

Medical Leadership Information Session

OCTOBER 2025



Agenda

- 01 Introduction
- 02 Departmental Structure
- 03 Acute Structure & Roles
- 04 Community Structure & Roles
- 05 Transition Plan
- 06 Discussion

Introduction | Case for Change

This work is grounded in what we've heard from medical staff - and we've listened.

Critical areas for improvement:

- Ensure clarity in leadership roles and foster effective co-leadership
- Strengthen governance and decision-making structures
- Create clear, transparent processes for FTE allocation and compensation
- Improve supports for effective onboarding and leadership development



In June 2024, a Case for Change was presented to, and supported by, HAMAC.

Introduction | Engagement-Led Approach

Our approach was guided by a thorough analysis of the current state, review of evidence and best practices, and grounded in meaningful engagement.

Advisory Group*



Design Labs:

- ML Onboarding
- Design Principles
- ML Structure

Advisory Group Membership:

MSA representatives + recruited Medical Leaders from different regions, leadership positions and time in leadership + administrative co-leaders

Medical Director Focus Groups



Service MDs
Community MDs
Program MDs

Interviews



Departed Medical Leaders
Medical Staff at Large
EMDs
Chiefs of Staff
Department Heads
Division Heads
Medical Directors
Medical Leads
LTC Coordinators
Executive Directors
Directors, Clinical Operations

Standing Meetings



Multiple presentations at the following:
Department Head Council
Chief of Staff Quarterly
Med Staff Townhall
MSA Transparency and
Communications Committee
HAMAC AOM
HAMAC

**Over 100 individual medical staff were engaged in the design phase. Engagement is still ongoing.*

Introduction | Key Changes Overview



One medical staff member → one department.



All departmental roles are regional (Div Head, Dept Head).



Leadership roles combine governance, quality and operations.

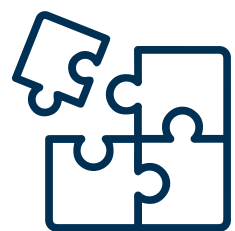
Changes to Acute Structure:



The Site Chief - serves as the department's service lead at each site.

Chiefs of Staff and Site Chiefs have a lead role in local operations.

Changes to Community Structure:



Community Medical Director role supports transitions between
Community, Long-Term Care, and Acute settings.



Introduction | Time & Compensation

Two main improvements to enhance fairness, consistency and transparency:

1. Workload Funding Model:

- Size of site/group
- Department complexity
- Provincial accountabilities and operational programs

2. Time commitment and compensation will be listed in recruitment documents, job descriptions, and contracts.

Note: *FTE and compensation for individual roles are still in development.*





Departmental Model

Department Structure | **Definitions**

Department definitions have been updated.



Department

defined by specific colleges and residency training



Divisions

sub-specialty of a Department defined by training
(no geo-based Divisions)



Sections

sub-specialty of a Division, all regional

Department Structure | **Structure**

Structure	Examples		Main Changes
Department*	Anesthesiology Emergency Medicine Family Physicians Imaging Medicine Medicine Midwifery Nurse Practitioners	Obstetrics and Gynecology Pathology and Laboratory Pediatrics Population Health and Preventative Medicine Psychiatry Surgery	Creating some new departments Changing some departments to reflect the membership
Division	Cardiology, Neurosurgery, Nuclear Medicine, etc.		Divisions are organization-wide One Division Head per Division
Section	Interventional Cardiology, etc.		Few Sections for highly specialized services One Section Head per Section

