Elizabeth Rhoades,
Dr. Michele Fretz, Clay Barber

Setting Priorities

GOAL 1	GOAL STATEMENT	OUTCOMES OR KEY SUCCESS INDICATORS
Governance and Human Resources	<i>Ensure successful practices are utilized in the engagement of staff and in the governance of the SIDFP.</i>	<ul style="list-style-type: none"> · Appointment of a new Executive Director · Annual strategic planning / setting of the strategic plan · Enhanced opportunity for leadership development (increased number of Board members and/or training opportunities for Board and staff) · Compliance with policies, regulations and guidelines
GOAL 2		
Community Building for Members	<i>SIDFP is a family of energized, collegial, connected and engaged physicians.</i>	<ul style="list-style-type: none"> · Successful recruitment of new members, retention of existing physicians who stay in the Division, and enhanced relations with and support for residents · Continuous membership renewal · Fully subscribed events, with high satisfaction rating · Implementation of and engagement in social/collegial events
GOAL 3		
Strengthening Collaboration with Partners	<i>SIDFP collaboration leads to influencing behavioural and cultural changes that result in improved health outcomes.</i>	<ul style="list-style-type: none"> · Raised profile and engagement of family physicians (and SIDFP) with decision-makers · Established and recognized credibility of family physician leadership through SIDFP · Evidence of influence of SIDFP in key health care decision- making processes and actions among key partners
GOAL 4		
A Comprehensive Communication Strategy	<i>SIDFP has a comprehensive and multi-media communication strategy that effectively engages with our members and stakeholders.</i>	<ul style="list-style-type: none"> · Increased website visits and length-of-stay on key content areas · Increased newsletter uptake/readership · Member satisfaction with the amount and frequency of communications · Effective utilization of various communication vehicles and opportunities · Communications skill development of SIDFP leaders
GOAL 5		
Maintaining Fiscal Stewardship and Accountability	<i>Appropriate alignment of resources to meet our strategic plan.</i>	<ul style="list-style-type: none"> · Satisfactory audit · Continuation of core infrastructure funding · Success with new program and project funding applications · Support, confidence and satisfaction of members · Resources to match needs

Setting Priorities

Strategic Program and Project Priorities

As the Board sets the strategic program and project priorities for the coming year, three over-arching principles are considered:

1. Effectively and efficiently managing the things within the Division's control
2. Positively influencing the things outside of the Division's control
3. Ensuring benefits to members, patients, partners and the health system by providing a balance of measurable short/medium/long term outcomes

High Priorities:

Member engagement and events are encompassed in all high priority areas.

A GP for Me

- Strategies for Physician recruitment and retention and practice coverage
- Develop models of care through a Primary Health Care Home and Networks
- Develop supports for enhanced practice efficiencies
- Plan, implement and support community engagement
- Other areas identified in the A GP For Me implementation plan include:
 - Improved access for Aboriginal populations
 - Health promotion



SIDFP Office

Physician Health and Wellness

- Support and encourage engagement in health and wellness activities
- Support and facilitate improved work-life balance and professional satisfaction
- Enable and support education and knowledge sharing



Docs in a Row

Partners in Care

- Develop and enable relationships with Specialist Physician colleagues
- Support all Family Physician/Specialist Physician working groups and initiatives
- Support education, communications and knowledge sharing

Member Support Services

- Facilitate and support Communities of Practice and EMR utilization
- Develop strategies and resources to support practice efficiencies
- Support education and knowledge sharing
- Allocate resources to support initiatives as identified by members

Setting Priorities

Medium-High Priorities:

Provincial/Regional Work

- Participate on Provincial/Regional working groups and initiatives
- Support knowledge sharing and cross-Divisional collaboration

Medium-Low Priorities:

Maternity Clinic

The Division has been actively involved with Island Health since 2011 in the development of a shared care maternity clinic. With the planning and assessment work effectively completed and implementation subject to Island Health securing sufficient funding for the clinic, the Division has reduced its commitment to the project to:

- Participation on the Maternity Clinic Project Steering Committee
- Participation on the planning group (as requires physician input)



Provincial Roundtable

In-Patient Care (Saanich Peninsula Hospital)

Over the past four years, the Division has strongly supported the work of Peninsula physicians and the Saanich Peninsula Hospital and the various task groups and working groups that have been dealing with the challenges of the community-physician based Doctor-of-the-Day (DOD) program providing in-patient hospital care.

