



Divisions of Family Practice
An FPSC initiative

Annual Report

Northern Interior Rural
Division of Family Practice

2024 – 2025

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OUR VISION



Purpose

We are a group of rural practitioners who value rural patients, rural medicine, and rural communities.



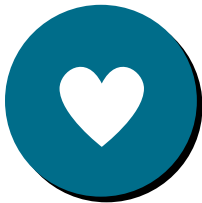
Mission

Rural practitioners supporting rural practitioners helping to build healthier communities together.



Vision

To create healthy communities connected by a solid collaborative practitioner community within a stable network of healthcare.



Values

Collaborative, authentic (acting with integrity & accountability), respectful and proactive relationships.

EXECUTIVE DIRECTOR'S REPORT

Executive Director – Errol Winter

It has been an extreme pleasure serving as Executive Director for another exciting year in this vast geographical region that is home to NIRD. Supported by a small but mighty regional staff dotted across the region, backstopped by our good friend Zoom, we continue to stay connected to each of the 13 clinics, 76 docs, and 12 nurse practitioners that have chosen to join our team.

Special thanks to the unwavering support of our leadership:

- Dr. Shannon Douglas, our Chair and one of our original founding members, 13 years ago this September
- Dr. Ray Markham, a fellow founder and longtime mentor
- Dr. Ian Dobson, our deliberative Representative Assembly Chair
- Dr. Lindsey Dobson, our tenacious division advocate and physician lead
- Dr. James Card, our North Star when it comes to all things recruitment



I would be remiss if I did not also thank all our Board and R/A members in their steadfast support of our mission, vision, and values.

It is only thanks to this incredible team that our organization has not only survived but thrived during what some would call the most challenging times in recent healthcare history. We operate in a region so large that when circumnavigating it rivals entire countries like Greece or Nicaragua, with a population density of just one person for every two square kilometers. This makes access a critical cornerstone of all our strategic planning and activities.

Our long-held priorities of innovation, recruitment & retention, community, and equity continue to add value to both our local communities and our external partners. It is this laser focus over the longer term that has allowed us to deepen relationships across the entire healthcare spectrum continuing to pay dividends even in this complex operating environment.

In this upcoming fiscal we will continue to look for areas where we can provide value for our membership and our external partners. Well known for our supporting strategies of relationship development, risk mitigation, innovation, and student support, these four pillars will continue to serve as our guideposts, helping us to navigate the road ahead and achieve our goals.

CHAIR'S REPORT

Board Chair – Dr. Shannon Douglas

As we reflect on the past year, I am filled with a deep sense of gratitude and hope. Across the Northern Interior, our communities have demonstrated remarkable resilience, compassion, and innovation in the face of profound change. The global landscape is evolving—political realities, advances in technology, shifts in workforce dynamics, and new models of care are reshaping how we serve patients in the north, B.C., Canada, and the world.



Locally, we continue to navigate a challenging human resources environment. Many of our teams are experiencing instability, and the recruitment and retention of providers remains a pressing concern. These challenges are not ours alone—they are shared across our key partners. This shared experience reinforces the importance of collaboration and collective problem-solving.

While we are entering a new fiscal era that demands greater efficiency, we do so from a strong position. We are committed to advocating for clarity and equity, ensuring that any changes reflect the realities of rural practice.

Amid these challenges, we have achieved significant milestones. We have deepened our engagement with medical learners, expanded support for international medical graduates, and successfully advocated for resources for rural providers. We are also embracing innovation by supporting the rollout of AI scribe technology to reduce administrative burden and enhance care delivery.

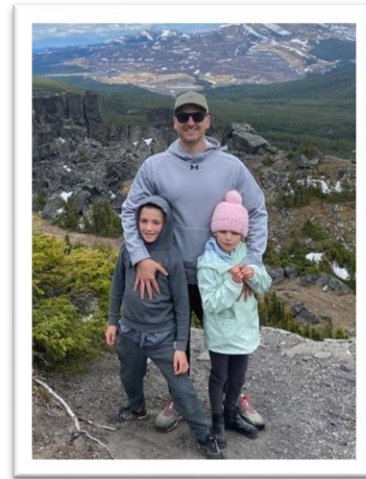
These accomplishments are a testament to the dedication of our staff, providers, and partners. Rural healthcare is not just essential—it is a space of possibility, creativity, and connection.

As we look ahead, we do so with cautious optimism. The road will have its challenges, but we are not walking it alone. Together, we will continue to advocate, innovate, and care—for our patients, our communities, and each other.