Department Structure | Governance Connections

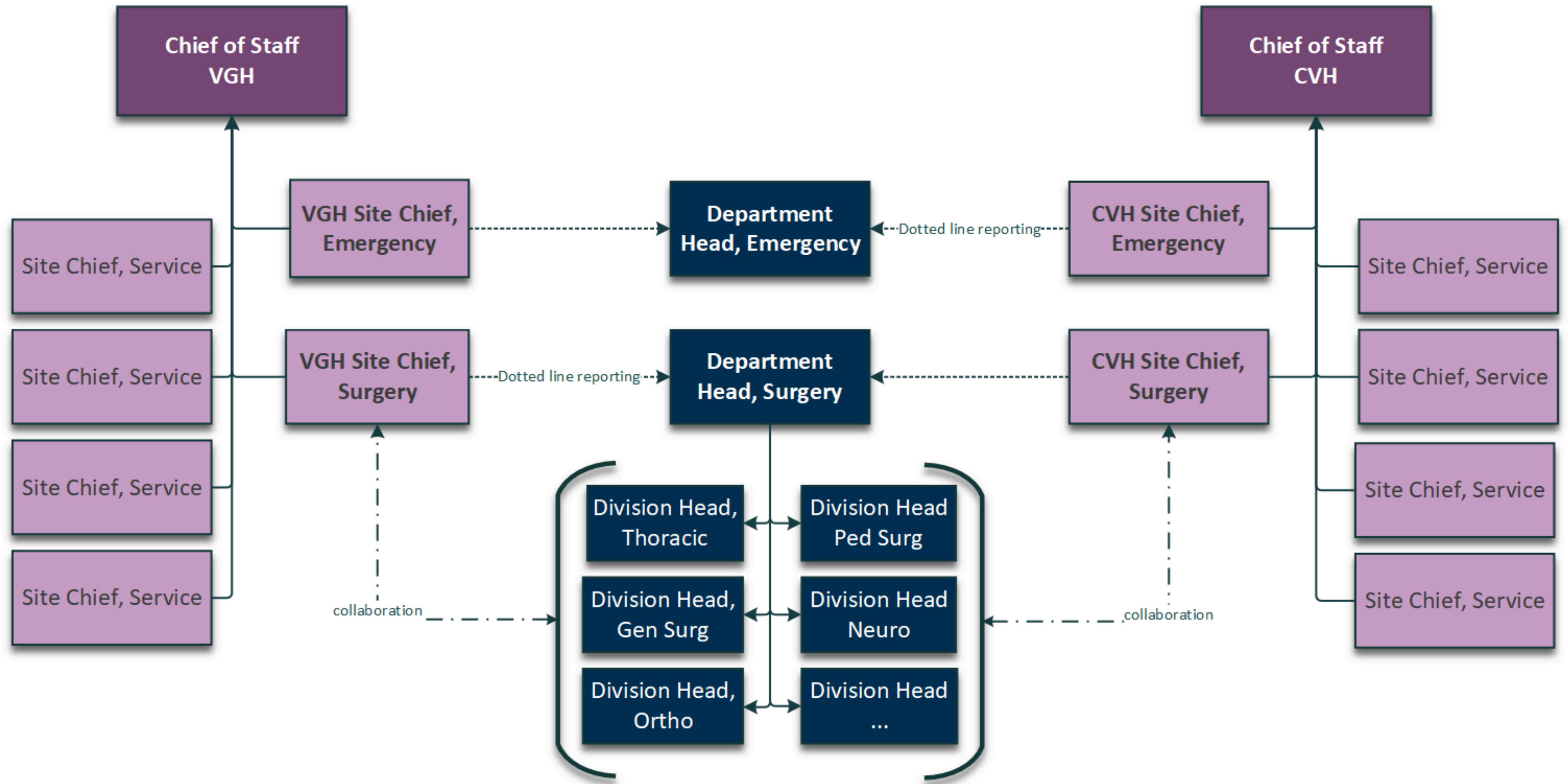
Regional Leader	Clinical Governance (Quality)	Medical Governance
EMD	• ICGC • Chair, CLHA* Q&Ops Council	• HAMAC
Department Head	• Chair, CARE Network • ICGC	• Chair, Department Meeting • Dept Head Council • HAMAC
Division/Section Head	• CARE Network/SSA	• Chair, Division Meeting • Department Meeting
Quality Lead	• Specialty Service Area (SSA)	• Department Meeting

*CLHA: Consolidated Local Health Area



Acute Structure and Roles

Leadership Model | General Acute Structure



Roles and Responsibilities | Division Head Role

Current State:

Currently, what constitutes a Division is poorly defined.

