

**Central Okanagan Economic Development Commission
Advisory Committee Meeting Minutes
Wednesday, May 28th, 2025, 7:30 AM
Regional District of Central Okanagan, Woodhaven Boardroom
1450 K.L.O. Road, Kelowna**

✓ = attended X = Absent * Not required A = Alternate Attended

Advisory Committee Executive:

✓	Hughes-Geekie, Sharon, Chair
✓	Larson, Janice, Past Chair
✓	Malcolm, Ryan

X	Nagy, Angela
✓	Quinn, Paula, Vice-Chair

Advisory Committee:

X	Alexander, Andrea
X	Alluri, Rama
X	Ballantyne, Lianne
X	Berrie, Carla
X	Bowles, Ron
X	Bruns, Myles
✓	Burleigh, Mark
✓	Carnio, Alex
X	Collins, Dave
X	Dawn, Jeremy
✓	DeVeer, Cassidy
X	Douglas, Laurel
✓	Dyas, Tom
X	Friesen, Jason
X	Ferreira, Christina
X	Gatzke, Alan

✓	Gratz, Derek
X	Harper, Shauna
X	Ireland, Blair
✓	Jones, Garrett
✓	Kam, Michelle
X	Labrecque, Cory
X	Lake, Brea
X	Lovegrove, Gord
✓	Metvedt, David
X	Mullings, Dale
X	Popoff, Chantel
✓	Rezania, Sepideh
A	Ritchie, Geoff
A	Robinson, Heather
✓	Schlosser, Joanna
X	Selby, Robert

A	Spencer, Sandra
X	Sulentich, Ruth
X	Threlfall, Rich
X	Thurnheer, Laura
X	Walker-Matthews, Ellen
✓	Wall, Jonathan
X	Wang, Bill
A	Widmer, Larry
X	Wolf, Mike
✓	Wong, Roger

Staff and Consultants:

✓	Mallory, Krista
X	Lesack, Sascha
✓	Rambe, Mohana
✓	Ververda, Brianne

✓	Walraven, Jen
X	Weston, Eva
✓	Foster, Jodie
✓	Ginter, Sally

X	Miller, Tory
✓	Stark Leader, Myrna

Guests:

Dr. Main, Laurie
Weiss, Brent

Whalley, Beth
Dr. Stevenson, Milt

Muncey, Tara

1. Call to Order

Chair Sharon Hughes-Geekie called the meeting to order at 7:35 am.

2. Land Acknowledgement

The Chair acknowledged our presence on the traditional, ancestral, and unceded tñxʷúlaʔxʷ (land) of the syilx / Okanagan people who have resided here since time immemorial. We recognize, honour, and respect the syilx / Okanagan lands upon which we live, work, and play.

3. Adoption of Minutes

Minutes of April 23, 2025, unanimously approved.

4. Regional Healthcare and Doctor Recruitment and Retention

Dr. Laurie Main, Doctors of BC, Board of Directors

Brent Weiss, Regional Advocate and Advisor, Doctors of BC

The presentation included an overview of Doctors of BC which used to be the BC Medical Association. They are working together to support Doctors of BC to be leaders improving the healthcare system and patient care.

See presentation sent May 29th.

Beth Whalley, Executive Director, Central Okanagan Division of Family Practice

Dr. Milt Stevenson, Interior Physician Recruitment & Retention Network

The Interior Physician Recruitment & Retention Network (IPRR) began to help replace doctors when they were preparing to retire. There was collaboration needed to connect people. The regions work locally, then approach the province with their findings and requirements for engagement and retention.

See presentation sent May 29th.

Discussion:

- A concern for retention of doctors is that there's no psychological safety training or reporting mechanism for hospitalists or doctors working as independent contractors. Workplace culture is very important. 1 in 3 have been victims of violence in the workplace.
- Local Family Physician (LFP) payment model has enabled physicians to spend more time on complex cases providing better care than with the former fee for service model. This has allowed more doctors to stay in their communities but does not necessarily support the addition of assistants within a practice.
- 1 hour spent with patients usually leads to more than 1 hour of administrative follow up and there's no provision to hire staff nor supportive business training. AI is not yet reliable enough to use effectively for the necessary documentation.

