

# Municipal Medical Clinic ENGAGEMENT



## Finding the Municipality's Role

The **City of Kamloops** reached out to the **Thompson Region Division of Family Practice** (Division) to discuss the opportunity of having local healthcare providers share their insight into the research the City is conducting on **municipally run medical clinics**. 32 providers responded with thoughtful insight into the process.

## A Key Learning from Your Feedback

While there is interest in municipal support for medical clinics, there is caution about a fully run municipal operation. Many **providers shared that they strongly prefer that the City provide or subsidize space and offer centralized administrative supports**, rather than fully owning or operating clinics. Autonomy for providers and governance flexibility are key considerations.



## Provider Insight

"I would love to just show up to work and see my patients. I am not a businessperson and do not want to run a business and be responsible for staff."



The Division's Executive Director Katherine Brown connects with the team from Venture Kamloops and the City of Kamloops at City Hall who are leading the research project and incorporating the Division's feedback.

## Feedback Highlighted Potential Challenges

Providers identified significant barriers to recruitment and retention that municipal support could help address:



### Provider Support Deficits:

Limited access to specialists leaves longitudinal providers caring for more complex patients without vital supports.



### Recruitment & Perception:

Recruitment is often hindered by negative media and perception of Kamloops, including deteriorating maternity services.



### Infrastructure & Logistics:

There is insufficient clinic space, particularly for group practices. Providers face a high administrative burden when establishing a practice.



### Incentives:

The community lacks rural incentives common elsewhere in B.C., and cost of living, housing, and childcare concerns act as barriers.



### Systemic Issues:

Challenges stemming from Interior Health operations also contribute to recruitment difficulty.



"The City of Kamloops staff would like to thank all members of the Division that took the time to complete our **Provider Engagement Survey**. Your substantive responses were received, reviewed, and summarized and will be utilized as a part of the municipal medical clinic business case. Your reflections and feedback on the role of municipal government in primary care provision are important and deeply appreciated. Staff are continuing their learning accordingly and **working to find suggestions for Council that benefit both the public, and the health care sector** as a whole."

—Carmin Mazzotta, Director, Community and Culture, City of Kamloops

## Priority Actions and Supports

Survey respondents endorsed specific actions where the municipality can play an increased role:

Areas of Support	Ideas on Supportive Actions
Provide Facility Space	Offer subsidized or turn-key clinic spaces.
Centralized Admin Supports	Provide shared supports like an MOA pool, IT/EMR services, and supplies.
Recruitment Marketing	Promote lifestyle perks and provide spousal employment support.
Optional Incentives	Offer housing or recreation credits.
Leadership Role	Partner in leadership but avoid full operation.
Employment	Employ providers, noting support is mixed with many preferring independence.

## Key Insight Shared by Providers on Clinic Models

A preferred model cited one that incorporates **flexibility**, **team-based care**, and **minimized administrative burden**.

### Compensation & Staffing

Survey respondents shared their thoughts on compensation models and staffing:

- **Mixed Compensation Model:**  
Providers suggested there be a choice between salaried compensation with benefits or remaining independent with predictable overhead.
- **Inclusive Staffing:**  
Providers also note that considerations be made to feature team-based, co-located services, and include Nurse Practitioners, midwives, nurses, allied health, and Indigenous partners.



### Provider Insight

There is still hesitancy amongst physicians to become direct employees. We like that we can upscale or downscale our work depending on our needs/wants.

### Key Themes Supported by Providers for the City's Planning:

- 1 Protect clinician autonomy and flexibility.
- 2 Ensure equity for existing clinics to retain current providers.
- 3 Provide turn-key support for new graduates and International Medical Graduates.
- 4 Offer choice of employment model.

### Key Risks to Consider

Providers share that Municipal efforts must be structured carefully to address potential risks:

- **Fiscal Risk:** Concerns about taxpayer cost and sustainability, plus potential inefficiency if the City lacks healthcare expertise.
- **Fairness:** A perceived unfairness to existing clinics.
- **Integration:** Risk of fragmentation of efforts and lack of integration with Interior Health.
- **Retention:** Risk of retention issues if employment terms established are too rigid.

### Provider Insight

I don't think that municipalities should be expected to pay physicians. It is a provincial responsibility.

## Moving Forward

Providers share some next steps for the City to consider:

- **Launch a Clinic Space Program:** Subsidize or establish new clinic spaces with turn-key rooms.
- **Explore Centralized Admin Supports:** Focus on shared MOAs, IT support, and supplies.
- **Support a Recruitment Marketing Package:** Offer lifestyle perks.
- **System Integration:** Include maternity care supports in planning and tap into the TRU NP pipeline for rapid access expansion.