



**Vancouver**  
**Division of Family Practice**  
An FPSC initiative

2024

# Annual Report

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## ACRONYMS

(AHPs) Allied Health Professionals  
 (AUD) Alcohol Use Disorder  
 (CME) Continuing Medical Education  
 (CBT) Cognitive Behavioural Therapy  
 (CSC) Collaborative Services Committee  
 (CHA) Community Health Area  
 (CNMs) Community Network Managers  
 (DBT) Dialectic Behavior Therapy  
 (DoBC) Doctors of British Columbia  
 (EMR) Electronic Medical Record  
 (ED) Emergency Department  
 (FP) Family Physician  
 (FFS) Fee-for-Service  
 (FPSC) Family Practice Services Committee

(HA) Health Authority  
 (HCR) Health Connect Registry  
 (IT) Information Technology  
 (IMG) International Medical Graduate  
 (IPT) Inter-Professional Team  
 (JEDI) Justice, Equity, Diversity & Inclusion  
 (LTC) Long Term Care  
 (LTCI) Long Term Care Initiative  
 (LFP) Longitudinal Family Practice  
 (MHSU) Mental Health & Substance Use  
 (NTP) New To Practice  
 (NP) Nurse Practitioner  
 (OAT) Opioid Agonist Therapy

(PAI) Patient Attachment Initiative  
 (PAS) Provincial Attachment System  
 (PCCP) Primary Care Clinical Pharmacist  
 (PMH) Patient Medical Home  
 (PPE) Personal Protective Equipment  
 (PSP) Practice Support Program  
 (PCN) Primary Care Network  
 (PHC) Providence Health Care  
 (PHSA) Provincial Health Services Authority  
 (R&R) Recruitment and Retention  
 (RN) Registered Nurse  
 (UPCC) Urgent and Primary Care Centre  
 (VCH) Vancouver Coastal Health

The Vancouver Division of Family Practice and our membership and partners acknowledge that the work we do occurs on the traditional and unceded territories of the Coast Salish Nations of Musqueam, Tsleil-Waututh and Squamish. We are very pleased that these host Nations, who each operate their own primary care centres, are our valued partners.



**Skwxwú7mesh**  
**Úxwumixw**  
 Squamish Nation



**MUSQUEAM**  
 A LIVING CULTURE



**Tsleil-Waututh Nation**  
 PEOPLE OF THE INLET

# From the Executive Director

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## A message from Dr. Dave Baspaly, Executive Director and Chief Executive Officer



As we conclude another year of operations, I would like to take this opportunity to reflect on our achievements and outline our objectives for the coming year. This period has been marked by significant advances in our advocacy efforts, member engagement, and community outreach initiatives. Our primary goal remains to enhance the interests of our members and support the primary care system in Vancouver.

During the year, our team has been actively working on several key initiatives that directly impact our members. The most consequential initiative concerns the establishment of primary care networks (PCNs) across six regions in Vancouver. Each PCN has its own unique Steering Committee that is working to address the interests of the area they serve. Over time this new governance construct will benefit practitioners and patients alike.

Our collaboration with the Ministry and Doctors of BC (DoBC) has uniquely positioned our Division as an essential element in the work to attach patients to providers. As new providers come online, more patients will finally be able to access the quality primary care they require. I want to extend a big thank you to all of the doctors who have worked hard to expand their panels and take on new patients – it is making a big difference!

In an effort to strengthen our connection with members, our team held numerous webinars and face to face sessions focused on emerging practices and other practical subject matter designed to support physicians and patient care. These engagement sessions have been well-received, with attendance typically exceeding expectations. Moreover, we have introduced new resources designed to enhance member knowledge and support professional development. I invite you to read this Annual Report as it highlights our programs, services and some of these new resources.

Looking ahead, we aim to deepen our community outreach efforts by fostering partnerships with local health organizations, community groups and educational institutions. Our goal is to increase public awareness of the vital role physicians play in Vancouver. We are also actively working on initiatives that support preventative care and public health campaigns. I invite all members to engage in these important activities and help us shape the future of healthcare in our City. Together, we can continue to make a difference in the lives of our patients and communities.

To our Board members and staff, I want to express my sincere appreciation for your relentless hard work and dedication. Your commitment, teamwork, and unwavering support have been fundamental in driving our initiatives and achieving our goals. The countless hours and effort you invest do not go unnoticed, and it is your collective passion and determination that empower our success. Thank you for your exceptional contributions and for being an integral part of our mission. Together, we are making a difference!

I would be remiss not to extend my heartfelt gratitude for our members' unwavering dedication and invaluable contributions to primary care in Vancouver. Your commitment to providing exceptional medical care and fostering a compassionate healthcare environment has profoundly impacted the wellbeing of our community. Your expertise, resilience, and passion for patient care are truly commendable, and we are grateful for the vital role you play in promoting health and wellness.

**Thank you for your tireless efforts and for being the backbone of our healthcare system!**

*Dave Baspalog*

# From the Board Chair

## A message from Dr. Jane Gustafson, Board Chair



As the Board Chair for the Vancouver Division of Family Practice, it has been my privilege to serve our community of family physicians during my first year in this role. I am deeply grateful for the trust our members have placed in me, and I've made it my priority to uphold their best interests in every decision. For those who know me, they know I tend to wade in slowly rather than dive into the deep end. This year, however, has been a whirlwind of learning about the inner workings of the Division, our system partners and our members. Witnessing the incredible work our Division and its members are doing has strengthened my commitment to supporting family physicians and enhancing patient care across Vancouver.

Working as a family physician can often feel isolating. Many of our members work in small practices, and the day-to-day demands of patient care can lead to a sense of professional loneliness. The Vancouver Division serves as a “home base” for our members—a place to connect with peers, find support, and be part of a larger community of dedicated professionals. Through our events, mentorship programs, and peer networks, we strive to create an environment

where family doctors can share experiences, gain encouragement, and support one another.

A guiding principle I follow when considering any important decision is asking, How will this add value for our members? The Vancouver Division continues to add significant value to family practice. Through our advocacy efforts, we ensure that family physicians are well-represented in policy discussions at both local and provincial levels. We've worked to influence funding models and healthcare reforms that directly impact the sustainability of family practice. While we may not be able to solve all the issues affecting the healthcare system, we continue to leverage our relationships with system partners to elevate the concerns of our members at the necessary decision-making tables.

We also provide essential support to our members, from practice management resources to locum and staffing assistance. One of my favourite programs is the Clinic Grant program, which recognizes that our members know their individual needs best. It allows members to fund clinic improvement projects with minimal barriers, enabling them to address their unique practice challenges.

One of our major focuses has been the introduction of team-based care through Primary Care Networks. By improving patient access to allied health professionals, integrating new team members into family practice clinics, and expanding the capacity for family physicians to make decisions about primary care in their own communities, we're seeing improved patient outcomes and increased physician satisfaction.