Jurisdiction	Count
Regional (i.e., subspecialty)	35
Geographical	42
Site	15

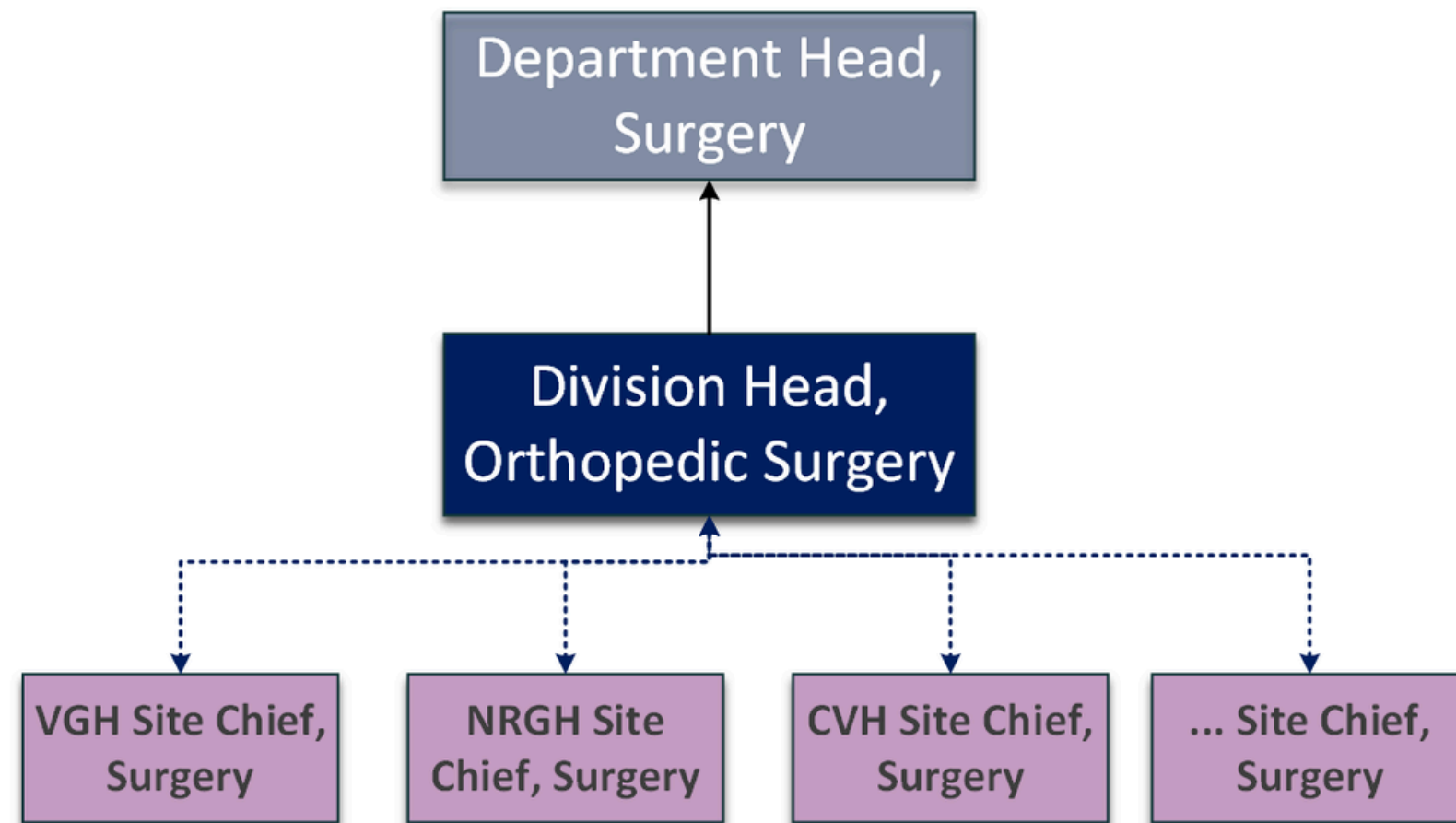
Future State:

Definition: Divisions are clinically defined specialty groups within a Department [ex: fellowships] and/or are unique clinical roles in which medical staff practice entirely or almost entirely.