- There are now hubs for traditional longitudinal health care where a variety of services are available together. This works well for middle class people who already have a family doctor. There are groups of people who fall through the cracks and are not being served in those settings. More community-based clinics with different group resources and navigators are needed to address their concerns. This helps keep people out of emergency as well.
- One of the biggest recruitment challenges is the length of time it takes for International Medical Graduates (IMG), most of whom are Canadian, to get certified to practice in BC. The cost to taxpayers for the 2-year UBC residency of an IMG is \$500 000, compared to \$130 000 for the 12-week Practice Ready Assessment for graduates of countries other than the UK, Ireland US or Australia, and \$0 for doctors from the previous 4 jurisdictions. Another challenge is that while there are separate groups working on recruitment, the contracts for specialists need to come from Health Authorities.
- The paperwork required to be able to practice here from different jurisdictions needs to be streamlined and IPRR is working on that.
- When doctors leave the region many exit surveys indicate that their families have not found a connection to the community and often end up going to larger urban centers.
- The Central Okanagan Division of Family Practice (CODoFP) has the same local area as this Advisory Committee. There are 36 regional groups of Division of Family Practice around the Province and 7 of those are within Interior Health.
- Maternity and pediatrics and long-term care are in crisis right now, especially in relation to administrative burden, scheduling and on-call work. The CODoFP is specifically funded to help ensure people moving into a care facility maintain a family physician in that process.
- The unattachment rate (number of people without a family doctor) is estimated at 30-40% of the population even though almost 12 000 people got matched with a GP last year. There are currently over 14 000 people registered and waiting with many more assumed not to be aware of the registry. The attachment team provides the necessary human relationship connections.
- The IPRR is advocating to speed up the process of interprovincial registration of recruited doctors as well.
- There will be about 130 family physicians retiring in the next 5 years and the current rate of recruitment can only replace about 100. Newer family practitioners are also spending only some of their time in family practice with the rest doing side gigs or choosing lifestyle balance, so the recruitment rate needs to increase about 1.5 times.
- The COEDC can help by supporting connections for Doctors' spouses to find high level employment opportunities and encouraging commercial lease space appropriate for doctors' offices in new developments.
- There is a crisis and disconnect from a public health user experience. Young families want to feel safe to raise their kids here knowing that care will be available when needed. Public awareness of how to use primary care effectively, through attachment, is huge in maintaining efficiency in the rest of the system.

- There needs to be recruitment of specialists as well so the different types of doctors can work collaboratively. Some areas of the province have been working on specialist recruitment, but our region had been restricted with its funding and inability to offer contracts they don't own.
- Physician Waffle House is an online project out of Vernon intended to provide peer support and connections, leadership training, help with finding locums, etc. This was developed with the assistance of an economic development grant from ETSI-BC.
- The primary care network is virtual in nature so there is flexibility in how care is provided.

Action Items for Advisory Committee: Share public awareness information such as the Central Okanagan Primary Care Network, <https://centralokanaganpcn.ca> and the Health Connect Registry, <https://www.healthlinkbc.ca/find-care/health-connect-registry>

5. New Business

- COEDC shared our Q1 2025 Progress Report with the Committee.
- OYP coffee socials May 29 at The Recovery Spa, and June 24th, 8-9:30 at Paynter's Fruit Market in partnership with the Greater Westside Board of Trade.
- The Shuswap Cardiac Society is hosting a charity golf tournament on June 21st. To participate or sponsor: <https://shuswapcardiacsociety.org/tee-off-for-heart-health/>

Adjournment:

Meeting adjourned at 9:00 am.