I'd like to express my deepest gratitude to the other Board members, our Division leadership, and staff for their tireless work and dedication. Most importantly, I want to thank our members for the incredible work they continue to do day after day. You are the backbone of our healthcare system, and **your commitment makes a profound difference in the lives of your patients and the health of our community.**

*Jane Gustafson*

# Organizational Overview

Since our beginning in 2010, the Vancouver Division has grown to become a **leader and facilitator of primary care**, working to create an engaged physician community and a collaborative healthcare system in Vancouver. We are a not-for-profit society funded by the Government of BC and Doctors of BC (DoBC), and work in partnership with the BC Ministry of Health, Vancouver Coastal Health (VCH), Providence Health Care (PHC) and other community organizations.



## Our Mission

Vancouver Division will improve the primary care system in Vancouver for the benefit of our patients and members alike.



## Our Goal

Building off the rich and diverse ways that family doctors provide primary care, the overarching goal of the Vancouver Division is to support our physician members and advocate that they get the necessary tools to look after their patients. We strive to ensure that family doctors remain central to system change in this community.

## Board of Directors

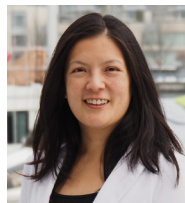
Below are Vancouver Division Board of Directors for the 2023/24 term. The members for the 2024/25 term will be announced at the October 24th, 2024 Annual General Meeting.



**Dr. Jane Gustafson**  
Board Chair



**Dr. Panagiotis Galanopoulos**  
Vice Chair



**Dr. Junella Lee**  
Board Member



**Dr. Arthur Vasquez**  
Board Member



**Dr. Stephanie Stacey**  
Board Member



**Dr. Hadal El-Hadi**  
Resident  
Board Member



**Dr. Jay Slater**  
Secretary/  
Treasurer,  
Past Chair

# Member Engagement

This year the Division has settled nicely into a new rhythm of engagement. We offer members a mix of easy-to-access online opportunities to engage and learn as well as in-person events that foster connections and re-connections between colleagues across the city and primary care system. This year we focused on linking Division initiatives with the broader PCN engagement efforts. By coordinating our efforts, we bring value to our members by offering a number of opportunities to participate in Division activities.

We have engaged our members in a variety of ways to provide value to professional practice, to clinics, and to connections across the primary care system and the Vancouver Primary Care Networks.



## Annual General Meeting 2023

The 2023 AGM was successfully hosted at the Museum of Vancouver and Space Centre Complex, bringing our members together in-person for the first time in four years. As a member organization only as strong as the connections amongst the membership, it was incredible to see over 100 people connecting and reconnecting in real life once again.



## Fostering Informal Connections Amongst Members

The Division continues to explore ways to support member connections that fall outside our formal events or Committee structures. Often family doctors are looking to connect with colleagues based on areas of interest. The Division is utilizing a variety of platforms - Slack, Signal and WhatsApp are all being used to determine if there is a preference. We now offer Signal communities for member of our Community of Practice for Providers Supporting Chinese Speaking Patients and for those members who have learners in their clinical practice.

## Healthy Minds Healthy Distractions

Division members had a variety of options to choose from in our physician wellness series. Each smaller event (most with attendance between 20-30 people) provided an opportunity for family doctors to invest time in themselves to rejuvenate through a new experience. These events were offered online and in-person:

- Indigenous Cedar Bark Weaving Workshop – The Division hosted a member-wide opportunity to participate in an experiential learning opportunity on the Indigenous practice of cedar weaving as part of the Healthy Minds Healthy Distractions series.
- Vulnerability as Medicine – Psychiatrist Dr. Joanna Cheek, a Brene Brown's Daring Greatly facilitator, hosted an interactive workshop to explore the gifts and myths of vulnerability, how to build shame resilience and psychological safety into medicine, and what's needed to bravely show up in the scary arenas of our life.
- Land Connections Expressive Art – Members explored the 'medicines' that creativity has to offer with Melanie Rivers, an Indigenous Expressive Arts Therapist from Squamish First Nation.



## Healthy Distractions, Live at VanDusen Gardens

Our annual large family friendly wellness event was a great success with 46 members bringing their families for a total of 120 attendees. This year we creatively wove together fun activities (the “healthy distractions” part) with information about Division programs and initiatives.



## Membership continues to grow

Through the stronger connections made by Division staff, we continue to welcome new Family Doctors and new members to the Vancouver Division.

**1,283**  
total membership

**79 new FPs** joined the  
Division in the past year  
(Sep 2023 to Aug 2024)



## Years of Membership Pins

Last year we began an appreciation program, honouring members when they cross the threshold of milestone years of their membership. Recognizing that relational care is the bedrock of family medicine, the Division is stronger and can better bring value to members the longer we know and support them.

**113**

Members received 10 Year  
Membership pins

**68**

Members are received 5 Year  
membership pins



## Physician Wellness

Since the launch of our [physician wellness programming](#) in 2020, we have grown this work to weave the topic of wellness into other activities as well as connect different areas with the physician wellness banner.

- **Dr. Dan Wellness Tips** – Dr. Daniel Dodek continued his insights on wellness in our bi-weekly Fast Facts newsletter. As the Division's physician lead for Wellness, Daniel shared 21 tips this past year. We also fostered a handful of guest contributors to Daniel's wellness column. In the coming year, we look forward to bringing on additional physician champion voices to highlight additional areas of interest for our members.
- **Peer Support Program** – With the support of the BC Physician Health Program, the Vancouver Division continues to offer members the safety of connecting with a fellow family physician as part of our [Peer Support Program](#). The Peer Support Initiative offers confidential, non-clinical, support to physician colleagues in a 1:1 setting. This year we have explored ways to more formally connect our peer supporters into the overall physician wellness programming.

# JEDI Task Force

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The Division's Justice Equity Diversity and Inclusion (JEDI) Task Force focused its initial energy inwards, knowing that the important work in this area begins from within. As this work continues, we turned our attention towards supporting the broader membership this past year, particularly in moving forward our commitment to truth and reconciliation.

## Learning for Division leaders

Highlighted in the broader Member Engagement portion of this report, the Task Force collaborated on activities that allowed members to engage with different concepts of medicine. These experiences (cedar weaving and expressive art from Indigenous perspectives, and from a different but still western lens the notion of vulnerability as medicine) are part of understanding and being open to different ways in which patient care can be conceived and delivered from different cultural underpinnings.

## Indigenous Cultural Safety (ICS)

The Division partnered with Vancouver Coastal Health's Indigenous Health to offer foundational Indigenous Cultural Safety training to members and staff. The Hummingbird online and in person sessions were attended by 84 member and staff during the year. Two more sessions will be held this year so the opportunity to learn will continue.