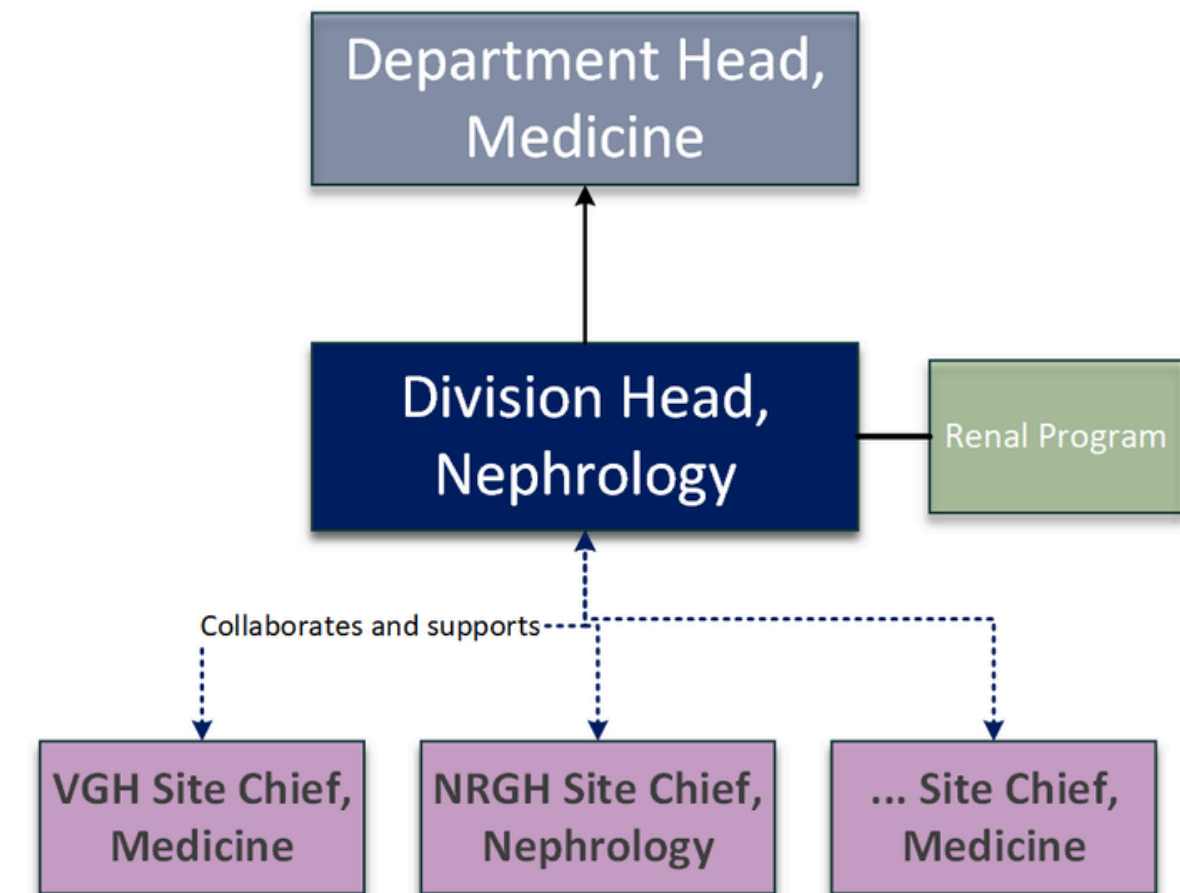
- All Division Head and Section Head roles will be **only regional**
- One Division Head per division;
- Division Head role absorbs Medical Director role responsibilities, where applicable.

Roles and Responsibilities | Division Head Role

Balancing standardized regional model with unique departmental needs.



- Leads education, governance and strategic planning;
- Support Site Chiefs in performing C&P, HR, and local recruitment;



- Wherever possible, the Division Head also has accountabilities for the affiliated Program/Service (absorbs Medical Director responsibilities)

Roles and Responsibilities | Stand-Alone Division

Stand-Alone Division (Acute): where medical staff from more than one department are working in the same field.

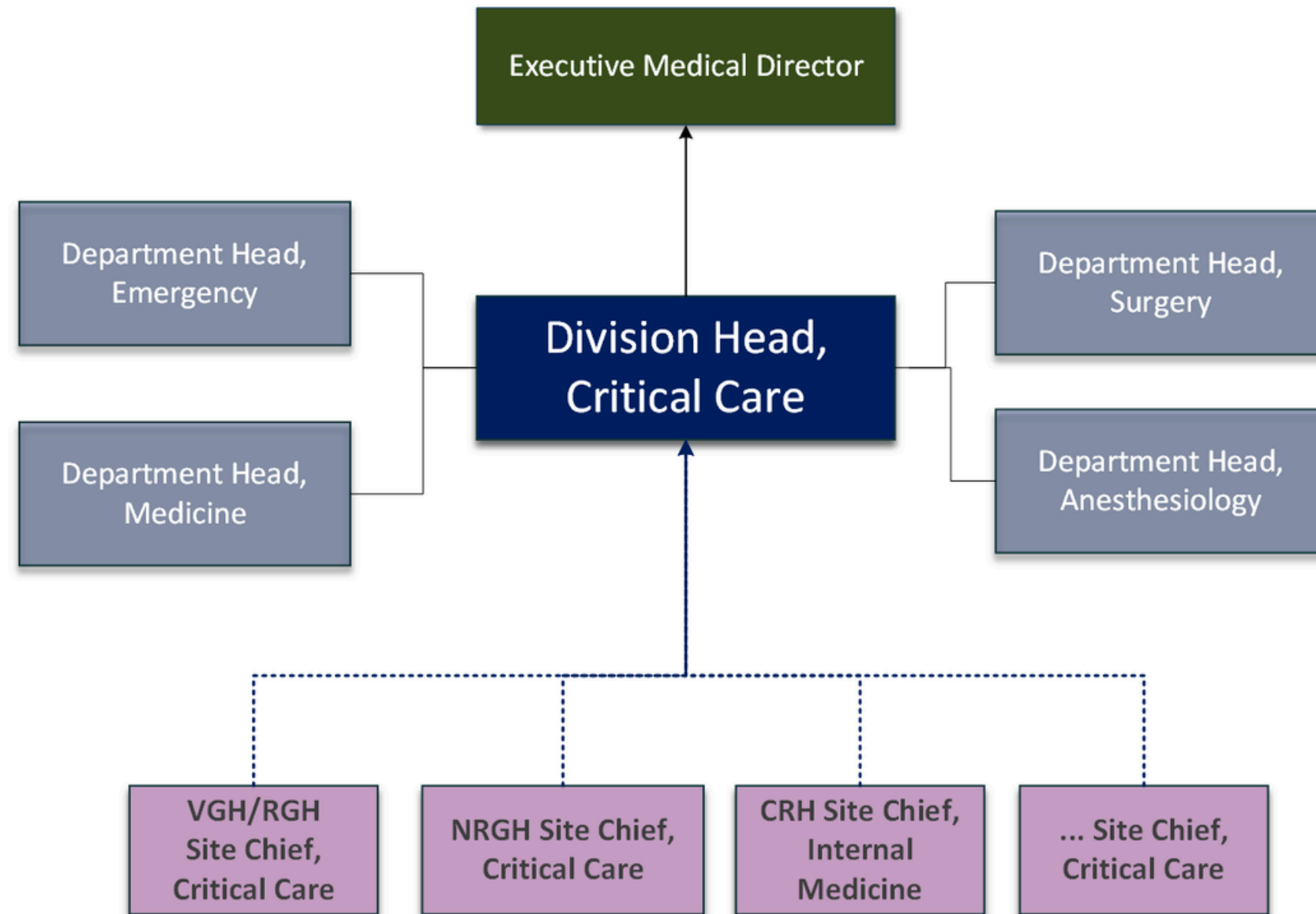
Stand Alone Divisions:

