

Strategic Priorities 2025-2030

South Island Division of Family Practice





Misson, Vision and Values

—Misson

Supporting happy, healthy, and fulfilled family physicians, and their integrated primary care team, while ensuring that every person in our communities has timely access to comprehensive and compassionate primary care.

—Vision

Thriving family physicians, accessible healthcare for all.

—Values

Collaboration, Cultural Safety, Integrity, Innovation, and Well-Being.

Strategic Priorities

- _____01 Support and strengthen our family physicians and their communities.
- Increase patient access to primary care and facilitate improved patient care in the communities served by the Division.
- ——03 Guide positive primary care system change.
- _____04 Improve health care integration, coordination and communication.

We use **Key Performance Indicators (KPIs)** as quantifiable metrics to track our progress toward achieving our strategic and operational goals

1.1. Aggressively recruit and retain family physicians and team-based care providers.

KPIs:

- Increase net new physicians in the Division geography by 15% by May 2026.
- Offer Acceptance Rate: Monitor the percentage of job offers extended to physicians that are accepted. A low acceptance rate may signal issues with compensation, benefits, work environment, or other factors.
- Retention Rates: Measure and decrease attrition rate of members by 10% by May 2026.
- Referral Source Effectiveness: Analyze the sources of physician hires (e.g., referrals, job boards, recruiting agencies) to identify the most effective channels for recruitment.
- Recruitment Costs: Calculate the total costs associated with physician recruitment, including advertising, travel expenses, recruiter fees, and other expenses, to assess the efficiency of recruitment efforts.
- Mentorship Program Participation: Monitor participation rates in mentorship programs designed to support newly recruited physicians and facilitate their integration into the organization.
- Physician Productivity: Measure physician productivity metrics such as patient volumes, relative value units, and patient satisfaction scores to ensure that recruited physicians are contributing effectively to patient care.
- Measure the sense of physician belonging in the professional community through an annual survey.

1.2. Support family physicians in improving their ability to provide culturally safe care.

KPIs:

- Track number of family physicians who complete cultural competency training programs annually.
- Track number of family physicians who attend SIDFP Cultural Safety learning events annually.
- Develop clear policies around Indigenous representation in our Division/PCN roles so that we are best informed about cultural safety.

1.3. Enhance the well-being, contentment, fulfillment, and empowerment of family physicians through the implementation of targeted programs and initiatives.

KPIs:

- Burnout Rates: Annually, measure the frequency and severity of burnout among physicians using standardized surveys such as the Maslach Burnout Inventory (MBI)
- Utilize Physician Wellbeing Index (Mayo Clinic) annually with members.
- Increase attendance rates at wellness workshops, seminars, health fairs, and other educational events by 10% by end of 2025.
- Involve 10 new physician mentors to the existing Peer Support program by the end of 2025.

1.4. Facilitate member access to practice support opportunities.

KPIs:

- Measure how many physicians are using this service in the Division.
- Increase PSP use by 10% by the end of 2025.

1.5. Support the education of medical students and residents and promote the expansion of Family Medicine training opportunities on the South Island.

KPIs:

- Increase the number of preceptors available yearly.
- Work with local physicians to develop electives for out-of-town medical students to experience our local medical community.
- Advocate for increased local family practice residency positions.
- Work with the existing residency programs to support a focus on longitudinal primary care in residency training including the evaluation on an annual basis of the residents' satisfaction with their exposure to primary care during their training.
- Bring the conversation about strengthening medical education to our regional partners

1.6. Support Family Physicians to provide safe and effective care for marginalized and underserved populations by measuring annually:

KPIs:

- The number of physicians who complete Gender-Affirming Primary Care training through Transcare BC.
- The number of physicians who complete Provincial Opioid Addiction Treatment Support Program through BCCSU.
- The number of physicians who open their practice to refugee and newcomer care provision.
- The number of physicians with enhanced mental health training.
- The percentage of people in Indigenous communities who have access to primary care services on and off reserve.
- The perceived comfort level amongst Indigenous communities in accessing health care when needed.
- Patient satisfaction scores specifically related to perceptions of cultural safety in interactions with family physicians and their staff.