Creating a better future for health care

Dr. Laurie Main
Internal Medicine Specialist
Director - Doctors of BC Board

Brent Weiss
Regional Advisor and Advocate
Advocacy & Government Relations

**doctors
of bc**

We're supporting
BC doctors to be
influential leaders
driving positive
transformation.



doctors
of bc

Direction & priorities

We work proactively with physicians so they can support their patients and be leaders in transforming health care.

Increase the influence of the physician voice

Promote physician health, wellness and safety

Ensure fair compensation and provide business support

Engage members on the future of the profession and the culture of medicine

Interior Health: Rural retention & other challenges

What we know

Doctors of BC is aware of the significant challenges IHA is experiencing

- We met with Interior Health senior management to discuss improving engagement and working together.
- Staffing and maintaining mid-sized emergency rooms are issues around the province including specialists in major hospitals in the Okanagan.
- Workplace conditions and culture matter more than they ever have.

We know family physicians have changed practice due to the LFP Payment Model.

- Returning to practice is impacting hospitalist, emergency department, and in-patient care.

2023 Physician Engagement survey : Key themes



FACILITY RESOURCES



STAFFING



**LEADERSHIP
CHALLENGES**



**UNSAFE WORK
ENVIRONMENT**

Physician Master Agreement

2025-2028 Physician Master Agreement

- The PMA covers compensation, benefits, and other non compensation items such initiatives of the Joint Collaborative Committees.
- Success supporting family physicians, however, seeing challenges in other areas, such as rural medicine and hospital care, that need attention.
- The increasing administrative burdens placed on physicians.

Negotiations environment

Ministry priorities

- Crisis management

Other key factors

- Economic environment is still unsettled, and trade disputes
- Change in MOH leadership

Overhead & business costs

Doctors of BC business support

- Business planning and support
- Billing advice
- Legal contracts
- Human resourcing
- Grants and funding

Dr. John Soles, Dr. Milt Stevenson,
Riley Gettens, Jacqui van Zyl,
Shelley Sim, Sarah Sandusky



IPRR: INTERIOR PHYSICIAN RECRUITMENT & RETENTION

With humility, we acknowledge that the IPRR network is collectively gathered across the traditional, ancestral, and unceded territories of seven First Nations: Dakelh Dene, Ktunaxa, Nlaka'pamux, Secwepemc, St'at'imc, Syilx and Tsilhqot'in.

This region is also home to 15 Métis Chartered Communities.

2024 IPRR NETWORK



IPRR IMPACT: RECIPROCAL RELATIONSHIPS



Interior

Community

Provincial

MoH, CPSBC, HMBC, FPSC,
DoBC, UBC IMG, PRA-BC,
IH, FNHA



Regional

IPRR = Divisions & rural
Chapters, physician leads,
staff, IH, FNHA



Local

Division of Family Practice,
Chapter, physician lead,
medical facilities

"It feels like the IMG process is more organized and transparent.
I am confident knowing that there is a group tackling the challenges
that I don't have the capacity (or authority) to take on."