- | | |
|------------------------|--------------------------|
| 1. Critical Care | 4. Multidisciplinary and |
| 2. Trauma | Interventional Pain |
| 3. Addictions Medicine | 5. Palliative Medicine |

- Stand-Alone Division Head oversees quality and education;
- Division Head absorbs Medical Director role and oversees the operations for the regional program, where applicable;
- Separate from each Department - collaborates with Department Heads;
- “Members” also have a primary Department they belong to based on core training.

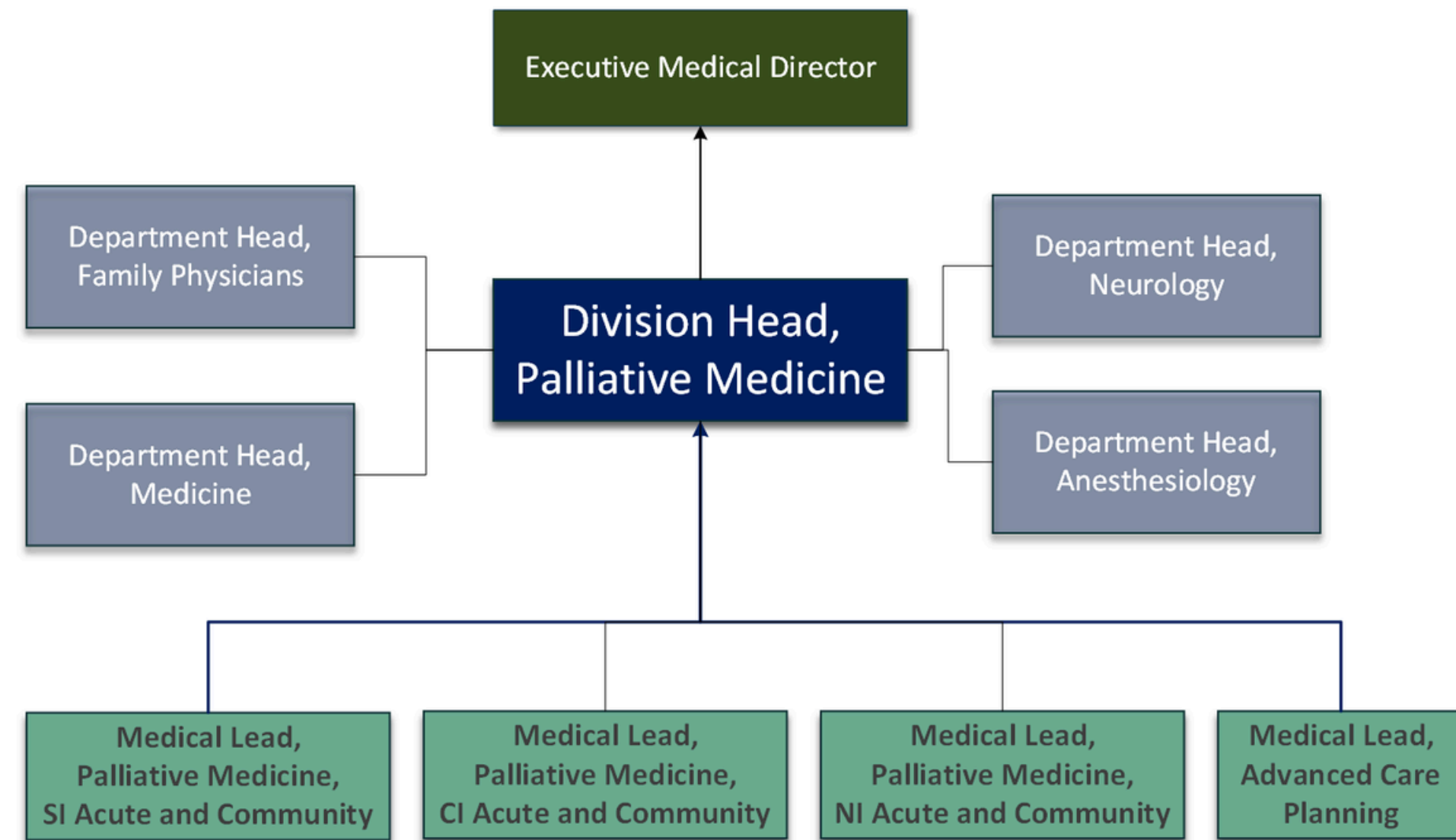
Roles and Responsibilities | Stand-Alone Division