# Maternity Care

This past year, the Maternity Care Committee focused on engaging members, our broader network of primary care providers within the city, and maternity care providers around the opportunities and gaps in Vancouver related to maternity services and supports. This engagement was intended to highlight how the Division's maternity care work (like the refreshed [pregnancyvancouver.ca](https://pregnancyvancouver.ca) website) and the emerging structures and supports with the Vancouver PCNs could help patients more easily access maternity services in the city.

The Committee, made up of dedicated family doctors who do or have done full-service maternity care, continues to support knowledge and capacity building for their hard-working family practice colleagues in community. This is mostly done through our partnership with UBC Continuing Professional Development (UBC CPD) in delivering our signature But I Don't Do Maternity Care CME program.

Hearing from community FPs continues to be critical, as the voices of FPs in the community who don't do maternity care helps shape the work moving forward. In November, the Committee collaborated to co-host PCN forums, and insights gathered from those discussions fed into the broader engagement work around how best to support improving maternity care services in Vancouver.

## But I Don't Do Maternity Care CME

Our signature CME learning for members has both do-at-your-own-pace online and live workshop options.

- The do-at-your-own pace online course offers a comprehensive 3-hour CME credit hours of learning through five distinct modules that can be taken in any order. Learners continue to register for the program from across the province. From September 2023 to August 2024:
  - 203 people have completed lesson 1 (of 5) (412 since launch in January 2023)
  - 152 have completed all lessons (287 since launch)
  - Of that, 15 are Vancouver Division members (40 since launch), although this is an under-representative number, as only learners who have completed the course evaluation are able to indicate their division of family practice.
- We continued to host live workshops where learners come together in case-based scenarios to enhance the content available on the online module. In February, 64 learners participated in either our online or in-person workshop. The next round of live-sessions were delivered in September as PCN neighbourhood events, designed to foster connections amongst providers and clinics in each of the six Vancouver PCNs.



### EASI Maternity Care: Engagement on Services



Funded by FPSC, we were tasked to create an effective and seamlessly integrated (EASI) maternity care system in Vancouver by engaging with the broad voices and stakeholders in Vancouver around the opportunities and gaps in maternity care services. The goal of this engagement was to identify ways to integrate maternity care within the emerging PCN structures. Priority service areas were identified as well as gaps in access. The Committee is currently exploring what the viable options are to address some of the identified recommendations. Over a six-month period from October to March, 184 people were engaged, in the following breakdown:

- Family Physicians 91
- Specialists 8
- Midwives 26
- Nurse practitioners 8
- Allied Care Professionals 15
- Community Partners 8
- Women and pregnant patients 24
- Others 4

### PregnancyVancouver.ca



We launched a revamped public-facing website, and our web statistics from September 2023 to August 2024 are:

- 5,627 unique visitors on the site
- 450.4 average users per month
- Most users continue to be interested in information in Early Pregnancy (26.1% of website traffic), with Pre and Mid Pregnancy as also of high interest (17.1% and 16.3% respectively).

# Mental Health and Substance Use

This year the Committee has continued its work in supporting the capacity of members to deliver quality mental health and addictions care in whatever care setting they may be practicing. As efforts focused on mental health become sustaining or have transitioned into funded projects, the Committee has shifted its time and attention more towards substance use care.

In February, the Committee outlined its strategic next steps through a letter to members from Committee chair Dr. Lindsay Mackay. In it, she framed the importance of this work in the context of the over 14,000 deaths in BC linked to the toxic drug supply. Activities that the Committee is undertaking are all towards informing a fulsome strategic action plan. These efforts fall into four categories:

1. Provide and facilitate support for members around alcohol use disorder (AUD)
2. Understand and monitor how supporting AUD could impact awareness and comfort amongst members to support care for patients for additional substances
3. Continue to raise awareness of substance use within the membership broadly
4. Build and grow connections with key stakeholders in city to support Opioid Agonist Treatment (OAT) prescribers in the community

This year's efforts have mostly centered around AUD. Over the summer, we conducted a series of patient interviews which highlighted some key themes and helped inform an AUD current service map. This engagement and mapping work identified two points in a patient's journey that could benefit from quality improvements in the system:

1. When patients are awaiting care
2. After care supports to help reinforce and sustain outcomes

The insights gathered around AUD are informing the broader substance use strategy currently under development.



## Supporting the Mind Space Program in Vancouver

There are now 21 physician facilitators of Mind Space (formerly the CBT Skills Group Program of Vancouver) based in Vancouver. Although groups mostly run online, there is some renewed energy to return to in-person groups in Vancouver. The Division will support those community partnerships as they emerge for program locations. In June we hosted 20 Mind Space facilitators at the Division office, as part of our commitment to supporting a strong community of practice, not only of program facilitators, but of family doctors passionate about mental health.

## FP Mental Health Collaborators Network



This year saw the completion of an 11-month pilot that allowed family physicians to refer their patients for clinical assessments and care plans to one of 4 family doctors with specialized training and experience in mental health. Four psychiatrists were supporting the network of FP collaborators, but not doing assessments themselves. The pilot was intended to fast track access to MH assessments and care plans, as referrals to psychiatry were unavailable or had too long of a wait time. In the end:

- 48 referring physicians from 13 clinics participated
- 102 referrals were received
- 61 patients were seen

Patients had a variety of diagnoses, with ADHD, anxiety, and/or depression present with the vast majority of patients. Resulting care plans involved counselling referrals (67%), referrals to Mind Space (83%), or medications (88%). With the program evaluation showing strong satisfaction by referring providers and patients, the Division and its partners are exploring ways that this program might resume in future.

## Online Learning Sessions for Members:



The Committee continued to partner with BC Centre on Substance Use (BCCSU) and the Vancouver LAT to host online lunch and learn sessions accessible to members. These sessions, which each had a dozen or so attendees, included:

- **Hosting Clinical Management of Alcohol Use Disorder** – For the second year in a row, we hosted the CME-accredited learning session with the BCCSU entitled, “Clinical Management of Alcohol Use Disorder”. With recent changes to the guidelines, this was a well-timed session. A dozen members attended.
- **When People Say No to Services and Supports** – The Division continues to be an active members of the Child and Youth Mental Health and Substance Use collaborative table called the “Vancouver Local Action Team.” The collaborative hosted “When People Say No” which explored what this “no” can look like, practical strategies, myth-busting, and ways to navigate refusal scenarios compassionately, by either children and youth or their families or caregivers. The session was attended by family doctors as well as youth-serving staff from community nonprofits and schools from across Vancouver.