- IPRR member



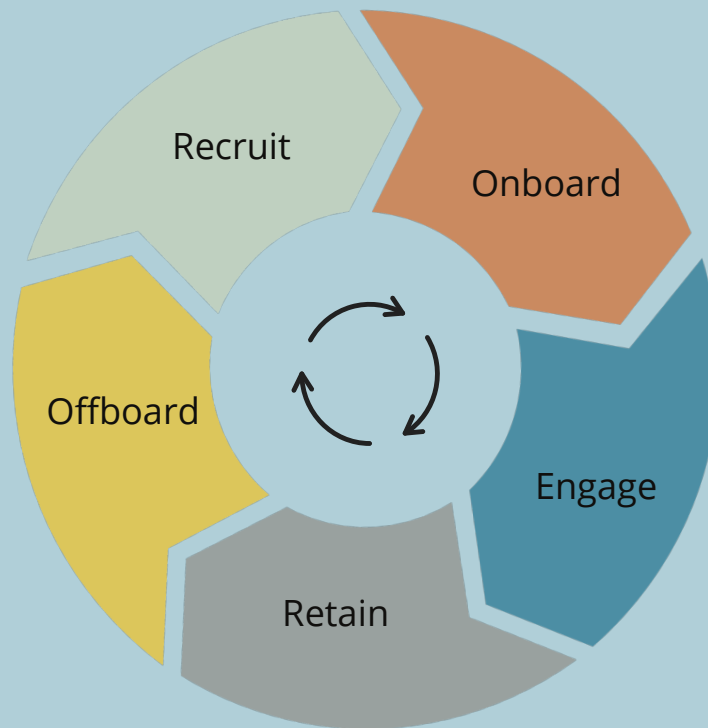
IPRR IMPACT: LIFE CYCLE SUPPORT

Divisions & physicians facilitate the full cycle while navigating return-of-service requirements, supervision, clinical assessments and preceptorships.

IPRR offers the multiplier effect through an inter-agency approach that influences an expansive scope of recruitment and retention initiatives with local impact.

“One beautiful result of IPRR has been cross-referrals between Divisions because we now work from the premise of finding an ideal, sustainable fit for physicians, as pro-active retention will ultimately strengthen communities.”

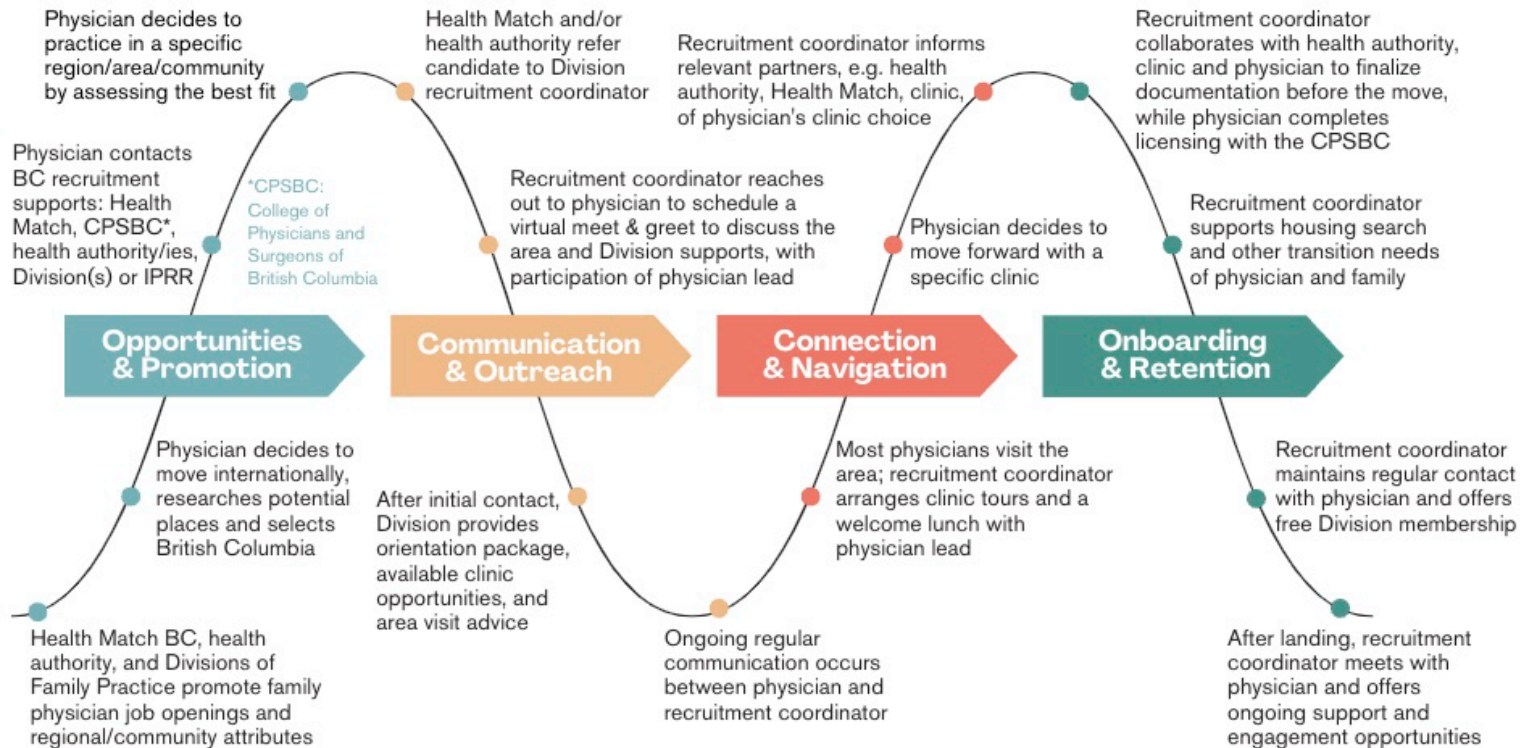
- Recruiter, Division of Family Practice