As of January 1, 2014, with the introduction of new A GP for Me funding, the majority of planning and DOD coordination has been assumed by a DOD physicians network and Island Health. The Division continues to support this initiative on an as-required basis, including providing communications to members, maintaining liaison with Island Health and the SPH Foundation, and participating on an Island Health planning process.

Secretary-Treasurer's Report



Dr. Elizabeth Rhoades
Secretary-Treasurer

The 2014 Annual Report of the South Island Division of Family Practice provides important information to Division members about the activities of the organization and how funding was spent in support of members and the strategic priorities set out by your Board in consultation with members.

Of significant note is the number of Division members engaged in the work of the Division, filling over 60 seats on various committees and working groups. A number of strongly committed individuals made multiple contributions to this important work. On behalf of the Board, I would like to extend thanks and appreciation to those individuals. In this year's Annual Report, we have identified the committee and working group participants to acknowledge their contribution among their peers.

I encourage more members to identify areas of interest where they can make a meaningful difference and support the work of our Division.

Over the past year, your Board met on a monthly basis and held two strategic planning sessions. While regular Board meetings allow for conducting the 'business' of the Division, planning sessions enable the Board to set out strategic priorities for the coming year.

To help support greater participation and share responsibilities, the Board will expand to seven members (from six) and maintain one ex-officio seat held for a resident. The Board currently comprises the positions of: Chair; Vice-Chair; Secretary-Treasurer; and three Members-at-Large. An Executive Committee comprises the Chair, Vice-Chair, Secretary-Treasurer and the Executive Director. The Executive meets on an as-required basis.

Board members also sit on the Partners for Better Health Committee (formerly South Island Collaborative Services Committee) along with representatives from Island Health, the General Practice Services Committee and community representatives. The Board Chair and the Executive Director also participate on the Island-wide Collaborative Services Committee with representation from all seven Divisions on Vancouver Island, Island Health, GPSC and the provincial Divisions office.

Minutes from the meetings of the Board, committees and working group are available to Division members on request.

Financial Review

I am pleased to present the year-end financial report to March 31, 2014 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 Division's assets. The financial statement is on the following pages.

In accordance with provincial funding guidelines, the Division receives core infrastructure funding based on the registered membership at \$3,000 per member. In fiscal 2013-14, the Division also received supplementary funding to support cross-divisional and community collaboration as well as other programs and initiatives such as:

- *Family Practice Hospital Support Program (FPHSP) funded through the Ministry of Health;
- Partners in Care program funded through the Provincial Shared Care Committee;
- A GP For Me program funded through the General Practice Services Committee;
- Communities of Practice initiative funded through the Physician Information Technology Office.

Secretary-Treasurer's Report

** The Division maintained financial administrative management of the FPHSP through a service agreement with the Ministry of Health until December 31, 2013. As of January 1, 2014, compensation for Doctor-of-the-Day physicians working at Saanich Peninsula Hospital was claimed directly by the physicians through the new A GP for Me program.*

In accordance with the funding agreement with the GPSC, the Division submitted proposals to use 2013-14 carry-over funds for two priority projects into the next year. Project proposals approved include:

- Member Engagement for Improved Patient Experience: \$15,000
 - Innovation funding to support ideas and initiatives brought forward by members.
- Community Profiles Supporting Physician Recruitment: \$18,000
 - Development of a series of videos highlighting and promoting our communities and the physicians who work here to help attract and recruit new physicians to our area.

The Division engages an Executive Director on contract as well as two full-time administrative support staff and project consultants on an as-required project-by-project basis. The Division opened an office in 2013, and to remain in compliance with the Canada Revenue Agency, two full-time administrative support contract positions were converted to full-time staff positions effective April 1, 2014.