### **Building Capacity for the Care of Patients with Emotional Dysregulation**



The Committee successfully secured Shared Care Committee funding for a critical new project for the Division and our collaborative work within primary care. The two-year project will offer a broad suite of education and training for members and VCH mental health clinicians on Dialectic Behavioural Therapy (DBT) and other interventions to support patients with affective instability and emotional dysregulation. The project will also include scoping and development of a description of an optimal mental health ecosystem for Vancouver that would best support patients with DBT and other relevant interventions. Within that scoping work we hope to identify a potential DBT option within primary care that would be accessible to patients with mild-to-moderate mental health concerns.

# Seniors' Care Across Care Settings

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Effectively supporting seniors across care settings is essential to the stability of our healthcare system. There are approximately 110,000 seniors (65+) in Vancouver, making up 15.1% of the population. This population is projected to grow to more than 126,000 by 2030, which will continue to put pressure on both our long-term care (LTC) and community-based physician population.

We are finalizing our “Vision for Integrated Seniors Care” report to better align our work to support this growing population. Caring for the most vulnerable and frail within this population falls to our physician community with panels of patients in LTC.

The implementation of the Longitudinal Family Physician (LFP) payment model in LTC and the mandated LTCI program changes created challenges that have affected program sustainability. We are working with Doctors of BC, Vancouver Coastal Health and the physicians involved in the LTC community of practice to find a suitable and sustainable resolution. Until then, we reconfirm our commitment to the five best practices that the LTCI program is based on and pledge our support to all of our members impacted by these policy changes.

We want to acknowledge the dedicated work of our LTCI physician lead, Dr. Aileen Iloreta, and many other long-standing passionate LTCI physicians who continue to ensure the best care possible for all 4,220 vulnerable LTCI residents 24/7 365 days a year.

## Despite the challenges and growing pressure, we have had some incredible successes:

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- We integrated six new care homes, adding a total of 611 beds to the LTCI. These include five Providence Health Care (PHC) care homes: Holy Family Hospital, Mount Saint Joseph Hospital, St. Vincent's Brock Fahrni, St. Vincent's Langara, Youville Residence, as well as a private care home, Sunrise of Killarney.
- We completed our yearly in-person care home engagement and evaluation meetings with 39 LTCI care homes.
- We hosted three Translation Review Round Table events to support our collaboration with Vancouver Coastal Health on the translation of “The Dementia Roadmap for Families” and “The Frailty Roadmap for Families” into various languages. We have fully completed the translation of both resources into Farsi and Traditional Chinese. These resources empower families to be active members of the care team, providing a clear understanding of future care needs.
- We presented the Dementia Roadmap for Families and the Frailty Roadmap for Families at the VCH quarterly RPACE meeting on February 6th, 2024. The webinar had 216 participants, the largest turnout they have had, getting these resources into the hands of care providers across the healthcare system.
- We have also initiated an Aging Women's Health project. We are gathering information through an active survey to better understand the support physicians need to address the unique health concerns of aging women.



### Partners in Care: Navigating Resources for Frail Seniors

On March 13th, 2024, we hosted our “Partners in Care: Navigating Resources for Frail Seniors” event in collaboration with the PCN team. It was incredibly successful, with a total of 79 providers participating.



### Partners in Care: Preventing & Responding to Elder Abuse, Neglect & Self-neglect

On October 9th, 2024, we hosted our “Partners in Care: Preventing & Responding to Elder Abuse, Neglect & Self-neglect” event. It was well received with a total of 72 providers participating.

## Additional LTCI data



Number of care homes: 39



Number of physicians: 87 + 2 NPs



Number of beds: 4,220

% of beds covered by LTCI physicians: 84%

## After-hours Care Program



Number of participating physicians: 77



Number of call groups: 5



Number of call received in a year: 1,929 for 2023/24

Average call wait time: 3m 43s for 2023/24 - with 85% of calls are answered within 5mins for 2023/24

# Recruitment and Retention

While our recruitment tactics have not changed significantly, our internal tracking, data collection, and team organization have contributed to improved efficiency and motivation. Although these programs have been in place for a number of years, are opportunities to have them evolve in an effort to increase our success rate of recruiting and retaining FPs and NPs.

## Recruitment

### Family Physicians

Our recruitment and retention (R&R) team successfully supports clinics, FPs, NPs, and MOAs. The high number of permanent and locum needs across primary care clinics in Vancouver is consistent with prior years. Clinics continue to desperately need FPs and NPs committing to longitudinal family practice and building a patient panel.

During the year, we engaged with new FPs at numerous conferences, events, and presentations and educated them on how our programs can provide both support and education as they enter family practice in Vancouver.

Total Number of Locum, Perm, NP Opportunities across our clinics	226
Average number of new locum or perm opportunities per month	4
Locum Placements	22
Permanent Placements (LFP, NTP PCN Contract, FFS)	22
NP Placements	20
Total Patient Attachment due to Permanent Placements (FP/NP)	48,500
Conferences	8
Events	1
Presentations	4

### Nurse Practitioners

In October 2023, the Ministry of Health announced that the number of NP contracts were unlimited. Following this announcement, we saw a slight increase in the number of NPs joining clinics under a contract.

NP Placements	20
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## IMG Program: UBC SPH International Medical Graduate (IMG) Return of Service (ROS)

In November 2023, we were informed by VCH the IMG ROS program was due to change. Almost one year later, these changes have been implemented. Instead of clinics selecting ROS residents, ROS residents rank the communities in which they wish to reside, and VCH has asked the Divisions to create

an interview panel to determine who will fill the designated spots for the community. The interview panel has been created and includes representatives from VCH and Vancouver Division, a PCN Director, and 2-3 FPs. Depending on the community they are matched with, the ROS resident will select a clinic to complete their 2-year ROS. VCH and the ROS residents have been given a list of clinics to review and will request a conversation or interview with the chosen clinic(s). The ROS residents may also put forward a clinic that is not listed.

### IMG Program: Practice Ready Assessment (PRA) BC

This program has continued to grow over the last three years. In 2023, we matched 1 clinic to 1 candidate. This has increased to 4 candidates for 4 clinics. This program is extremely promising for FPs joining clinics and committing to longitudinal family practice, but it is not a guarantee they will be able to join permanently. Reasons for this include personal matters, failed qualifying exams, or failure of the clinic field assessment.

Number of Candidates Matched to Clinics for Fall 2023 Cycle	1
Number of Candidates Matched to Clinics for Spring 2024 Cycle	2
Number of Candidates Matched to Clinics for Fall 2024 Cycle	1
Number of Candidates Matched to Clinics for Spring 2025 Cycle	3

#### *\*IMG Programs: VCH Clinic Qualification Changes*



**VCH informed the Vancouver Division that clinics that offer any sort of cosmetic/aesthetic or private-pay medicine are not eligible for the IMG programs:** "The Ministry is very clear in their clinic requirement in regards to hybrid clinics and clinics that have a cosmetic and private pay focus. Clinics are not eligible if they are hybrid clinics offering longitudinal care and a blend of private pay non-medically necessary, non-MSP-insured services. The clinic must be dedicated to medically necessary primary care services with a focus on longitudinal patient relationships (may include some level of episodic care) providing medically necessary MSP-insured, government-funded services."

