



Campbell River and District
Division of Family Practice
An FPSC initiative

2024
TO
2025

ANNUAL IMPACT **REPORT**

RELEASED NOVEMBER 2025



TRADITIONAL TERRITORY ACKNOWLEDGEMENT

The Campbell River & District Division of Family Practice honours and expresses gratitude for living and working on the traditional lands of the Ligwilda'xw, and the unceded territories of the Kwakwaka'wakw, and for working with the Coast Salish and Nuu-Chah-Nulth peoples.

Acknowledging that we are on the traditional territories of Indigenous communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally informed care to First Nations, Inuit, and Métis people in BC.

The Campbell River & District Division of Family Practice is committed to promoting culturally safe engagement for all within primary care and strives to be humble in its approach to the personal and systemic biases within primary care, in an effort to develop and maintain respectful processes and relationships based on mutual trust.

THE DIVISION REPRESENTS FAMILY PHYSICIANS IN
**CAMPBELL RIVER — SOUTH TO OYSTER RIVER, NORTH
TO SAYWARD, WEST TO GOLD RIVER — AND THE
NORTHERN GULF ISLANDS, QUADRA AND CORTES.**

OUR MISSION.

1. Develop **strong** local, regional and provincial **partnerships**.
2. Promote the **well-being, involvement** and **leadership of Family Physicians**.
3. Bring the **voice of Family Physicians** to influence and shape **responsive delivery of primary patient care**.
4. Ensure community members have **sufficient access to primary care providers** to support their longitudinal needs.

OUR VISION.

A robust network of **healthy and engaged Family Physicians**, driving primary care that is reflective of and responsive to our diverse community.

OUR VALUES.

Inclusive
Respectful
Open
Innovative
Responsive

TABLE OF CONTENTS

01	Co-Chairs Report
02	Our Board of Directors
04	Executive Director's Report
05	Our CRD & PCN Team
06	2024-26 Strategic Priorities
07	We're Here to Listen
08	Membership Survey
09	Recruitment
10	Our Membership
11	Engagement & Learning
12	Evaluation & Improvement
13	Culturally Safe Care
14	Primary Care Network
15	Looking Ahead With Confidence
16	Audited Financial Statements
17	Contact Us

SOME COMMON HEALTHCARE ACRONYMS

AHP	Allied Health Professional
APP	Alternate Payment Program
CaRMS	Canadian Resident Matching Service
CME	Continuing Medical Education
CPD	Continuing Professional Development
CSC	Collaborative Services Committee
DoBC	Doctors of British Columbia
ED	Emergency Department
EMR	Electronic Medical Record
FFS	Fee-For-Service
FP	Family Physician
FPSC	Family Practice Services Committee
HA	Health Authority
HCR	Health Connect Registry
IMG	International Medical Graduate
LFP	Longitudinal Family Practice
LTC	Long-Term Care
LTCI	Long-Term Care Initiative
MHSU	Mental Health & Substance Use
MOA	Medical Office Assistant
MoH	Ministry of Health
MRP	Most Responsible Provider
MSP	Medical Services Plan
NNPBC	Nurses & Nurse Practitioners
NP	Nurse Practitioners
NTP	New-to-Practice
PCAC	Primary Care Access Clinic
PAC	Physician Advisory Committee
PCN	Primary Care Network
PMH	Patient Medical Home
PRA-BC	Practice Ready Assessment - BC
RN	Registered Nurse
ROS	Return of Service
UNIT	Unattached Inpatient Team
UPCC	Urgent Primary Care Centre

MESSAGE FROM THE CO-CHAIRS

This past year has been one of progress, momentum, and strong partnership across the Division. Together — as leaders, staff, Board members, and physician members — we have moved from strategic planning into implementation, and now into evaluating our collective impact. This cyclical process ensures we continue to be efficient, relevant, and valuable to our physician members and to the community we serve.

Building on the foundational work of previous years, the Division has made meaningful strides in advancing each of our five strategic pillars. Through collaborative governance, sustained member engagement, and a commitment to cultural humility, we are proud of what we've achieved together.