The following financial report provides a breakdown of both revenues and expenses. For comparison purposes, the audited statement shows 2013 and 2014 financials. A full copy of the audited financial statements of the Division is available to Division members on request.

Sincerely,
Dr. Elizabeth Rhoades, Secretary-Treasurer

Financial Statement

(as of March 31, 2014)

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

For the year ended March 31, 2014 and 2013

	2014	2013
	\$	\$
Revenue		
Infrastructure	448,541	442,041
Partners in Care	253,738	295,332
GP for Me	191,265	-
Hospital Support Program	145,533	193,162
Community of Practice	45,577	-
Maternity Clinic Project	24,215	22,729
GST/HST rebate	13,115	25,396
EMR Engagement Event	-	12,024
	1,121,984	990,684
Expenses		
Contracted fees	393,363	328,800
Courier and postage	1,710	1,254
GST/HST paid	25,803	46,956
Insurance	1,373	975
Interest and bank charges	839	412
Meetings and events	73,671	60,305
Office	29,784	16,996
Physician costs	320,901	359,700
Printing	8,079	17,575
Professional development	7,061	7,906
Professional fees	20,546	18,240
Projects and programs	210,842	105,439
Rent	12,448	-
Travel	2,449	730
	1,108,869	965,288
Excess of revenue over expenditures	13,115	25,396
Net assets, beginning	47,874	22,478
Net assets, ending	60,989	47,874

Financial Statement

(as of March 31, 2014)

STATEMENT OF FINANCIAL POSITION

For the year ended March 31

	2014	2013
	\$	\$
Assets		
Current:		
Cash	561,473	347,871
Receivables	12,902	77,093
	574,375	424,964
Liabilities		
Current:		
Payables and accruals	83,543	72,044
Deferred revenue	429,843	305,046
	513,386	377,090
Net assets		
Unrestricted	60,989	47,874
	574,375	424,964

STATEMENT OF CASH FLOWS

For the year ended March 31, 2014

	2014	2013
	\$	\$
Cash flows related to operating activities		
Excess of revenue over expenditures	13,115	25,396
Changes in non-cash working capital:		
Receivables	64,191	(45,598)
Payables and accruals	11,499	17,277
Deferred revenue	124,797	44,358
Net increase in cash	213,602	41,433
Cash, beginning	347,871	306,438
Cash, ending	561,473	347,871

Committees and Working Group Members

Partners for Better Health (South Island CSC)

Dr. Robin Saunders – Co-Chair (SIDFP)
Dr. Brian Weirnerman – Co-Chair (VIHA)
Dr. Elizabeth Rhoades – (SIDFP)
Dr. Andrea Lewis / Dr. Vanessa Young – (SIDFP)
*Clay Barber – (SIDFP)
Victoria Power / Sia Zabarar – (VIHA)
Emma Isaac – (VIHA)
Alana Godin/Yvonne Taylor – (GPSC)
Karen Morgan – (SPHF / Community)
Linda Nehra – (CHI / Community)
Julie Holder – (Provincial Divisions)
*Clay Barber, SIDFP Executive Director
(replaced Andrew Hume effective August, 2014)

A GP for Me Steering Committee

Dr. Jenn Tranmer – Co-Chair
Dr. Tom Bailey – Co-Chair
Dr. Elizabeth Rhoades
Dr. Alicia Power
Dr. Cheryl Cuddeford
Helen Truran – A GP For Me Program Lead

Primary Health Care Home Working Group

Dr. Azaria Marthyman – Lead
Dr. James Forster
Dr. Bob Brown
Dr. Jenn Tranmer
Dr. Ernie Chang
Dr. Elizabeth Rhoades

Physician Health and Wellness Working Group

Dr. Jeff Pocock – Lead
Dr. Allison Ferg
Dr. Telen Harper
Dr. Vanessa Young
Dr. Lora Morrice
Dr. Anthony Yue

Recruitment Retention Retirement and Succession Working Group

Dr. Marc Bosenberg – Lead
Dr. Miguel Lipka
Dr. George Urban
Dr. Larry Fenske
Dr. Ambrose Marsh
Dr. Jan Urban