– Medical Staff Credentialing & Recruitment

## Practice Closure/Retirement

Retirement/Practice Closures Supported and Currently Supporting	24
Practice Takeovers	6
Patient Reallocation completed for 1 FP panel (with PAI support)	1
General Support/Guidance	16

## Medical Office Assistant (MOA) Support

The MOA Support program is very much in its infancy. Demand for recruiting MOA's for our clinics remains in high demand. We conducted focus group sessions with MOAs to learn more about the perspectives of MOAs in clinics, which will guide our efforts in how we recruit and who we recruit. In addition, R&R and CBS conduct presentations to MOA students at Vancouver Community College and Langara College.

MOAs Placed	1
MOA Applicants	40
Clinics with MOA Recruitment Needs	10

## UBC Preceptorship

The Division worked with UBC, Faculty of Medicine to conduct and host preceptorship sessions known as: "A day in the life of a Preceptor." We held follow up case-study sessions after each UBC teaching session to encourage FP attendees to collaboratively reflect on and apply what they learned. There were 5 sessions in total between October 2023 to June 2024. There were two facilitators, and while 24 FPs signed up to attend these sessions, the total number of attendees per session on average was 9 FPs.

## Future Opportunities

- Expansion of our recruitment websites to broaden our reach to FPs/NPs in other provinces, specifically through Cherry Health, which is considered to be the LinkedIn of healthcare and spans Canada.
- Development of the MOA recruitment service to find qualified and experienced candidates and educating clinics about expectations and qualifications of various MOA roles.
- A project dedicated to understanding the limitations faced by Canadian-born medical students who have completed medical school/residency or solely medical school in one of the four jurisdictions and what solutions can be implemented to make the overall process and timeline quicker, clearer, and easier for these international medical graduates.

# Patient Attachment Initiative (PAI)

The Patient Attachment Initiative (PAI) has attached almost 39,000 patients and family members to an FP or NP through the priority referral stream since its inception.

PAI has added value to our members by:

- Assisting attaching Physicians to fellow Physicians and Nurse Practitioners through our partnership with the Physician Health Program (PHP).
- Collaborating with Community Network Managers, Recruitment and Retention team, and other Division staff to improve program delivery and member satisfaction.
- Providing options for patient attachment for Family Physicians and Nurse Practitioners participating that is flexible and transparent.
- Supporting referral partners by assisting in system navigation and referring patients to appropriate streams of care.
- Advocating for changes in primary care with MoH and other leadership.

## PAI Attachment Numbers

September 1st, 2023 – August 31st, 2024

5,533

Patients and family members  
matched to FPs/NPs

6,702

Patients and family members  
referred from community  
partners

The PAI worked with:

40

FPs

28

NPs

### Health Connect Registry Attachment Numbers

28,565

Vancouver patients  
registered on the HCR  
(Sept. 1st, 2023 - Aug. 31st, 2024)

284

Patients attached  
through the HCR  
(Apr. 1st, 2023 - Aug. 31st, 2024)

15

FPs & NPs have attached  
patients from the HCR  
(Apr. 1st, 2023 - Aug. 31st, 2024)

## Health Connect Registry

The Health Connect Registry (HCR) became available for the public to register to be matched to a Family Doctor or Nurse Practitioner in July 2023. In April 2024, the Division began matching patients with Family Doctors and Nurse Practitioners for attachment. The HCR integrates with the Provincial Attachment System (PAS) Panel registry.

The HCR has added value to our members by:

- Providing a secure way to receive patients for attachment that integrates with their panel management in PAS.
- Allowing physicians to attach a large volume of patients quickly.
- Helping physicians meet their contract obligations for attaching patients.
- Advocating to the Ministry of Health on behalf of physicians in community to improve their experience of using PAS and receiving patient attachments from the HCR.

# Clinic Business Solutions (CBS)

## Business/Legal Tools & Templates

- The Division maintained and improved the existing arsenal of tools based on staff and network feedback. Additionally, we identified and capitalized on new opportunities for tool development to cater to the demands of our growing network.
- Through comprehensive video tutorials, we assisted in better facilitating the business tools which will enhance their usage and accessibility. We created video tutorials in English, Mandarin, and Cantonese for all existing business tools. 2 physicians have been engaged on this work to provide language specific supports.
- By providing business tool training and demonstrations across the network, we supported our members with business knowledge and operational best practices. Similar training was provided to the internal PCN team to equip them with knowledge to demo tools for the membership.



### Available tools

1. Associate Fee Structure
2. Capacity Potential Analysis Tool
3. Clinic Financial Driver Tool
4. EMR Comparison Tool
5. MOA Role & Task Analysis
6. RN/LPN Business Case
7. Patient Panel Calculator
8. Legal Templates

## Case Studies & Research Projects

### Resident/NTP Doctors Engagement Study

The findings from last year's NTP/Resident engagement study were distributed amongst the network and were very well received.

### Clinic Ownership Educational Modules 2023/24

Advised by the clinic owners task force group, our team is facilitating a project to better understand the various financial and business structure models in the city of Vancouver and make recommendations on which models prove to have long-term survivability. Additionally, this work supports our participating clinics with transparent financial insights and workflow optimization strategies. This project is well underway.

### Retired/Retiring Doctors Engagement Study

Building off the success of its precursor, a similar study is being conducted to evaluate the reasons behind the trend of early retirement in seasoned physicians and make recommendations for PMH and system-level improvements. This project is currently underway.

## Clinic Leaders Program

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- **Clinic Owners Task Force (TF):** A group of clinic owners who assist the Division in advising and guiding the many projects completed in this past year and those still development.
- **Clinic Leaders Peer Platform Channel:** An engagement project advised by the TF group to create a space dedicated to clinic leaders of Vancouver to come together and discuss all things pertaining to owning and operating a primary care clinic as well as receiving firsthand news regarding available partners, resources, events, or grants available to their community. This project is currently in the marketing phase with an official launch scheduled for Fall 2024.
- **Clinic Leaders CPD Educational Series:** Advised by the TF group, we are developing comprehensive educational modules, alongside industry experts, to equip clinic leaders with the essential skills, knowledge, and connections needed for successful clinic ownership and operation. These modules will be MainPro+ certified and engage 2 physician clinic owners who provide oversight on content delivery.

## MOA Program

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**MOA Reference Group (April – September 2024):** An MOA reference group was created this past year, allowing us to gain valuable insight and direction on what is needed and most beneficial for this stakeholder group.