Increase patient access to primary care and facilitate improved patient care in the communities served by the Division.

2.1. Increase patient access to primary care for all patients in our communities.

KPIs:

- Measure annually percentage of population with access to primary care in the SI geographic region.
- Increase the percentage of patients in the Division communities who have access to a regular primary care provider or a team-based primary care provider to 85% by end of 2025 and 90% by 2028.
- Measure annually the median (by second available appointment*) wait times for appointments with primary care providers.
- Decrease emergency department visit rates for non-emergency (CTAS 4 and 5) conditions that could have been seen in primary care/episodic care environments.

2.2. Promote and support enhanced team-based care.

KPIs:

- Through consultation with the PCN expand multidisciplinary services within (to be determined) existing team-based care clinics by (to be determined).
- Through consultation with the PCN support the establishment of (to be determined) new team-based primary care clinics by (to be determined).
- Annually measure the satisfaction rate amongst member physicians with PCN services in facilitating team-based care in their clinical environments.

Increase patient access to primary care and facilitate improved patient care in the communities served by the Division.

2.3. Achieve a clear understanding and agreement regarding the inter-relationship between the Division and its PCN including their respective organizational roles, responsibilities, and objectives.

KPIs:

- Through regular consultation with the PCN develop a clear understanding of the roles and responsibilities of the Division under its mandate to provide leadership and backbone support for the PCN.
- Develop a clear understanding of the specific roles and obligations of the Division with respect to the management of the PCN staff.
- Develop a strategic plan to select and appoint the Steering Committee Convenor and Co-Convenors.
- Arrange regular reporting by the Convenor to the Division Board, to ensure that the PCN's strategic priorities are aligned with the Division priorities and are being achieved.

Guide positive primary care system change.

3.1. Foster trust and understanding between family physicians and Indigenous patients.

KPIs:

- Host three annual events for family practice physicians and clinic staff with the objective of transferring knowledge from traditional healers, knowledge keepers and/or Elders by end of 2024.
- Have 70% of physicians complete cultural safety training by end of 2025.
- Develop clear policies that ensure Indigenous representation in all aspects of our organization and programming.

Guide positive primary care system change.

3.2. Ensure that family physicians can significantly influence primary care policies and systems and lead the delivery of primary care services in the communities served by the Division.

KPIs:

- Collaborative Partnerships: Track the number and quality of partnerships established with other organizations, coalitions, or stakeholders working towards similar primary care policy goals to leverage collective influence and resources.
- Support the ongoing participation in medical student education and residency working groups.
- Ensure the Division's interests, including the PCN, are represented at key decision tables.
- Organize four opportunities annually for physicians to offer their ideas about the most pressing needs for positive change in primary care.
- Track and promote specific examples of primary care changes influenced by the Division.
- Develop a Planetary Health working group and policies to honour the role and impact of health care on the climate emergency.

3.3. Articulate a clear Division position on issues that are in alignment with Division priorities.

Improve healthcare integration, coordination and communication.

4.1. Increase awareness amongst members of Division priorities, resources, activities and available Health Authority/community-based services and resources.

KPIs:

- Measure annually the number of members reached through various awareness campaigns.
- Monitor the effectiveness of different channels for disseminating information, such as websites, social media platforms, print materials, and community outreach events.
- Assess members' knowledge and understanding of the range of health services and resources available locally.
- Track changes in the utilization of health services and resources by patients following Division awareness campaigns to measure the impact on access and utilization.

4.2. Strategic Partnership Expansion: Foster collaborations and partnerships across the care continuum.

KPIs:

- Measure annually the number of new strategic partnerships established.
- Monitor the development of joint initiatives, projects, or campaigns.
- Facilitate improved relationships between Family Physicians and Specialist Physicians to improve access to Specialist services.

Improve healthcare integration, coordination and communication.

4.3. Proactively interact and collaborate with other Divisions to achieve aligned strategic objectives.

4.4. Strengthen the foundation of the organization, build awareness and engagement.





Learn More



www.southislanddivision.ca



info@sidfp.com



250-658-3303

