

Welcome

Delta Division of Family Practice

ANNUAL GENERAL MEETING

- **Establish Quorum (5)**
 - **Approval of Agenda**
 - **Acceptance of 2024 AGM Minutes**
 - **Presentation of 2024/2025 Annual Report**
 - **Treasurer's Report**
 - **Audited Financial Statements**
 - **Appointment of Auditor**
 - **Reports on Committees/Initiative**
 - **Collaborative Services Committee (CSC)**
 - **Long Term Care Initiative**
 - **Pathways User Group**
 - **Delta Hospital Physician Society**
 - **Multi-Disciplinary Health Care Coordinating Committee**
 - **Questions from The Floor**
 - **Election of Directors**
 - **Adjournment**
-
- **Presentation Dr. David Harris**

OUR MISSION

Ensure access to timely, comprehensive, high quality, sustainable health care in Delta through collaborative and collegial relationships within a healthy, engaged physician community.

ANNUAL REPORT

2024/2025

Table of Contents

REPORT FROM THE Co-CHAIRS, AND THE EXECUTIVE DIRECTOR.....	4
<i>Dr. Chris Vipler, Dr Colleen Lee, and Geri McGrath.....</i>	
PCN.....	12
Annette Garm, PCN Manager	
COMMITTEES/INITIATIVES.....	
Collaborative Services Committee (CSC)	12
<i>Dr. Colleen Lee, Co-chair</i>	
Long Term Care (LTC).....	12
<i>Dr.Carllin Man, Physician Lead</i>	
Pathways User Group	13
<i>Dr. Rui Li, Lead Physician</i>	
Delta Hospital Physicians Society.....	13
<i>Dr. Colleen Lee, Lead Physician</i>	
Delta Hospital Multi-Disciplinary Health Care Coordinating Committee	13
<i>Dr. Colleen Lee, Lead Physician</i>	
Recruitment & Retention.....	14
Debby Mckenzie , Delta Division of Family Practice.....	
Community Connector.....	17
<i>Trisha Frank, Delta Division of Family Practice</i>	
Patient Attachment (HCR).....	
Daniella Branker, Delta Division of Family Practice.....	
Practice Support Program PSP	19
<i>Katie Harmer, PSP Representative</i>	
Financials.....	20

REPORT FROM THE Co-CHAIRS, AND THE EXECUTIVE DIRECTOR

Dr. Chris Vipler, Dr Colleen Lee, and Geri McGrath

The division has had a few meetings with the Ministry of Health (MOH) to further clarify our proposed work plan for South Delta PCN. To date we have been told the MOH is reviewing new Service Plans for PCN funding across the province. We are confident once we are approved, we are poised to begin to implement programs with impact such as mental health. We have been in conversation with potential contract providers to support patients in need of funded counselling. This has long been an area we have heard from you, our members, that is lacking. Once we have been funded you (our members) will be the first to know, as the goal of this funding is to help ease the load on primary care in our community.

We have continued to recruit new family physicians and a nurse practitioner. Our recruiter Debbie has a full snapshot included in this report. We do our best to provide you with locums and new physicians to support the work you do.

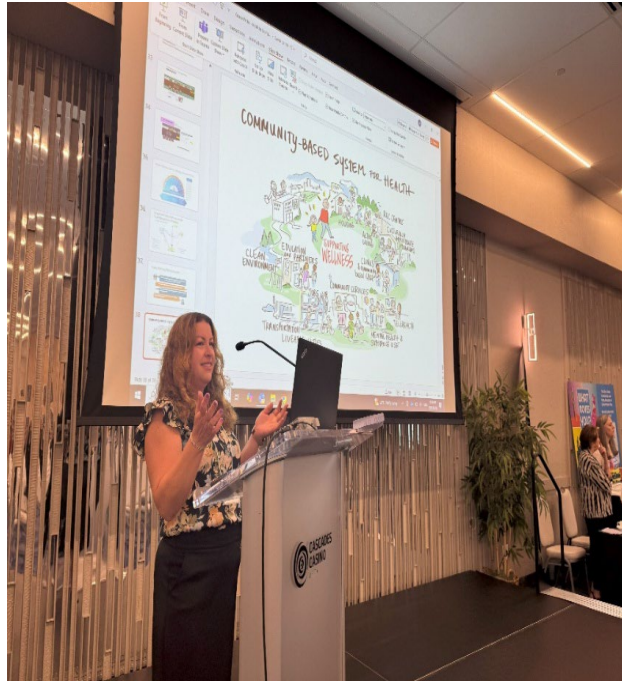
The addition of our attachment coordinator (Daniella) has helped ease the transition from our community attachment list to the provincial one. Daniella goes out to clinics to assist and provides ongoing attachment support when needed, Danialle has a snapshot of her work in this report as well.