**MOA Network Development (September 2024 – August 2025):** As advised by the reference group, The Division will create and manage the MOA WhatsApp group. This platform will serve as a space for MOAs to connect with one another and get firsthand news about new resources available to MOAs in their communities. This platform is set to launch at our first ever MOA event slotted for November 2024 in partnership with the PCN team.



**MOA Professional Development:** We have developed relationships with 4 MOA schools over this past year. We attended 7 student information sessions to provide education on VDoFP and our MOA job site. We are working with partner schools to explore MOA practicum placements as well as developing an MOA Lunch & Learn educational series.



**Other MOA Supports (October 2024 – March 2025):** We are looking to engage our reference group for the development of the MOA Onboarding and Retention Toolkit which will serve current owners, clinic managers, and MOAs in onboarding and training new staff to their clinics.

- Along with the Divisions monthly MOA knowledge exchange, we also collaborate with both Richmond and North Shore Divisions in sharing our learnings on the MOA portfolio.

## Partners & Services

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- **External Partnerships:** We have attended 5 conferences over this past year and discovered important partners and services. We have vetted and created a working relationship with many of these partners who are now in our internal Directory of Partners & Services available to all staff and will be recommended to members who seek expert support. Some notable new partnerships include:



[Scotia MD:](#) Scotia MD Financial Management is a specialized service designed to assist family doctors in efficiently managing their financial affairs, offering personalized financial planning and investment solutions tailored to their unique needs and goals.



[Sheritt MOA Services:](#) The Sheritt MOA service offers comprehensive virtual MOA support for medical practices, encompassing tasks like appointment scheduling, billing, and documentation.



[Collaborative CME & Research Network \(CCRN\):](#) CCRN supports organizations to develop and provide leading educational programs for health care professionals and conduct clinical and translational research that improves patient care.

## PMH & Clinic Specific Supports

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Six clinics have requested 1-1 consulting support from our team on a wide range of topics such as: opening a new clinic, joining a new clinic, and making large scale changes to their financial or operational workflows.

## What's to Come

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- Ongoing maintenance and development of our suite of business and legal tools. Potential new tool upgrades for the upcoming year include: Artificial Intelligence (AI) Scribe comparison, updated Associate Fee Structure tool using LFP data, and many more quality-of-life improvements.
- Revamped CBS webpage to showcase our increased capacity and growing portfolio. This new page will allow for easier navigation of our current programming and better highlight upcoming initiatives and ways to get involved.

# Primary Care Networks

Over the past year, the Primary Care Networks (PCN) team has enhanced programs and opportunities through the PCNs, bringing value to our physician members, primary care teams, and patients alike. Efforts have focused on expanding and improving the Interprofessional Team (IPT) and PCN RN programs, fostering opportunities for team-based care, enhancing collaboration with stakeholders, and increasing engagement opportunities across the PCNs.

## PCN Registered Nurse Program

The PCN RN program continues to benefit family physicians and primary care teams by enhancing team-based care and reducing workload pressures. This year, we focused on the continued recruitment of RNs, optimizing placements, and improving onboarding workflows.

In September 2024, there are:



**23 PCN RNs**



**Active in 22 Clinics**

In January 2024, 14 PCN RNs (70% of PCN RNs) and 35 providers (26% of providers with access to PCN RNs) completed an online evaluation survey. The survey assessed program functioning and impact. [The RN Evaluation Report](#) highlighted significant improvements in the program. PCN RNs reported being satisfied with the onboarding and support offered, and the majority reported having clear safety protocols, well-defined documentation processes, effective patient handoff procedures, and regular team meetings.

Providers and PCN RNs reported multiple benefits of the PCN RN Program for patient populations, including increased access to care, comprehensive assessment, education and support, and complex care coordination. Additionally, the results highlighted positive collegiality results between PCN RNs and providers.

“

*The PCN RN takes time to focus care on the individual. Care is not rushed.*  
-Primary care provider

*Patients are happy with the team approach, with the nurse and MD for their overall healthcare.*  
- Primary care provider

## RNiC Projects Planned and Strategic Focus (2024-2025)



### PCN RN Videos

Increase awareness of the program and provide clarity of the PCN RN role and scope



### Clinic Tools

Clinic tools and training to facilitate program and scope of practice understanding



### Working Group

Collaborative PCN RN provider working group to understand program needs and create innovative solutions



### Revised Onboarding

Revised onboarding tools, resources, and support to facilitate increased communication and program understanding

## PCN Interprofessional Team

The PCN Interprofessional Team (IPT) is made up of 52 allied health professionals (AHPs) who work closely with community primary care providers to support their patients' medical, wellness and social needs. This year, the IPT expanded access to accept referred patients from 99 clinics and 465 referring providers.

**17 Clinical  
Counsellors**

**12 Registered  
Dietitians**

**14 Social Workers**

**3 Occupational  
Therapists**

**6 Clinical  
Pharmacists**

Many updates and workflow improvements were made to the program this year, including:

- Improved referral guides for all disciplines
- Updated provider & clinic orientation process
- Establishment of feedback tracking and monitoring processes
- Standardized workflows for supporting patients of retiring providers
- Improved data quality
- Development of a new referral form (launching soon)

Throughout the year, we have continued to seek feedback from patients and providers on how they experience the IPT, informing ongoing quality improvement projects. In January 2024, 36 allied health professionals (65% of AHPs) and 105 primary care providers (23% of providers with access to AHPs) completed an online survey that assessed the functioning of the IPT program and its impact. The evaluation results also include feedback from 312 IPT patients (5% of 2023 IPT patients), which was collected via an online patient survey that is distributed upon discharge from the program.

The [IPT Evaluation Report](#) highlighted significant benefits to referring providers:

**93%**

Providers report increased patient access to a wider range of services than they can provide alone

**84%**

Providers report the IPT has enabled them to better meet the overall needs of their patient panel

**81%**

Providers report access to the IPT has improve to feelings of stress or burnout

**71%**

Providers report access to the IPT has improved their work-life balance

“

*I have an aging patient with chronic schizophrenia who consistently refused to take any of her medications and do any self-care. She is living with her sister who is burnt-out and avoiding my calls. The IPT Pharmacist was able to patiently guide my patient to take charge of her own medications. She helped establish weekly pick up of medications from the local pharmacy. My patient is now compliant with her medications, looking after herself and her sister is taking my calls again.*  
-Primary care provider

## IPT-Provider Engagement

The IPT engagement series continues to serve as a valuable platform for engagement, learning and collaboration between referring providers and the IPT. The series aims to optimize how providers and IPT Clinicians work together to support patients. The IPT Engagement Series reached a record number of over 70 attendees per session, nearly doubling the number of attendees since its inception. View a summary report from the first 12 sessions [here \(click or scan QR code\)](#).