Recognizing that the number one priority for our physicians continues to be **recruitment, retention, and integration**, we would like to highlight some of our successes in that pillar of our Strategic Priorities.

In the past year, we finalized and began implementing our Physician Integration Pathways, supporting new physicians with consistent onboarding, mentorship, and community connection. We continue to engage learners and residents through Transition-to-Practice events and other early exposure opportunities, supporting the next generation of FPs.

Locum supports have also been a strong focus this year. Recognizing how important locums are to both physicians and clinics, we have been working to improve locum experiences with the goal of encouraging repeat visits and building long-term retention. This work is ongoing and will continue in the year ahead.



Dr. Jordyn Vanderveen



Pauline Bernard



MESSAGE FROM THE CO-CHAIRS CONT.



We also advanced a comprehensive recruitment strategy and created the Community Healthcare Attraction Working Group to better align supports such as housing, childcare, and spousal employment.

This year brought meaningful growth. Since April 2024, four PRA-BC physicians and three new family physicians have joined our community. We were also thrilled to see strong retention: three of four graduating residents chose to remain in Campbell River, and the fourth is completing a Return of Service in the North Island.

Taken together, these milestones contributed to an overall membership increase of 11 physicians this year – an encouraging sign of stability and momentum for our community.

We know recruitment and retention is one of the most pressing challenges for primary care, not only in Campbell River but across the province.

That's why these successes are so important. They represent stability for patients and for our healthcare system.

For patients, these recruitment and retention efforts made a tangible difference.

More than 1,700 people were attached to primary care through the Patient Attachment System and Health Connect Registry this year.

Behind that number are families, seniors, and individuals who now have a trusted provider and better access to continuity of care.

Beyond recruitment, we have also expanded supports for physician and clinic wellness, intentionally embedded culturally humility into all of our work, amplified physician voices through engagement and outreach and strengthened our internal systems and governance.

The year ahead will bring new challenges, but also new opportunities to strengthen primary care in Campbell River and District. We look forward to continuing to partner with you to shape solutions and celebrate successes.

Sincerely,

Jordyn Vanderveen
Pauline Bernard
Division Co-Chairs

OUR 2025 BOARD OF DIRECTORS



Co-Chair
Dr. Jordyn
Vanderveen



Co-Chair
Pauline
Bernard



Treasurer
Kent
Moeller



Dr. Brianna
Crighton



Dr. Sameena
Shah



Jay
Havelaar



Dr. Julia
Vander
Heiden (R2)



Dr. Lindsay
Balezantis
(R1)



Dr. Tika
Okuda

JOINED
SEPT
2025

OUR BOARD

is passionate about improving patient outcomes, advancing team-based care, & supporting physician wellness. This team ensures strong fiscal stewardship, & advocates for sustainable, community-centred health care.

WITH OUR THANKS & GRATITUDE
we said farewell to outgoing Board Members



Dr. Erika
Kellerhals
4 year
physician rep



Dr. Sarah
Wong
2 year
resident rep

MESSAGE FROM THE EXECUTIVE DIRECTOR



Dawn Hamilton

As we look ahead, the Division remains committed to building a resilient, connected, and thriving family physician community here in Campbell River and District.

Our focus will continue to be on recruitment, integration, wellness, and engagement, while strengthening partnerships to ensure patients have the access they need.

Over the past year, our team has worked hard to rebuild stability after a period of significant transition. With that foundation now firmly in place, we are shifting from building structures to deepening impact – strengthening alignment across the Division and PCN, embedding quality improvement into our work, and focusing on the long-term sustainability of our organization.

We will achieve our goals by leaning into the strengths and expertise of our Division team. Each one of them brings not just skills, but heart to this work. I hope you've had a chance to connect with them – at clinic visits, community events, or even over email – because their commitment to supporting you is truly inspiring.

I also want to take a moment to acknowledge our Board members and Co-Chairs. Governance is not always the visible part of our work, but the steady leadership and thoughtful decision-making of our Board keeps the Division strong and resilient.