Providing you, our members, with the opportunity to continue informational learning is a priority and we will continue to support you with your requests. This past year we have offered the following.

Member Events

Jan 22 nd , 2025,	COPD Academic Detailing Pharmacist PAD Service
Feb 26 th , 2025,	Weigh Loss & Academic Detailing Pharmacist PAD Service
March 31 st , 2025	Dr. Kristin Gustfason Peri Menopause
April 18 th , 2024,	Adult ADHD Dr. Parhar (Virtual)
June 17 th , 2024,	Lifestyle RX Program Diabetes
August 28 th , 2025,	Division Summer Picnic
Nov 27 th , 2024,	Travis Woseley & Dr. Danny Gillis Ortho Presentation
April 18 th , 2024,	PCN Primary Care Engagement Session with community partners
June 7 th , 2025, Seniors Fair Southlands	division had a booth Lisa and Danella attended
July 25 th , 2025, TFN Health Fair	division had a booth Annette and Daniella attended
Sept 10 th , 2025, Seniors Fair	over 50 booths and key presentations from City of Delta, Dr. Grace Park, FH Fall Prevention and The Rotary Club.

We co-hosted our Seniors Fair this year in collaboration with Cascades Casino with over 50 information booths and key presentations from the City of Delta, Dr. Grace Park, FH Fall Prevention and the Rotary Club.



The division was also at the Southlands Seniors Fair



The division was once again invited to the Tsawwassen First Nations (TFN) health fair. The day was filled with networking, building, and creating relationships and sharing in a rich gathering.



The division held a summer picnic for members and their families at Centennial Beach Park in Boundary Bay. We had over 50 guests join us for food and fun on what was a beautiful summer evening.



Ortho Member Event



Recruitment continues to be our focus as a division Debbie has an update in this report, and clinics have hired 2 family physicians and one nurse practitioner; Debbie is working with 3 new pending family physicians.

We look forward to continuing to support and contribute to team-based care in our community. Thank you to each one of you for your hard work, commitment, and compassion. It is an honor to support your work.

Delta Division of Family Practice: Strategic Goals for the next Three Years

Strategic Goals:

The following goals were identified, refined, and agreed upon by the Board and the Executive team through a comprehensive in-person strategic planning session led by BeThink.

1. Physician Wellness: Foster a culture of wellness and connection among family physicians in Delta.

Rationale: Physician well-being is a cornerstone of effective, sustainable primary care. Combatting isolation and burnout helps retain talent, improve care quality, and build a healthier medical community.

2. Member Support: Enhance clinical collaboration and practice supports to help family physicians thrive.

Rationale: Strong networks and resources empower physicians to manage their practices effectively and deliver better care. Support for MOAs, practice operations, and peer knowledge-sharing strengthens the primary care ecosystem.

3. Representing Physician Voices: Represent Delta family physicians meaningfully in health system planning and decision-making.

Rationale: To shape a sustainable primary care future, Delta physicians need a voice at local, regional, and provincial tables. Representation leads to better alignment with frontline realities and ensures the Division's interests are reflected in broader planning and policy.

4. Recruitment: Proactively attract new family physicians to build capacity and continuity of care in Delta.

Rationale: Addressing the physician shortage requires a proactive, relationship-based approach to recruitment. Creating a welcoming, supportive impression early on increases the chance of long-term commitment.

5. Retention: Strengthen physician retention through onboarding, mentorship, and community integration.

Rationale: Building long-term attachment between physicians and the Delta community requires more than recruitment — it demands sustained support, connection, and alignment with physician goals and values.