Acute Programs



- For acute only programs, Site Chiefs report to the Chief of Staff and have secondary reporting to the Stand Alone Division Head.

Acute and Community Programs



- Programs that span community and acute sites, Medical Leads report to a Division Head

Leadership Model | Site Chief Role

For Hospital and Inpatient Sites

Current State:

Medical Lead

Division Head

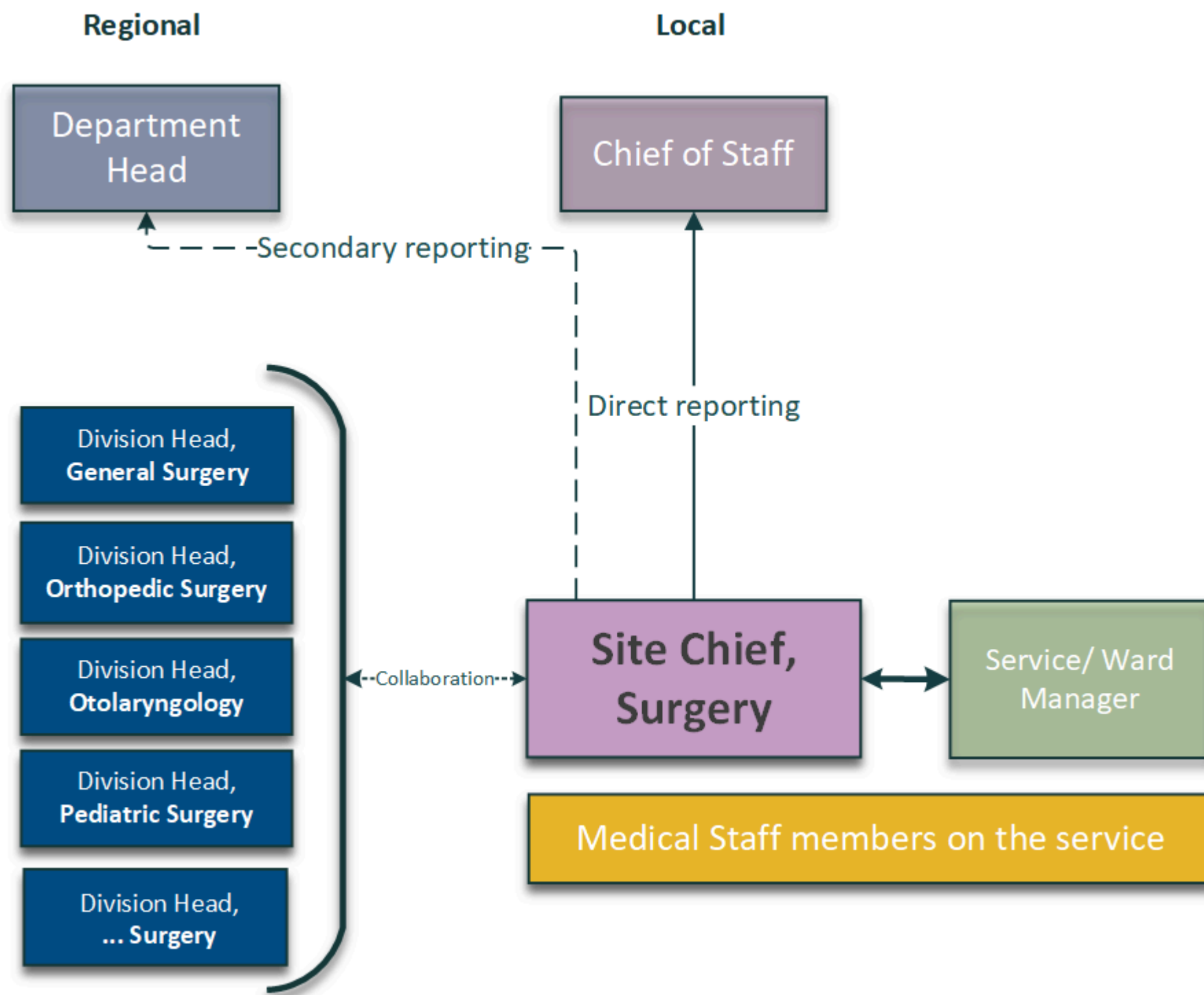
- local operations
- quality improvement
- local credentialing and privileging
- local recruitment
- human resources/ conflict resolution