Finally, I want to express my gratitude to you – our physician members. The care you provide goes far beyond clinical work. You are leaders, advocates, teachers, and often the steady presence families turn to in times of need. It's a privilege to support you and to serve alongside you as we work to strengthen primary care. I am proud of what we've achieved together this past year and excited for the work yet to come.

Warm regards,

Dawn Hamilton
Executive Director



OUR CRD TEAM



Dawn Hamilton

Executive Director

Provides strategic leadership, operational excellence, and financial stewardship to ensure the Division thrives. Builds collaborative bridges across teams, partners, and communities to turn ideas into impact.

Leads with vision, integrity, and a commitment to collaborative impact.



Tanya Forsyth

Program Manager

Guides the team in the implementation of the strategic plan and oversees key initiatives including recruitment, attachment, long-term care, in-patient care, and physician engagement.

Turns strategy into action.



Kate Macdonald

Program Coordinator

Develops and delivers programs and initiatives in alignment with the priorities laid out in the Division's strategic plan.

Rolls out the red carpet for prospective and incoming FPs.



Nicole Veerman

Communications Coordinator

Ensures members are kept up-to-date on Division initiatives, local resources, healthcare news, and educational opportunities.

Keeps the Division on point and on brand.



Shealyn Fines

Operations Coordinator

Oversees office management, assists the whole team and provides administrative and financial support.

Guarantees you receive your UNIT and LTCI payments.

OUR PCN TEAM

Renee LaBoucane



PCN Manager

Oversees the implementation of the PCN Service Plan approved by the Ministry of Health.

Maureen Clarke



Implementation & Change Lead

Coordinates, facilitates and advances implementation of the nine strategies in the Service Plan.

2024-26 STRATEGIC PRIORITIES

Actively attract, recruit, & retain Family Physicians.

- Continue to support and enhance local recruitment efforts.
- Foster a welcoming and supportive environment to engage medical learners within our Division.
- Support connections between physicians and locums.
- Collaborate with other organizations to market and promote our Division.

Support Family Physician wellness, personally and professionally.

- Navigate physicians access to the correct agencies for ideas and concerns.
- Create and support a MOA network to provide training and mentorship.
- Advocate for sustainable workloads.
- Promote physician partner and family integration within the community.
- Support physician education, leadership, succession, and retirement planning.

Anticipate & respond to community needs with culturally safe care.

- Provide cultural safety training and educational opportunities for physicians.
- Engage physicians in projects and initiatives that address priority needs of the community.
- Support community healthcare changes in response to climate change.

Amplify Family Physician voices.

- Encourage and support physicians from all clinics to participate in local, regional and provincial decision-making committees and initiatives.
- Reinvigorate the Physician Advisory Committee (PAC) as a vehicle to direct physician ideas, issues and concerns.

Strengthen the Division's organizational capacity & sustainability.

- Intentionally recruit a diverse Board, with representative experience from the communities it serves.
- Build leadership, collaboration, and alignment between the work of the PCN and the Division.
- Annualize a full organizational review of Division operations and governance, including succession planning.

WE'RE HERE TO LISTEN & RESPOND



Each spring, the Division visits all the clinics in Campbell River & District. This is our way of doing a pulse check, finding out how the needs of our members are changing.

Our clinic visits and our annual member survey are a way for us to stay in touch with you, so that our Strategic Plan and our priorities stay relevant from year to year – this ensures that our plan is a living document that adapts to the changing healthcare landscape.

With these regular check-ins and our five strategic pillars guiding us through to 2026, the Division team has a clear mandate.

We've successfully launched 90% of the initiatives in our operational plan, with 64% now being completed or ongoing.

With these foundations in place, our attention has shifted from building programs to measuring their impact. This means tracking outcomes, gathering meaningful data, and embedding quality improvement into our programs so that our work continues to evolve in ways that directly supports physicians and patients.

Our goal is simple: ensure our programs aren't just running – but making a measurable difference.

Here are some highlights!

Flip!