Potential Tactics to Explore in an Operational Plan (generated by Board):

1 . Physician Wellness:

- Host regular social events for family physicians and their families to build peer connection.
- Facilitate informal gatherings between family physicians, hospitalists, and specialists to deepen trust and camaraderie.
- Develop initiatives to reduce burnout and support mental health, including peer support or group reflection sessions.

2. Member Support:

- Engage MOAs in determining needs and solutions. Potentially launch a community network for MOAs to improve connection, reduce turnover, and enhance communication.
- Enhance local referral pathways and improve connection between family physicians and specialists.
- Expand Division capacity to offer tools, mentorship, and training for clinic efficiency and practice management.

3. Representing Physician Voices:

- Identify and support physicians and board members to serve on key system committees and initiatives.
- Provide coaching or peer mentorship for new physician leaders stepping into governance or system-level work.
- Track and celebrate physician impact in external working groups to inspire participation. Develop internal systems to gather member input and feedback to bring to decision making bodies.
- Advocate for the establishment a low barrier (UPCC) “primary care incubator clinic” to provide episodic care to unattached patients while enabling physician flexibility.

4. Recruitment:

- Attend national and provincial medical conferences with a recruitment presence.
- Leverage personal relationships and strong response times from recruitment leads (e.g., Debbie) to build trust with prospects.
- Offer creative supports that reflect local needs (e.g., real estate education sessions for new grads).
- Promote Delta’s collaborative culture and quality of life as recruitment assets.

5. Retention:

- Improve onboarding process for new physicians, including personal introductions and navigation support.
- Launch an optional mentorship program pairing new and experienced physicians.
- Create events that help new and established members build relationships.
- Align wellness and support initiatives with retention strategies to reinforce physicians' sense of belonging.
- Set a target: e.g., reduce unattached patient percentage to under 5%.

PCN

Annette Garm, PCN Manager

1. South Delta PCN Update

The PCN Service Plan remains under review with the MOH but is anticipated to be funded this fiscal year. We have been meeting with other PCNs, FH, participating in community and government meetings on funding, staffing and PCN models. As PCNs are collaborative models we have also spent valuable time building relationships with stakeholders in government and elsewhere. Community interest in a PCN remains high and we anticipate continued local support.

3. Early Outcomes of Provincial PCN Assessment

- 750,000+ British Columbians newly attached to a primary care provider (MOH).
- ~76% of BC residents now report having a family doctor or NP (Data from MOH).
- 4,300+ family physicians have adopted the LFP model (Data from MOH).
- 77 PCNs implemented province-wide, with 1,800+ new clinical and support staff recruited (Data from MOH).

COMMITTEES/INITIATIVES

Collaborative Services Committee (CSC)

Dr. Colleen Lee, Co-chair

CSC is a collaborative working group that includes Delta Division of Family Practice, Fraser Health, Doctors of BC, Family Practice Services Committee, Tsawwassen First Nations and a patient representative. We meet every 2-3 months and get updates on local health services including Delta Hospital and Home Care. Most recently, there is a strong need for family physicians to provide continuing care at Mountain View Manor.

Long Term Care (LTC)

Dr. Carlin Man, Physician Lead

LTC is a nice change of pace from the day-to-day of family practice. There are no appointments, and the "rush" of the office is non-existent in LTC. You will be part of a multi-disciplinary (nursing, PT, OT, SW, etc) team working together to care for our frail elderly. Normally, this would require on site visits to the nursing home every 1-2 weeks, usually half days. You would also be asked to be available for anything urgent that comes up for your patients. I personally find that LTC also compensates quite well, especially as there is no overhead associated with an office.

Specifically, regarding compensation, if you are on the LFP payment model, you are able to bill LFP at the LTC. For LFP in LTC, the direct patient care hourly rate is actually \$40/hour more in LTC than the office, along with high rates if you attend after hours or on weekends. The usual patient interaction codes apply as well. You will also be paid for being "on-call" for your patients as well.

I know starting a LTC practice may seem overwhelming, and I am happy to provide mentorship at any time. The overwhelming feedback I hear is that many physicians find LTC work to be quite rewarding!