RA AND PHYSICIAN LEADERSHIP REPORT

Representative Assembly Chair – Dr. Ian Dobson

Many thanks for another year of hard work and dedication to northern healthcare! It has been a pleasure to work with such dedicated staff, physicians, and allied health who have been at the forefront of adversity, resilience, innovation, and perseverance. With this comes an opportunity for great personal growth and satisfaction knowing we provide for some of the most geographically challenging regions in the province. Our division continues to support technology as a means to provide equitable healthcare access to our communities. We continue to foster provider connectedness with events such as Pills of Knowledge. We also continue to advocate for our communities as we digest the new LFP payment model to ensure we are adequately represented in discussions and outcomes. Once again, at the core of our success are the people we work with, and I thank you for your ongoing commitment to northern healthcare.



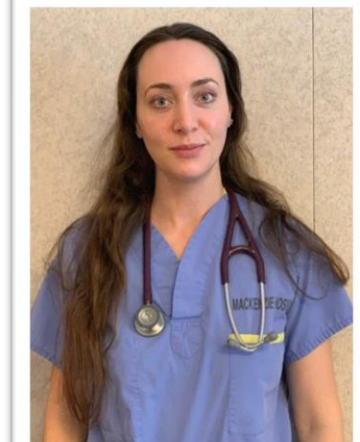
Physician Leads – Dr. Lindsey Dobson & Dr. Ray Markham

Written by Dr. Lindsey Dobson on behalf of our Physician Lead team

It has been my pleasure to continue to represent NIRD as a physician co-lead with Dr. Ray Markham for another year. NIRD continues to be a leading Division across the province in innovation, relationship building, and connection. We strive to represent our membership in partnership with DoBC, the Ministry of Health, and Health Authorities. Our goal as physician leads is to ensure that the work we do as clinicians is understood, taken into account, and recognized.



Dr. Ray Markham



Dr. Lindsey Dobson

We are incredibly grateful to work with such a fabulous administrative and executive team at NIRD. The team has coordinated another wonderful PILLS of Knowledge event this year, kept

all of us on track with hundreds of meetings, and acted as facilitators with our various partners. A special thank you to our Executive Director, Errol Winter, for all you do to steer and keep the NIRD ship afloat.

This year we have seen a restructuring of government with a notable tightening of their purse-strings. Despite their financial constraints, our new government representatives appear to be open and curious about rural practice and interested in supporting the “rural first” approach. We have heard and seen the Rural Strategy being presented by Kelly Gunn in strong support of our rural, remote, and Indigenous areas. We hope these initiatives will bring strength to our plight: the story of the small-town rural provider. We will continue to do our best to represent the NIRD membership and appreciate your tireless efforts to keep our communities well. Thank you for all you do.