What We Heard

2025 MEMBERSHIP SURVEY

30 members responded

23 longitudinal FPs
4 locums
2 residents
1 emergency physician

Q: What areas would you prioritize to better support physicians and your practices?

High Priority

Medium Priority

Low Priority

Support and enhancement of recruitment & retention

90%

10%

0%

Physician and community engagement to address community needs

63%

30%

7%

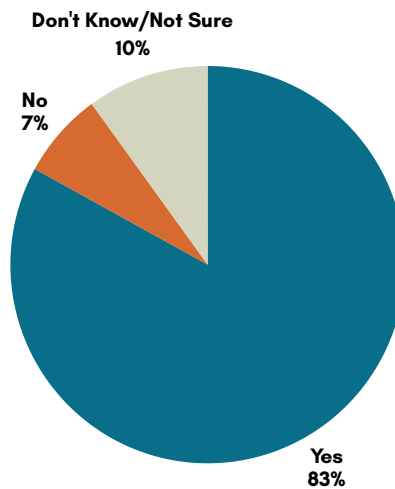
Physician influence & advocacy

57%

37%

3%

Q: Are the Division's Vision & Mission statements reflective of the Division's current and future work?



Q: How well is the Division currently achieving the priorities set out in the Strategic Plan? (Scale of 1-5)

Very Poorly 1 2 3 4 5 Very Well

Avg. Rating

3.9 Amplify Family Physician voices.

3.8 Anticipate & respond to community needs with culturally safe care.

3.8 Strengthen the Division's organizational capacity & sustainability.

3.7 Support FP wellness, personally & professionally.

3.7 Actively attract, recruit & retain Family Physicians.

RECRUITMENT & RETENTION

- Developing a recruitment strategy with the support of a contractor.
- Reallocation of staff hours & resources to support enhanced recruitment initiatives.
- Initiating a recruitment working group with local businesses and organizations.

PHYSICIAN & COMMUNITY ENGAGEMENT

- Two staff have completed Engagement Training to improve the Division's programs and projects.
- Offering monthly Office Hours in the Physician Lounge to create more opportunities for members to connect with the Division.

INFLUENCE & ADVOCACY

- Division newsletter provides an opportunity to contact Division team to provide feedback.

How We're Addressing Your Top 3 Priorities



RECRUITMENT, LOCUMS & INTEGRATION



Recruitment,
attachment &
promotion



Locum
infrastructure &
supports



Onboarding,
integration &
mentorship



Engage learners
& future
physicians



Recruitment remains one of our top priorities.

We're refreshing outreach materials and making better use of digital platforms, so Campbell River is clearly visible and appealing to potential physicians.

Alongside this, we're finalizing our Recruitment, Retention, and Integration Strategy and launching a Locum Guide – practical tools to support both clinics and incoming providers.

These efforts ensure new physicians enter a supportive environment that promotes stability and belonging.

Strengthening the Physician Experience

Supporting physicians from the moment they consider Campbell River through their first years of practice is essential to long-term retention. This year, we formalized our Physician Integration Pathway to ensure every new physician feels welcomed, informed, & connected.

Highlights from 2024-25:

- Standardized onboarding, including refreshed welcome packages and specialized supports
- New Red Carpet Protocol in development to support visiting and interviewing physicians
- Resident one-pagers to support early connection to the Division
- Integration of leadership and community engagement opportunities into onboarding
- Expanded mentorship connections locally and in partnership with UBC CPD



OUR MEMBERSHIP

grew by **11 physicians** in 2024-25

96

Full Members

**includes medical residents*

6

Secondary
Members

**practice in CRD in addition
to home community*

102

Members as of
March 31, 2025

Elevating Physician Leadership and Influence

We strengthened opportunities for physicians to guide our work this year, increasing involvement in leadership, planning, and improvement initiatives.

Highlights from 2024-25:

- Introduced new physicians to leadership opportunities during onboarding
- Expanded mentorship and engagement through clinic visits and outreach
- Strengthened physician influence in planning tables and project work

These efforts ensure physicians remain central to shaping primary care in our region.