Pathways User Group

Dr. Rui Li, Physician

1. Pathways e-referral tracker still active in 6 divisions and will be on-going (not available in South Delta)
2. New AI generative summary when typing 3 words or more in the search bar (far from perfect for now)
3. New voice input search function
4. New specialist messaging service for non-urgent opinion. No specialist in our area has opened this service yet, Pathways will put an announcement in the front page whenever there's a new specialist offering this.

Lisa has been working on a project to transition the Community Resources Directory to Pathways. The project should be complete by the end of September. In addition to this Lindsay has been assisting the division with working on our home page on Pathways.

Delta Hospital Physicians Society

Dr. Colleen Lee, Lead Physician

This group is essentially a working group of physicians at Delta Hospital: specialists, hospitalists and from the ER department.

Meetings are on hiatus.

Delta Hospital Multi-Disciplinary Health Care Coordinating Committee

Dr. Colleen Lee, Lead Physician

The committee includes Fraser Health leads, DH Clinical Operations and various Department Heads.

Delta Hospital strives to provide care for North and South Delta residents. The Emergency Room also see visitors from other Fraser Health locations.

This past year, there is considerable manpower issues for the Internal Medicine and Emergency Medicine department but there is active recruitment. As a result, there have been some service interruptions in the ER department. There is lots happening behind the scenes to minimize future interruptions. Drs Juan Mata and Danny Gillis are Head of Surgery. Dr Jean Segal is no longer performing surgery. Dr Rana will be providing General Surgery support including upper endoscopy and breast procedures. In early 2025, the Peace Arch Hospital Radiology group now provide radiology support at DH. The Radiology group also have had some manpower issues and therefore, diagnostic breast imaging is still at reduced capacity. There continues to be a high volume of patients that are seen in the ER department – including unattached patients. New projects are on hold because of fiscal constraints.

The Delta Hospital and Community Health Foundation continues to annually support Delta Hospital – providing funds for new equipment and education. (The Foundation is also keen to support Delta Family Physicians, so the Division will continue to have on-going communication).

The Foundation has also provided support towards the new Beedie Long Term Care Centre which has commenced construction this year. This new state of the art facility will have 200 beds and will replace the current Mountain View Manor. It will include space for day programs and childcare.

There will likely be a request for family physicians to provide seniors care in the new facility.

Recruitment & Retention

Debby McKenzie, Delta Division of Family Practice

Recruitment Summary

2024/2025

We continue to advertise for part-time, full-time and locum physicians in Canada, USA, UK and Ireland on: Various free job boards, as well as Indeed, Health Match, Doctors of BC. We also attend conferences including Family Medicine Forum, Practice Foundation and various BC GP events throughout the year.

(2) Family Physicians Hired / Started

Felix Ehaniu (PRABC-ROS)	Tsawwassen Medical Clinic	Feb-25
Kevin Hooi (ROS)	Delta Medical Clinic	July-25

(1) Nurse Practitioner Hired / Started

Jessica Wilson	Ladner Medical & Allied Health	Apr-25
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(3) Pending GP Hires

Trina Leskiw	View Medical	Sep-25
Ahmed Abdelgawad (ROS)	Ladner Medical & Allied Health	Nov-25
Dr. Ammonat Purewal (ROS)	Clinic to be determined	Dec-26