Future State:

Site Chief

The operational and governance leader for a service at a site.
Supported by Division Heads & Department Heads on C&P,
recruitment, and planning.

Leadership Model | Site Chief Role



Key Responsibilities:

- Leads day-to-day service delivery
- Leads recruitment and credentialing and privileging (C&P)
- Drives quality improvement
- Holds medical staff members accountable for quality of care provided
- Advocates for service needs
- Reports to Chief of Staff, dotted reporting to Department Head
- Collaborates with Division Head(s) on C&P, education, standards

Leadership Model | Governance Accountabilities

For Hospital and Inpatient Sites

	Site Chief	Division Head or Department Head
C&P Applications	“Primary” stage Provisional to active privileges	"Secondary" stage Flagged and/or Non-Routine applications
Workforce Planning	Local workforce needs	Regional Strategy and Workforce Planning
Recruitment	Oversee recruitment and selection process	Participate in local recruitment where applicable/as needed
Medical Quality and Education	No	Yes
Respectful Workplace	Primary role	Supportive role

Leadership Model | Med Staff Perspective



**For acute sites only*

Acute Structure | Governance Connections

Local Leader	Clinical Goverance (Quality)	Medical Governance
Chief of Staff	• Co-Chair, Acute Q&Ops • CLHA Q&Ops Council	• Chair, LMAC • HAMAC
Site Chief	• Acute Q&Ops • CARE Network	• LMAC • Department Meeting