PiC Steering Committee

* Clay Barber – Chair (Ex. Dir. SIDFP)
Dr. Michele Fretz – FP Co-Chair (SIDFP)
Dr. Eric Fretz – (SP)
Dr. Gerald Tevaarwerk – (SP)
Dr. Valerie Ehasoo – (FP-VDFFP)
Alisa Harrison – (Ex. Dir.-VDFFP)
Dr. Brian Weirnerman – (VIHA)
Katie Hill – (SCC)
Kathy Illott – PiC Program Lead (SIDFP)
*Clay Barber, SIDFP Executive Director
(replaced Andrew Hume effective August, 2014)

PiC Gastroenterology Working Group

Dr. Ulana Farmer – FP Lead (SIDFP)
Dr. Justin Shah – SP Lead
Dr. Allison Ferg
Dr. Daphne Fontaine
Dr. Ernie Chang
Dr. Gilbert Chew
Dr. Melina Thibodeau
Dr. Tom Bailey
Reggie Paisley
Sheila Harwood (MOA)

PiC Orthopaedic Working Group

Dr. Ulana Farmer – FP Lead (SIDFP)
Dr. Sonja Mathes / Dr. Norgrove Penny – SP Leads
Dr. Greg Siren
Dr. Daphne Fontaine
Dr. Tara Mogentale
Dr. Steve Keeler
Dr. Ralph Lapp
Sheila Harwood (MOA)

PiC Neurology Working Group

Dr. Ulana Farmer – FP Lead (SIDFP)
Dr. Kristen Atwell-Pope – SP Lead
Dr. Abeer Abed
Dr. Ernie Chang
Dr. Tara Mogentale
Dr. Peter Boulton
Dr. Parbeen Pathak
Dr. James Scott
Dr. Sean Cruz
Dr. David Parton
Yvonne Kader
Sheila Harwood (MOA)

Committees and Working Group Members

PiC Cardiology Working Group

Dr. Daphne Fontaine – FP Lead (VDFP)
Dr. Eric Fretz – SP Lead
Dr. Nicole Pewarchuk
Dr. Simon Robinson
Dr. Dave Williams
Dr. Jenny Rajala
Dr. Daisy Dulay
Dr. Andre du Toit
Sheila Harwood (MOA)

Community of Practice/IT Committee

Dr. Andre du Toit – Lead
Dr. Elizabeth Rhoades
Dr. Azaria Marthyman
Dr. David Harrison (Resident)
Dr. Ernie Chang (PDC Representative)

Doctor of the Day (Ad-Hoc Working Group)

Dr. Andrea Lewis
Dr. Ambrose Marsh
Dr. George Wray
Dr. Jeff Unger
Dr. Terri Trottershaw
Dr. Nikki Del Bel
Sia Zabaraz / Emma Isaac
Andrew Hume

Board of Directors

Dr. Robin Saunders – Board Chair
Dr. Jenn Tranmer – Vice-Chair
Dr. Elizabeth Rhoades – Secretary-Treasurer
Dr. Michele Fretz – Member-at-Large
Dr. Allison Ferg – Member-at-Large
Dr. Andrea Lewis – Member-at-Large
Dr. Vanessa Young –
(Temporary replacement appointment
for Dr. Andrea Lewis)
Clay Barber – Executive Director (Aug. 2014)



SIDFP Board Members L-R:
Dr. Jenn Tranmer, Dr. Vanessa Young, Dr. Allison Ferg,
Dr. Robin Saunders, Dr. Elizabeth Rhoades,
Dr. Michele Fretz, Clay Barber

Support Staff and Contractors

Clay Barber – Executive Director (Aug. 2014)
Jay Boulet – Office Manager (Staff)
Jen Roberts – Administrative Coordinator (Staff)

Contracted Program & Project Management Support

Helen Truran – Program Lead, A GP for Me
Kathy Ilott – Program Lead, Partners in Care
Andrew Hume – Special Projects
Darlene Letendre – Partners in Care Strategic Advisor
Terry Manzo – Working group support
Leslie Knight – Practice Coverage Coordinator
Erica Kjekstad – Data Analyst

Contact

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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.

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