(2) 2025 Retirements / Left Practice

- Dr. Judy Fletcher, View Medical
- Dr. Emily Camacho, Delta Medical Clinic

(18) GPs Screening / Interviewing

1. Dr. Panna Bansal, Ontario GP - Interviewed Lark Medical - Waiting for hire confirmation
2. Dr. Maninder Singh – Burnaby - confirmed still looking for office space 9/25 - potential 2026 hire
3. Dr. Joseph Bautista-Yo – From Trail, BC / has home in Ladner – potential hire 2026
4. Dr. Olisa Nwafulume, UK GP - sent information, organizing telephone screening 9/25
5. Dr. Sunjeet Dhami, UK GP - sent information, organizing telephone screening - followed up 9/25
6. Dr. Sunday Ochemi, UK GP - screened and arranging telephone interviews - will hire without visit 9/25
7. Dewmi Subasinghe Arachchi, MD - GP, USA - (husband also GP in training) - interviewing with clinics over the phone - will hire without visit 9/25
8. Dr. Muhammad Wahaj, UK GP - Interviewed in person, followed up - no response F/up again 9/25
9. Dr. Hannah Inman, USA, GP - telephone screening / sent information 9/25
10. Dr. Christian Orji, USA, GP - Phone Interviewed, waiting for dates of visit. F/up again 9/25
11. Dr. Sadat Muzammil, Cdn GP ON (via UK) - Sent information, no further response (F/up again 9/25)
12. Dr. Yibling Li, GP USA - Sent information, followed up - no response (F/up again 9/25)
13. Dr. Tam Opusunju, GP AB - In-person interview cancelled; GP never rescheduled (f/up again 9/25)
14. Dr. Belinda Afful, UK GP - Screened, send information, connected to Dr. Akangbou - F/up again 9/25
15. Dr. Chun Wing Wong - Sent information - no response - f/up again 9/25
16. Dr. Thieng Nguyen - Sent information - no response - f/up again 9/25
17. Dr. Ebubechukwu Uzoechina - Sent information - no response - f/up again 9/25
18. Dr. Francois Mukuna - Sent information - no response - f/up again 9/25

Naeem Gurmani	Ladner Family Practice	May-23
Angela Choi	Tsawwassen Medical Clinic	Apr-24
Nevio Cimolai	Lark Medical Clinic	Apr-24
Ann Chala	Ladner Family Practice	Sep-24

(3) Pending Hires

Felix Ehianu	Tsawwassen Medical Clinic	Mar-25
Ahmed Abdelgawad	Ladner Centre Medical Clinic	Feb-25
ROS – 2024_2025	Pending selection (Hooi/Bawa)	Jly-25

Working with 8 other doctors in screening and interviewing stages.

We continue to advertise for part-time, full-time and locum physicians in Canada, USA, UK and Ireland.

(1) 2024 Retirements / Left Practice

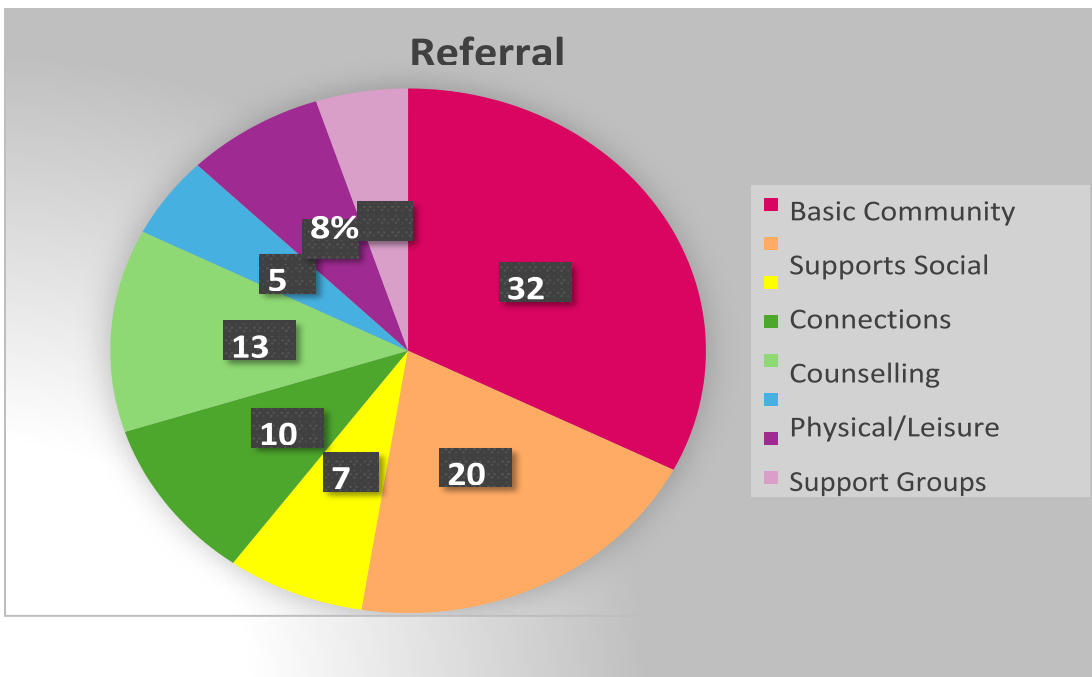
- Dr. David Hsia - Ladner Family Practice
- Dr Hark Bawa – Ladner Centre Medical

