Prince George
Division of Family Practice
A GPSC initiative

CHAIR'S ANNUAL REPORT 2018-2019

What a difference a winter makes!

At the last AGM, members were asked to approve changes in the bylaws to conform to new amendments to the Societies Act. The Board's experience has not been reassuring to the long-term viability of this format. At last year's AGM, the Board advised members that a further reorganization as a Co-operative may be an option. We have completed a thorough exploration of this option and are recommending to the membership that we proceed to incorporation under the Community Services Cooperatives Act. The STRENGTHs of this include physician leadership, aligning directors' ability to participate in the programs of the PGDoFP, better communication, and better member representation as we approach each family physician to become a member of the Co-operative, resulting in a renewed sense of ownership to the Division members. The only WEAKNESSES I can think of is this will require a draw on staff time to manage the transition. The OPPORTUNITIES of this include better dissemination of information from directors to members, more younger colleague participation, and flexibility. The THREATS in transitioning include reworking the bylaws, communicating the rationale for change to members, and signing up members in the Co-operative.

Two other Divisions have become Co-operatives, and report their satisfaction in having done this. The cost for transition for them was minimal. The consultants who helped in their transitions are available to us and will be much more efficient in helping our transition, if the Division so chooses. The Board has recommended to pursue this. This will require an Extraordinary Meeting later this year to make this happen. What will be required from Division members is engagement by new emerging Division leaders to carry on the work. Your Division is your way to influence the next decades of your career, creating an environment that works for you and patients. Join in any way that you feel capable, come to any of a number of committee activities to taste. We will reimburse your time, which eases the inconvenience and financial pressures for your time. It's fun and productive!

Interdivisional relations….

We continue to work on common issues and meet with our other northern Division colleagues. We continue to learn from them and collaborate where it matters. Common work includes the Northern Psychiatry Shared Care Collaborative, sharing representation at the General Practice Services Committee, and other important provincial tables. You are well served. Recently, the PGDoFP and the Northern Interior Rural Division are beginning to collaborate on better transfers of care for patients who come from out of town to UHNBC and need family physicians during their hospitalization. Your Division also is engaging other northern Divisions supported by the Shared Care Committee improving services for elders and people with complex medical conditions who need help with coordination of their care plans from multiple consultants. More on this in the next few months.

Closer to home relations….

We participate with the Joint Leadership Committee for Health (JLC) to better coordinate care for patients. This group, which in the beginning was about family physicians' activity, is becoming more cognizant of the work of other important partners who provide services to citizens in PG. The JLC has expanded its membership and now is

equally weighted by our consultant colleagues. Other important partners from Indigenous providers are included on the JLC. The JLC is approaching Patient Voices Network for representatives as well.

The Strategic Directions of the Division were reviewed by the Board this year. Some important, small changes were adopted that clarify and refine the Vision, Mission and Guiding Principles of the Division. We want to be relevant to current drivers in our world of primary care. The aspirational goals show as strategic objectives. These include adopting cultural humility in the work we do, more effective attachment for patients and physicians, more focus on work to improve care of people who are marginalized, more physician leadership in population health activities, promotion of the value proposition of primary care and primary care homes, and continuing to lead the vision for primary care in the North.

Inside the Division…

To accommodate the work that we do together under the revised Societies Act, the board has organized the responsibilities of the Division under the Governance (chair Garry Knoll), Programs and Quality Committee (chair Cathy Textor) and the Finance Committee (chair Barend Grobbelaar). Most of the activities of which you are aware (Inpatient Doctor of the Week, Primary Care Medical Unit, Urgent Primary and Community Care Center, Recruitment and Retention, Committee Supporting Primary Care Homes) is managed by the Programs and Quality Committee. Please consider where your gifts lie. Again, here is where PHYSICIAN LEADERSHIP IS NEEDED.

Others have reported on programs in greater detail. Please read on.

Again, I want to congratulate your Division staff on the quality of work that is done. They are incredibly dedicated and committed to excellence in their work, ALWAYS trying to think of things from the position of what is best for physicians and patients. It has been a pleasure to work almost daily with our Executive Director Olive Godwin, Clinical Programs Lead Megan Hunter, and Operations Lead Sharon Tower. Certainly, as I look forward, this Division is extremely fortunate.

I also want to thank the coaches…. you rock! You always brighten my day.

And for the rest of the staff, well done and I look forward to the journey ahead.

Garry Knoll, Chair of PG Division of Family Practice