We also produce a bi-monthly newsletter to support information sharing and teamwork within the PCNs. Each edition features a team member, such as a Family Physician or Interprofessional Team Clinician as well as stories, engagement reports, upcoming events, staffing updates, quick tips, wait time updates, and more.

## Opportunities for the IPT

Looking forward, we are excited about expanding the reach of the IPT. Given the limited resources, we are exploring innovative strategies to optimize the service including:

**IPT group sessions**

**Consult line for simplified provider-IPT communication**

**Updating the referral form to highlight any required collateral**

**Continued support for collaboration and relationship-building between the AHPs and providers**



## PCN Engagement

This year, we continued to pursue our goal of increasing engagement within the PCNs. We hosted several in-person and online engagement events to support members and the PCN community in engaging in primary care system improvements. These events provided opportunities for input on planning and quality improvement, while also fostering networking opportunities and team-based care.



## Our Events

**PCN Engagement Forum: Empowering Care Across Life's Moments – November 2023.** Our PCN Engagement forums provided an opportunity for members of the PCNs to network, hear the latest PCN updates and be engaged on the care of two patient populations that need more support from the primary care system: maternity patients and frail seniors. This input gave us insight on how to broaden support for these patients through the PCNs. Two events were held, each hosting 75 participants including Family Physicians, Nurse Practitioners, Clinic Leads, Community-Lead Health Centre leads, First Nations and Aboriginal PCN Representatives and Patient Partners. [Read summary reports from both sessions \(click or scan QR code\).](#)



*I really love the collaboration between all disciplines and great learning opportunities. Very informative gathering.*  
– PCN Engagement Forum Attendee

## Working Together to Enhance Team Based Care – June 2024

On June 25th, 2024 the Vancouver PCNs hosted an in-person event for Family Physicians and Nurse Practitioners who are currently accessing the PCN IPT. The event was an opportunity to engage providers on elements of future planning for the PCN and spend time connecting teams and listening to stories of team-based care. Representatives from the different IPT allied health disciplines were invited to host tables to meet with providers and speak more about how they support their patients through a “speed dating” type format. 70 Family Physicians and Nurse Practitioners attended this event. [Read the summary report from the event \(click or scan QR code\).](#)





## MOA Engagement

In 2023, we conducted a survey to gather input from Medical Office Assistants (MOAs) and Office Managers, coinciding with MOA Appreciation Day in October. This feedback informed the development of an MOA engagement strategy, aiming to:

- **Engage MOAs** as key stakeholders in the PCNs.
- **Provide resources** to enhance their service to clinics.
- **Create a supportive network** for MOAs to connect across Vancouver.

To support this work, a MOA reference group of six Office Managers/MOAs was established, and work is underway to develop practical resources. The first MOA event is scheduled for November this year, marking the official launch of the MOA Network.



## Patient and Partner Engagement

Over the past year, we have enhanced our organizational capacity to engage patients and partners through various initiatives. Last fall, we recruited new Patient Partners to participate in PCN Steering Committees and a patient advisory group. Additionally, we have supported patient engagement processes for mental health and maternity projects; recruiting patients for interviews, focus groups, and working groups.

To further support patients and partner engagement, we are developing a new community-facing website and PCN community newsletter, both expected to launch later this year. These initiatives aim to:

- Support education and information sharing
- Improve accessibility for patient engagement
- Raise awareness of the PCNs and their resources
- Empower patients to meaningfully engage with services



## Supporting Team-Based Care

We are continuing to build out our [Team-Based Care Education](#) to support team culture and the integration of PCN Resources. Our in-person and online options are now available. We are excited to be bringing on new facilitators and hosting more in-person sessions this fall. 105 people have taken the online education to date.

“

*This education will enhance my ability to collaborate with my team and help me utilize resources more efficiently.*  
-TBC Online Education Participant



## Summer Outreach

This summer, the Community Network Managers (CNMs) conducted summer outreach visits to clinics within their PCNs, connecting with providers and clinic staff to share information and resources, build relationships, and offer support with any challenges being experienced.

The most common discussion topics during the outreach were:

- Resource navigation
- MOA network
- IPT program
- Health Connect Registry
- Family Doctor and MOA recruitment



**153 in-person  
clinic visits**

## PCN Steering Committees

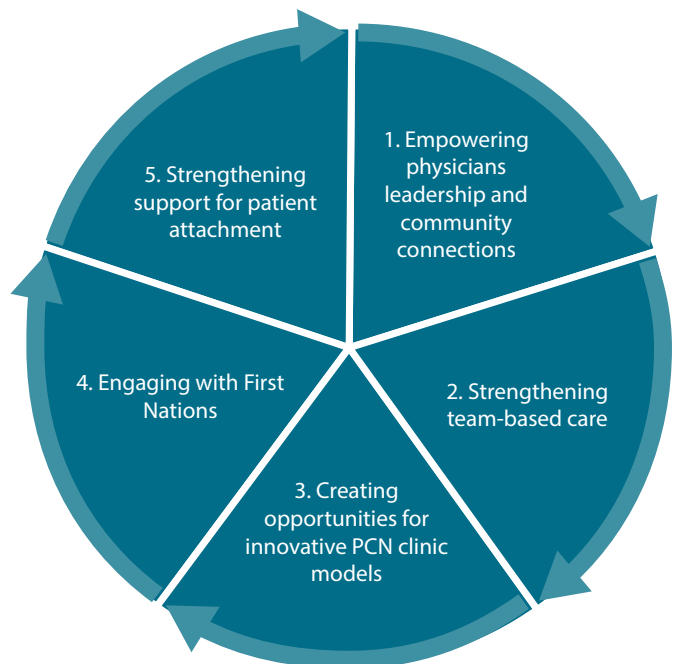
This year, the Ministry announced a PCN governance refresh, leading to the launch of six new PCN Steering Committees (SCs) for Vancouver's PCNs. These Committees, comprising family doctors, nurse practitioners, and patient partners, aim to make meaningful community improvements through targeted, time-bound initiatives within each PCN geography.

The refreshed SCs launched in April, and spent the summer assessing their community's needs, brainstorming projects, and selecting viable initiatives through a consensus-based decision-making model. Implementation of the six unique projects is set to begin in early October.

Steering Committee's project focus:

- PCN 1: Reproductive mental health
- PCN 2: PWD application & attachment
- PCN 3: Food security
- PCN 4: Patient Medical Home Clinical Network
- PCN 5: IPT group visits
- PCN 6: Seniors mental health

**The refreshed aim for PCNs is to improve patient access to quality primary care in five 5 points:**



# Project Office

The Project Office continued to support the Division's change management priorities as part of its broader Primary Care Network (PCN) strategy.

Our multi-year strategy focuses on providing services to community primary care clinics, either delivered by the Division or making partner services more accessible to clinics, and data collection and reporting to allow Division departments to make better data-informed decisions.