**Local Recruitment Retention Retirement
Cycle**

IPRR IMPACT: CANDIDATE NAVIGATION

Journey Map International Physician Recruitment



IPRR IMPACT: PHYSICIAN SUPPLY

01

UBC IMG
International
Medical
Graduates

Annual project

Facilitated an enhanced, transparent, equitable and predictable IMG process for Divisions

Facilitating 8-12 FP transitions annually from UBC Residency, through the return-of-service (ROS) match process, to medical practice in community

02

Practice
Ready
Assessment
PRA IMGs

Annual project

Designed a PRA equity model with rural prioritization; now leading a quality improvement project to refine the process

Distributing 20 PRA IMG physicians per year and nurturing each candidate's best fit for ROS placements

03

International
Physicians via
Approved
Jurisdictions

In development

Reducing recruitment barriers for physicians from the 4 approved jurisdictions (USA, UK, Ireland, Australia)

Advancing strategic alliances and inter-agency collaboration and outreach to address candidate feedback

04

Out of Province
Residents &
Interprovincial
FP Migration

In development

Establishing a framework to support out-of-province medical residents, such as with Division-based electives in BC

Engaging Canadian family physicians (FPs) seeking a transfer to medical practice in BC from other provinces

05

IPRR Network,
Innovation Hub
& Innovation
Working Group

Ongoing development

Sharing proven practices, templates and tools via online resource library and monthly networking

Collective forums for incubating solutions, cultivating knowledge, enhancing connections, reducing duplication, and upskilling recruiters

IPRR IMPACT: INTER-DIVISIONAL EQUITY

Since the inception of IPRR, the distribution of return-of-service candidates has expanded 45%, with 13 new communities receiving family physician matches, while retention data is improving as the IPRR network matures

“Rural and remote communities would be much better served if IMGs who are passionate about rural medicine were selected.”

- Dr. John Soles, Interior Region Physician Lead, RRDGP





Central Okanagan Division of Family Practice

Presentation to the COEDC Advisory Committee
May 28, 2025



What are Divisions of Family Practice?

- Divisions of Family Practice (DoFP) are community-based groups of family physicians that provide a collective voice to influence health care delivery and policy and to work on member-driven projects.
- There are currently 36 Divisions representing more than 230+ communities in the province.
- Divisions of Family Practice are funded by the Ministry of Health and Doctors of BC through a partnered committee: the FPSC, or Family Practice Services Committee.





Our guiding principles



Vision

Family medicine thrives;
healthy communities
flourish.



Mission

The Central Okanagan Division of Family Practice empowers members and collaborates with partners to optimize the care and health in their communities by identifying and implementing innovative, local solutions.



Values

The Central Okanagan Division of Family Practice is a member-driven organization that:

- Works collaboratively with its members, healthcare partners, and community stakeholders to deliver our mission and vision;
- Empowers our members to be leaders in their community through the provision of learning opportunities and innovative, adaptable healthcare solutions;
- Aims to be inclusive in all approaches to our work, appreciating the strengths and diversity of our membership and the communities we serve.