ENGAGEMENT & LEARNING



We're investing in engagement because **a strong Division depends on strong physician voices**. We have prioritized curating locally relevant articles for our monthly physician newsletter as well as providing an opportunity for ad hoc digital feedback.

We are increasing physician engagement in PCN planning & implementation to ensure their insights shape the development of effective team-based care models to address our community needs.

We're also broadening opportunities for professional development. CME offerings will reflect member feedback and system priorities, making sure they are relevant and meaningful.

Strengthening the MOA Community

Medical Office Assistants are essential to the stability and well-being of our clinics. This year, we revitalized the MOA Network to create stronger peer support and more consistent learning opportunities across the Division.

Highlights from 2024-25:

- Relaunched the MOA Network with meetings every 4-6 weeks
- Implemented a monthly MOA newsletter and a new SharePoint resource hub
- Delivered new training opportunities and hosted an in-person MOA event
- Established MOA Lead roles to ensure ideas and issues flow between clinics and the Division
- Developed a shared directory of common resources to support clinic operations

This renewed network is strengthening communication across clinics, supporting mentorship, and improving system navigation for front-line staff.

EVALUATION & IMPROVEMENT



Scaling up exit interviews and applying insights

To improve recruitment and retention, we need to learn from those leaving. That's why we're scaling up exit interviews, capturing those insights, and applying them to future messaging and clinic supports.

Beyond that, we are making evaluation and continuous improvement part of everything we do. That means embedding QI conversations into our outreach and using data to adapt programs, not just deliver them.

This ensures our initiatives remain dynamic and responsive to both member needs and community health priorities.



Integrating QI into outreach and programming

Embedding a Culture of Continuous Improvement

As we transition from building programs to measuring impact, quality improvement is being woven into every part of our work. This year, we expanded evaluation efforts to better understand what is working and where we can adapt to better support physicians and patients.

Highlights from 2024-25:

- Implemented new exit interview tools to gather insights from departing physicians
- Embedded QI conversations into onboarding
- Launched project spotlights
- Improved use of data to guide decision-making and strengthen program design

This shift moves us beyond activity reporting and towards meaningful measures of impact and value.

DEEPENING OUR COMMITMENT TO CULTURAL SAFETY



Long-term relationship building



Indigenous-led learning and knowledge sharing



Coordinated PCN-Division efforts for culturally safe care

Our work in cultural safety continues to evolve, guided by Indigenous partners and a commitment to ongoing learning. This year, the Division and PCN team participated in shared educational experiences and expanded opportunities for physicians and staff to learn together.

Highlights from 2024–25:

- All current staff completed the San'yas Indigenous Cultural Safety Training
- Hosted two Village Workshops and the Gathering Our Medicine session
- Coordinating We See in Two Worlds in-person learning with UBC
- Continued collaboration with the Collaborative Services Committee and community partners to identify priority community needs

Together, these actions reflect our commitment to cultural humility and our responsibility to advance culturally safe care across the community.

PRIMARY CARE NETWORK



Final year of
implementation



Recruitment of AHPs,
RNs, FPs and NPs



Cultural Safety
Strategy



Quality Improvement
efforts on existing
services



As our PCN approaches the final year of the Implementation phase, we continue to expand the team with additional allied health professionals and RNs to support the chronic conditions strategy and rural and remote strategy. Alongside this, we continue to recruit Family Physicians and Nurse Practitioners to meet broader PCN and community needs.

Working with the Indigenous Advisory Committee, we are developing a cultural safety strategy that aligns with our Division's commitment to culturally safe care and supports Priority 3 of our Strategic Plan.

The PCN team also continues to support and strengthen the Laichwiltach Community Health Centre to improve access and attachment in Campbell River, while embedding ongoing quality improvement into PCN services.

LOOKING AHEAD WITH CONFIDENCE

TOGETHER WE ARE:



Strengthening
recruitment, retention
& integration



Embedding continuous
improvement



Building partnerships
that reflect our
community

Our next chapter is about deepening the work we've already started.