(8) GPs Screening / Interviewing

1. Dr. Vivian D’Sousa – Nova Scotia (via UK) – Phone Screening
2. Dr. Manraj Singh – UK (interviewing/visit 6 Sept 2024)
3. Dr. Maninder Singh – Burnaby (potential hire 3/25)
4. Dr. Kevin Hooi, ROS – Interviewed / Waiting for FHA Selection Process & Dr. Jessie Bawa, ROS – Interviewed / Waiting for FHA Selection Process to complete
5. Dr. Philip Arthur – UK (interviewed 7/24 - no response yet)
6. Dr. Azita Goshtasebi (interviewed 8/24 – no response yet)
7. Dr. Joy Agnosike (Interviewed 8/24 - no response yet)
8. Dr. Joseph Bautista-Yo – From Trail, BC – home in Ladner – potential hire 2025

Community Connector

Trisha Frank, Delta Division of Family Practice



2025	Referrals received
Jan	2
Feb	1
Mar	1
Apr	3
May	1
Jun	5
Jul	2
Aug	4
Total	19

- Basic Community Supports include but are not limited to: grief supports, mental health services, transportation, 1:1 coaching, home health services, basic needs (food, clothing, emergency shelter), caregiver/family support, assistance navigating government agencies.

Referring to your Community Connector helps ensure the social, emotional, and wellness needs of your patients are met, which leads to better overall health, fewer repeat medical visits, and stronger community

1. Holistic Care Beyond the Clinic

- Many health issues are tied to social determinants of health (housing, food security, income, transportation, isolation).
- A community connector helps address these non-medical barriers, creating a more complete approach to patient wellness.

2. Better Patient Outcomes

- Patients who are connected to housing supports, food banks, exercise programs, counselling, or financial aid often experience:
- Lower stress and anxiety
- Improved adherence to medical treatment
- Better physical and mental health
- This can help reduce repeat visits for issues driven by social needs rather than medical problems.

3. Reduced Burden on Physicians

- Physicians frequently don't have the time or resources to walk patients through community supports.

4. Increased Patient Engagement

- Community connectors provide personalized, ongoing support that helps patients follow through with referrals.
- Patients may feel less intimidated or overwhelmed, which leads to better follow-up and participation in programs.

5. Preventing Crisis and Emergency Use

- By addressing social needs early (e.g., rent assistance, mental health support, transportation to appointments), community connectors can prevent crises that might otherwise result in clinical visits or hospitalizations.
- This improves patient stability and reduces system costs.

6. Stronger Community-Healthcare Partnerships

- Non-clinical community connectors often work closely with local non-profits, social services, and municipal programs.
- Referrals strengthen the link between healthcare and community organizations, creating a network of support around the patient.

7. Patient Empowerment and Independence

- Community connectors teach patients how to access and use resources themselves.
- Over time, this builds confidence, self-advocacy, and resilience reducing dependence on the healthcare system for non-medical needs.

Patient Attachment

Daniella Branker, Delta Division of Family Practice

Patient Attachment has continued to be steady within the past year, and we hope for it to continue. We have successfully moved over from Fetch to the Health Connect Registry and currently have 2,203 patients left on the waitlist.

The most recent report showed 2,193 patients have been attached to providers.

Our continued goal is to spread awareness about the Health Connect Registry so we can continue to attach patients in our community.

Practice Support Program PSP

Katie Harmer, SP Representative

Over the past year, the PSP program has continued to provide meaningful support to community physicians as they advance their initiatives. Through ongoing Projects and In-Person Visits, our team has worked alongside physicians to strengthen care delivery and improve practice efficiencies.

Key highlights from the past year:

15 QI projects completed in total: 4 Panel Management, 2 Phase 1, 1 Phase 2, 1 Phase 3, 4 Practice Efficiency, 3 Proactive. 83 PSP visits delivered (13 Relationship based, 27 Foundations, 43 Quality Improvement).