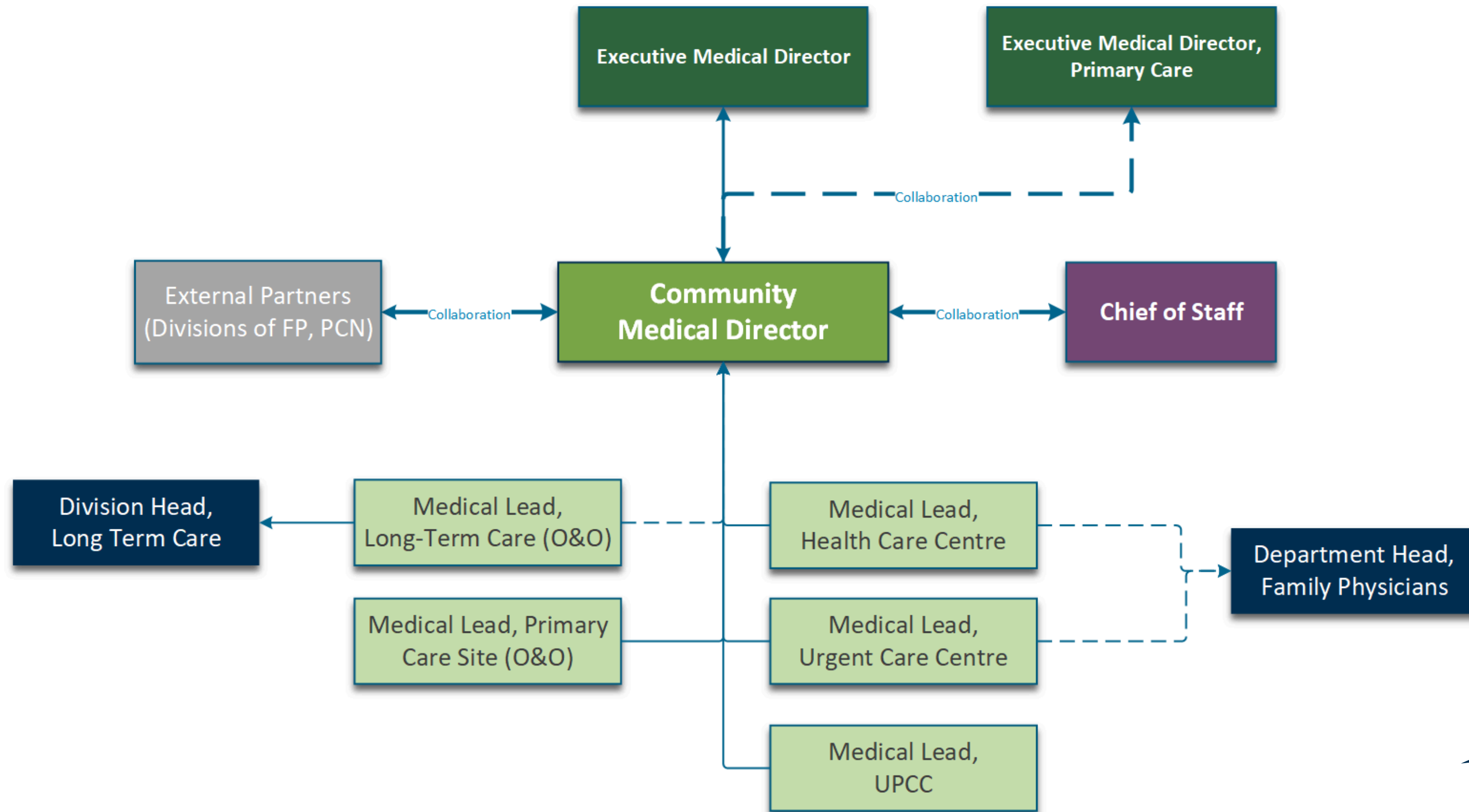
*CLHA: Consolidated Local Health Area





Community Structure and Roles

Community Focus | General Community Structure



Community Focus | Community Medical Director

Main Changes:

- Community Medical Director role will support transitions between community, long-term care, and acute settings, collaborating with Chief of Staff and external partners.

Note: Long Term Care detailed structure is still in development and will be updated in early 2026.

Community Medical Directors in each of the following communities:

- | | | | |
|---------------------------|---------------------|-------------------------------|-------------------|
| • Greater Victoria | • Greater Nanaimo & | • Campbell River | • Cowichan Valley |
| • Saanich Peninsula, Gulf | Oceanside | • Comox Valley | |
| Islands, and Western | | • Port Alberni and West Coast | |
| Communities | | • North Island | |

Note: Communities are grouped by a reporting relationship to the same Executive Medical Director

Community Focus | Governance Accountabilities

For Community Sites (IH owned and operated)

	Medical Lead	Community Medical Director	Department Head, Family Physicians
C&P (Hospital Act Sites)	“Primary” role	N/A	Supports flagged and/or non-routine applications
Contracting (non-Hospital Act Sites)	“Primary” role	Provides support for complex cases.	N/A
HHR Planning	Involved in site-level workforce plans	Contributes to community and local workforce plans	Leads departmental workforce planning
Recruitment	Oversees local recruitment and selection process	Participates in local recruitment where applicable/as needed	N/A
Medical Quality and Education	Support local medical staff to participate in quality and education activities	Support local medical staff to participate in quality and education activities	Leads medical quality and education for dept/div.
Respectful Workplace	Primary Role	Supportive Role	Oversight/Accountability for HA sites

Community Structure | Governance Connections

Leader	Clinical Governance (Quality)	Medical Governance
Community Medical Director	• Co-Chair, Community Q&Ops • CLHA Q&Ops Council	• n/a
Community Medical Lead	• Community Q&Ops	• n/a

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Transition Plan

Transition Options | What to Expect

Contracts, Transition, Recruitment



Training and Education



Next Steps | Transition Options



Direct
transition



Expedited
recruitment



Open
recruitment



Role
dissolution

Examples

- Div Head + MD
→ Division Head

- Scope increase; few
candidates with
relevant skills

- eg. geo Div Head
→ Division Head

- No obvious
candidates or many
candidates

- eg. new Division
Head role

- Role is entirely
restructured, no
longer available

*For the majority of contracts, direct transition or expedited recruitment will be emphasized during the restructuring period.

More Information

Project Information:

Medical Staff Website: medicalstaff.islandhealth.ca

Project Team:

- Sarah Taylor Sarah.Taylor@islandhealth.ca
- Bob Parker Robert.Parker@islandhealth.ca
- Dr. Michelle Weizel Michelle.Weizel@islandhealth.ca

Individual-level information:

Connect with your Department Head; Chief of Staff; or Community Medical Director for customized structures and additional information.





Discussion