We're strengthening physician recruitment, retention, and integration – ensuring Campbell River remains a place where physicians choose to come, stay, and thrive.

We're embedding continuous improvement – using QI and evaluation to adapt programs so they are effective and relevant.

And we're building partnerships that reflect our community – ensuring, physician voices, Indigenous voices, and community priorities guide our direction.

Together, these efforts position us to build not just a stronger Division, but a healthier community for everyone.

Building a Strong and Sustainable Organization

Behind the scenes, the Division completed important governance and operational work this year to strengthen long-term sustainability.

Highlights from 2024-25:

- Completed a governance refresh & updated Board self-assessments
- Recruited new Board members to broaden representation & expertise
- Developed a Board Governance Policy and Orientation Manual
- Strengthened HR processes
- Improved succession planning for Board, staff, and leadership roles
- Successfully stewarded Governance funds and supported long-term PCN sustainability
- Renewed focus on staff retention with regular check ins and structured feedback loops.

2024-25 AUDITED

Financial Statements

STATEMENT OF FINANCIAL POSITION

As of March 31, 2025

Assets

Cash	\$1,655,063
Accounts Receivable	\$408
Gov't Remittances Receivable	\$14,385
Prepaid Expenses	\$470
Total Assets	\$1,670,326

Liabilities

Accounts Payable	\$219,871
Gov't Remittances Payable	\$21,129
Due to Doctors of BC	\$570,053
Deferred Revenue	\$813,270
Total Liabilities	\$1,624,323

Net Assets

\$46,003

**Total Liabilities
& Net Assets** **\$1,670,326**

*These financial statements were approved by
the Board of Directors on June 26, 2025:*



Kent Moeller, Treasurer



Jordyn Vanderveen, Board Co-Chair

*They were audited by Chan Nowosad Boates,
Chartered Professional Accountants.*

STATEMENT OF OPERATIONS

Year-End March 31, 2025

Revenues

Inpatient Care Initiative	\$721,985
PCN Service Planning	\$370,547
PCN Governance Support	\$168,905
Infrastructure	\$453,559
Long-Term Care Initiative	\$185,759
Physician Engagement	\$113,532
Physician Integration & Retention	\$47,266
Inpatient Stabilization	\$106,393
Doctor of the Day	\$99,067
Indigenous Services	\$93,273
Attachment Mechanism	\$92,648
Miscellaneous	\$50,789
Minor Tenant Improvements	\$41,000
Total Revenues	\$2,544,723

Expenses

Advertising	\$12,428
Bank Charges	\$354
Events	\$26,180
Insurance	\$3,414
Licenses and Dues	\$468
Meeting	\$30,725
Office	\$170,703
Professional Fees	\$28,668
Salaries & Wages - Physicians & Staff	\$1,485,725
Salaries & Wages - Doc of the Day	\$380,856
Sub-Contracts	\$351,356
Telephone	\$11,388
Training	\$13,564
Travel	\$20,632
Workshop	\$8,262
Total Expenses	\$2,544,723

HAVE QUESTIONS OR SUGGESTIONS?

Contact Us

Dawn Hamilton

Executive Director
dhamilton@crddivision.ca

Tanya Forsyth

Program Manager
tforsyth@crddivision.ca

Kate Macdonald

Program Coordinator
kmacdonald@crddivision.ca

Nicole Veerman

Communications Coordinator
nveerman@crddivision.ca

Shealyn Fines

Operations & Admin Coordinator
sfines@crddivision.ca

Renee LaBoucane

PCN Manager
rlaboucane@crddivision.ca

Maureen Clarke

PCN Implementation & Change Lead
mclarke@crddivision.ca

Meagan Sims

PCN Indigenous Lead
msims@crddivision.ca

Janine Snell

HCR & PCN Program Coordinator
jsnell@crddivision.ca



**DO YOU KNOW A FAMILY
PHYSICIAN IN CAMPBELL RIVER
& DISTRICT WHO ISN'T YET A
DIVISION MEMBER?**

Membership comes with benefits.
Encourage them to join!

<https://divisionsbc.ca/user/register>