Key support included:

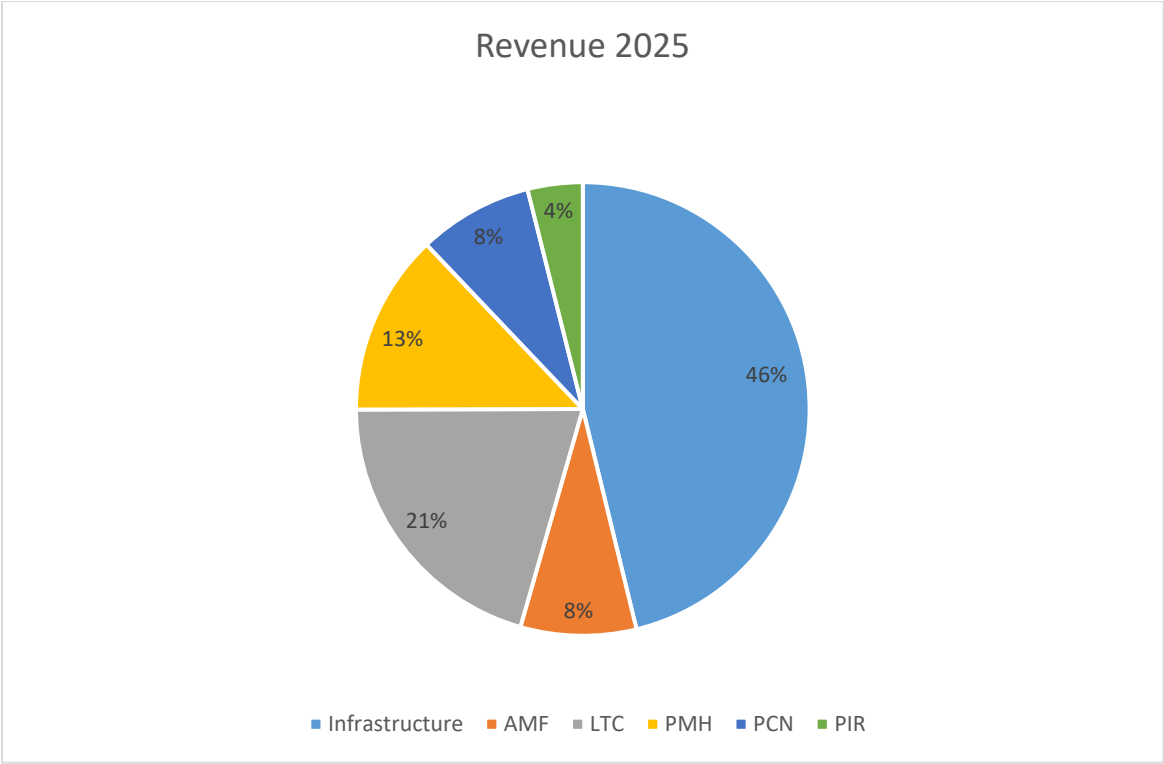
Panel Management: Assisting clinics in understanding and maintaining accurate patient panels, enabling proactive care and better population health outcomes.

Quality Improvement Project Support: Guiding physicians through structured improvement cycles to enhance workflows, patient experience, and clinical outcomes.

Doctors Technology Office (DTO) Collaboration: Helping practices optimize their use of EMRs and digital tools to streamline operations and support evidence-based decision-making.

This year, PSP continued to be a trusted partner for community physicians, fostering quality care and sustainable practice improvements across the region.

For tailored PSP support, connect with Katie Harmer at kharmer@doctorsofbc.ca.



Board of Directors

Dr. Chris Vipler –Co-Chair

Dr. Colleen Lee – Co Chair

Dr. Rui Lee

Dr. Benjamin Tan

Dr. Ann Chala

Team

Geri McGrath - Executive Director

Annette Garm – PCN Manager

Lisa Wigzell - Executive Assistant

Debby McKenzie - Recruitment &

Retention Coordinator

**Daniella Branker – Patient Attachment
Coordinator**

Trisha Frank - Community Connector

Katie Harmer - PSP

Strategic Advisory Committee

Dr. Colleen Lee

Dr. Carllin Man

Dr. Rui Li

Dr. Chris Vipler

Dr. Benjamin Tan

Dr. Ann Chala

The Divisions of Family Practice Initiative is sponsored by
The Family Practice Services Committee, a joint committee
of the BC Ministry of Health and Doctors of BC



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