## Services To Clinics

For the third year in a row, 132 clinics (representing more than 400 members) participated in the Division-led Clinic Grants program. As in prior years, clinics deployed the grants for a range of improvements, including technology, office documentation and staff training, and capital improvements. [Click or scan QR code \(Fig 1.\) for mor information.](#)

We again partnered with Vancouver Coastal Health Authority (VCH) to facilitate clinic access to influenza vaccines and delivered nearly 75,000 doses of influenza vaccine to 164 Vancouver-based clinics. [Click or scan QR code \(Fig 2.\) for mor information.](#)

We also partnered with VCH's Access and Assessment Centre (AAC), VCH's gateway for mental health and addictions services in Vancouver. As part of AAC's implementation of automated faxing technology to send assessments to primary care providers, the Project Office provided up-to-date clinic information, including name, location and fax number. Reporting indicates improved fax throughput to Vancouver physicians because of this work.

The Project Office has worked closely with PHSA's Connected Health team to identify community clinics to participate in the OceanMD e-referrals and e-orders pilot. OceanMD is the provincial technology that will expand to cover all referrals, replacing faxes and taking on patient notification of referral status. [Click or scan QR code \(Fig 3.\) for mor information.](#)

For the upcoming year the Project Office will continue to offer services such as Clinic Grants and influenza vaccine delivery. Given the large number of clinics that spend their clinic grant funding on technology improvements, we will launch a new Patient Medical Home (PMH) Connectivity and Digitization Program to offer clinics a wide-ranging technology assessment, along with funding to implement improvements noted in the assessment.



**Fig 1. Clinic Grants Report**



**Fig 2. Flu Vaccine Report**



**Fig 3. PHSA Digital Referrals & Orders**



## Data-Informed Decision Making

The Division's 1200+ members practice at over 200 community family practice clinics in Vancouver and beyond, including long-term care homes, and as hospitalists, researchers and teachers, to name just those. Members have other attributes such as areas of specialization and interest, and languages of practice. Clinics, meanwhile, have specific attributes like location, EMR in use, and support staff that keep clinic operations running smoothly. The Division's Decision Support team continued to collaborate with Division program teams on ways to gather this information, keep it current and make the easily accessible to team members. Division program teams now have access to data dashboards via PowerBI ("Power Business Intelligence" - an industry-leading application) that quickly displays member and clinic data in easy-to-read charts, graphs and lists.

Coming up in the new year we will allow members and clinic owners / managers to verify and directly update their information via the [vancouverdivision.com](http://vancouverdivision.com) website.

# Financial Report

## Treasurer Note from Dr. Jay Slater

Our financial statements for the fiscal year ended March 31st, 2024 were independently audited by Reid Hurst Nagy Inc. The auditors determined that the financial statements were presented fairly in accordance with Canadian Generally Accepted Accounting Principles. In spite of changes in staff during the year, they did not make any recommendations for improvements to our accounting policies or processes again this year.

In 2024 we had a 10% increase in our overall funding, primarily attributable to the work we have taken on with patient attachment and Primary Care Networks, as outlined elsewhere in this report. We continue to

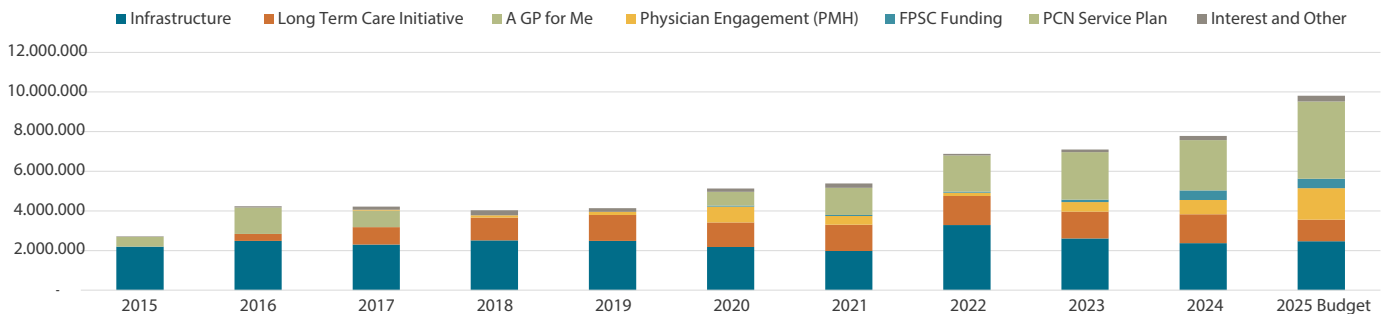
support our members in their PCN neighbourhoods and have continued to expand physician engagement in the work we are undertaking. We also work hard to ensure that we provide value to members through our events, Committees, mentorship programs and peer networks.

As I leave the Board, I am proud of the financial stewardship and ongoing work of our Division. I have confidence in the financial stability of the Division as it moves into the future, and I assure you that we are in full compliance, everything is properly budgeted, and we manage our funds effectively.

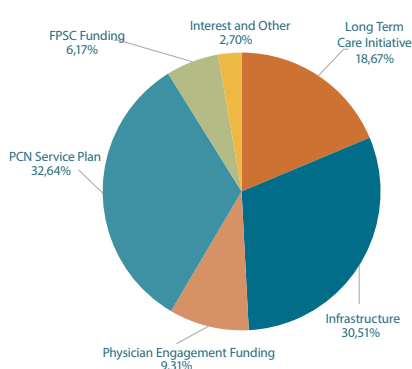
*Jay Slater*

## Growth

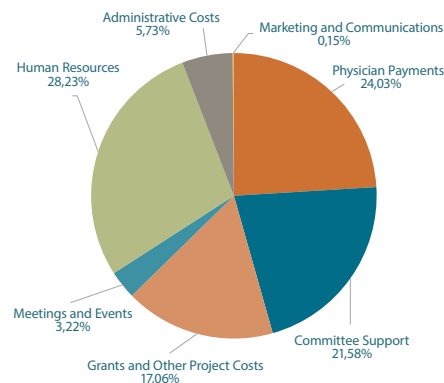
### Growth



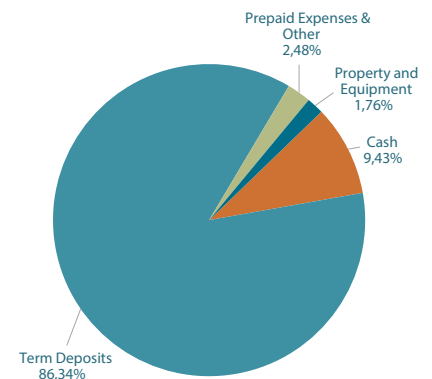
## Expenses



## Revenue



## Assets



\*Financial Statements Available on Request



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An FPSC initiative

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