Central Okanagan Division



2024-25

348

Physician Members

60

Family Practice Clinics

11

Specialty Clinics

The majority of our family physician members work in community-based practice in Kelowna, West Kelowna, Lake Country and Peachland. Membership also includes physicians working with Interior Health programs or as hospitalists, locum physicians and those working in focused practices.



What do we do?

Partnership Work

Primary Care Network- partnership between Interior Health and Family Physicians to provide Team Based Care within family practice clinics

Long Term Care Initiative: partnership between Long Term Care Homes, Interior Health and Family Physicians to ensure patients entering LTC are attached to a care provider for consistent high-quality care

Provider Supports

R3 Supports- Physician Recruitment, retirement and Retention/wellness supports

Clinic Support- supporting physicians to hire and maintain staff, procure cost effective clinic space, manage technology, etc

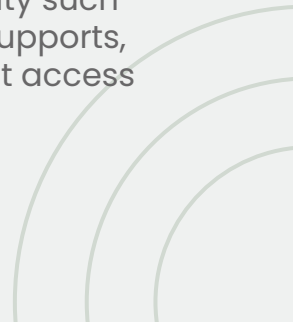
Connection: The soft work of the Divisions is to ensure we can speak on the behalf of family physicians to health, community, and businesses partnerships.

Community Based

Patient Attachment- working within the Provincial Health Connect Registry, Division supports patients to attach to available providers



Quality Improvement- Project based work supporting in time needs within the community such as maternity care supports, or improving patient access to providers

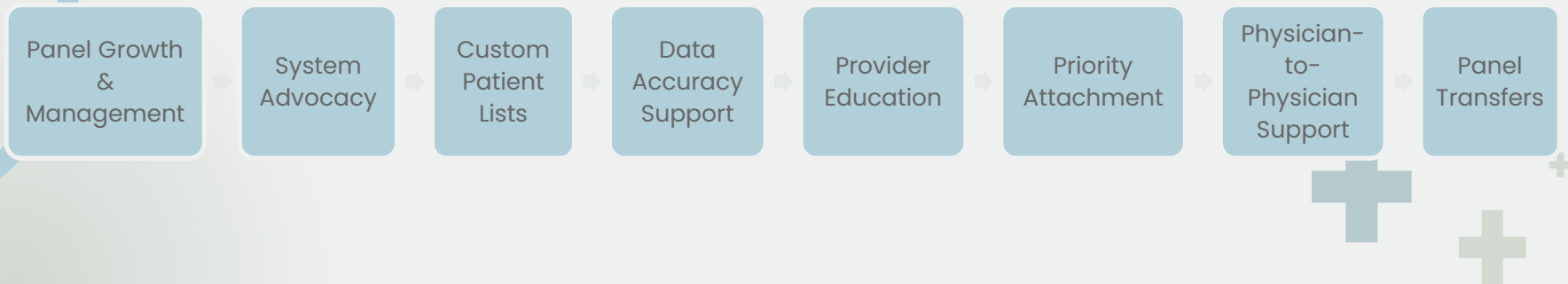




Attachment and Health Connect Registry

Total number of patients attached through HCR launch in July 2024 to April 2025	9,843
Number of patients currently unattached in the Central Okanagan	14,428
Number of providers who have attached patients through HCR	28

Attachment Team Supports:





Recruitment And Retirement

Number of physician hired in 2024/25:	16
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Estimated number of physician hired for 2025/26:	20
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Expected retirements between 2025-2030:	130
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Where can we partner:

Sharing

Data sharing:

Attachment Data
Physician Data
Clinic Data

Community

Community Awareness
Physician Integration
Family and Spousal
support

Providers

Business opportunities
and support
Physician Recognition
Wellness





Thank you

Do you have any questions?



Central Okanagan
Division of Family Practice
An FPSC initiative