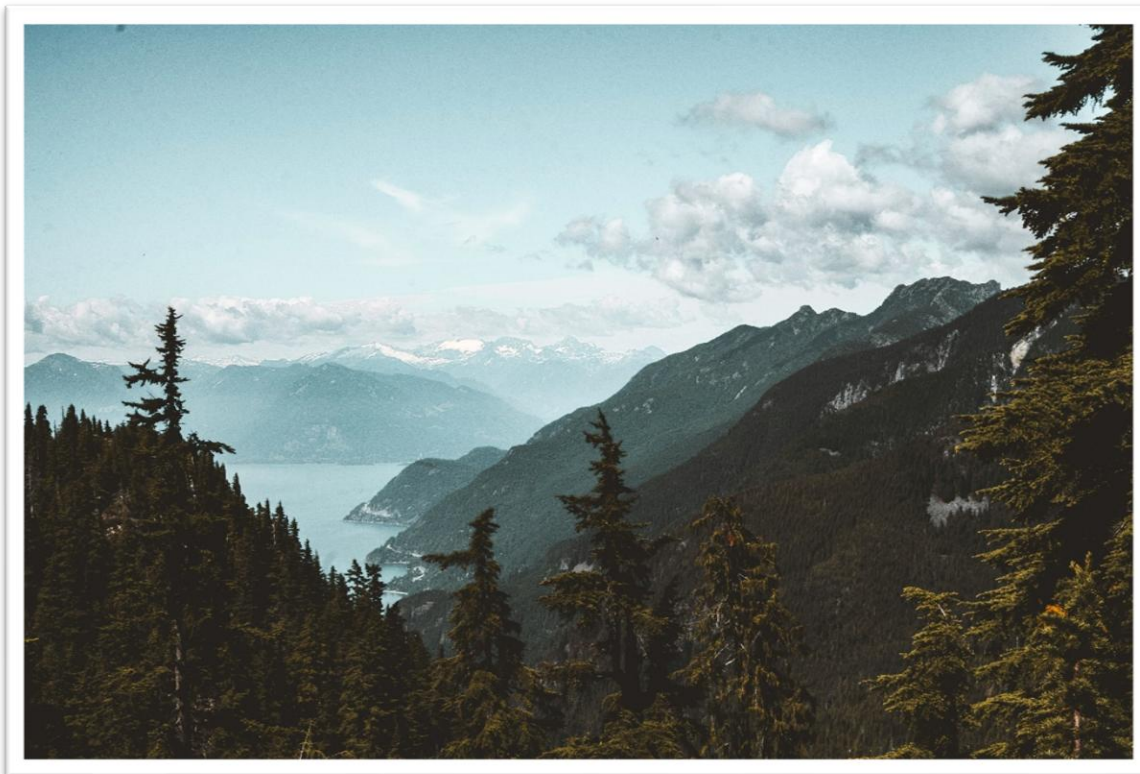
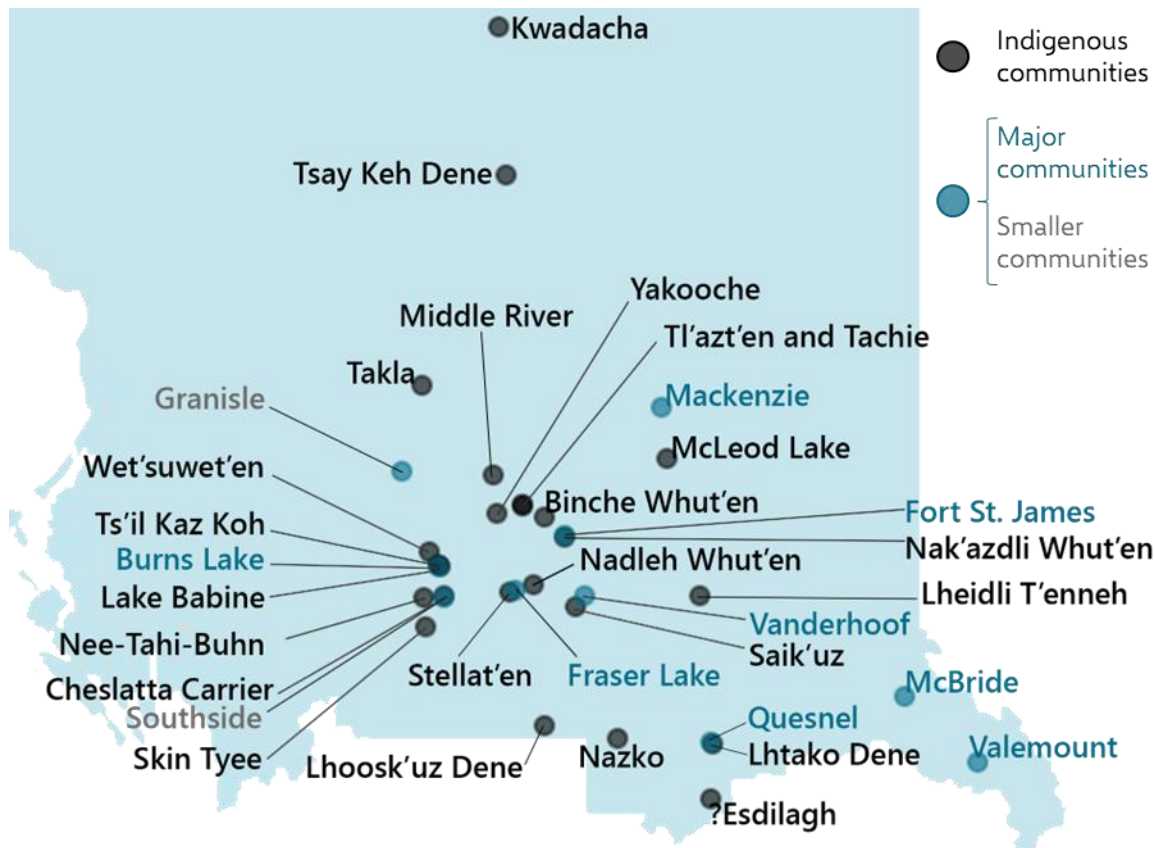


Photo by [Jess Barnett](#) on [Unsplash](#)

MEMBERSHIP

The Northern Interior Rural Division has a membership of 103 physicians and nurse practitioners (NPs) (92 physicians, 11 NPs) in a region with a large and complex healthcare system, comprised of eight rural communities and 22 First Nations communities. The Division serves approximately 61,454 patients across a geographic area of 130,302.57 sq. km.



We appreciate with gratitude living and working on the traditional territories of our 22 Indigenous partners listed above.

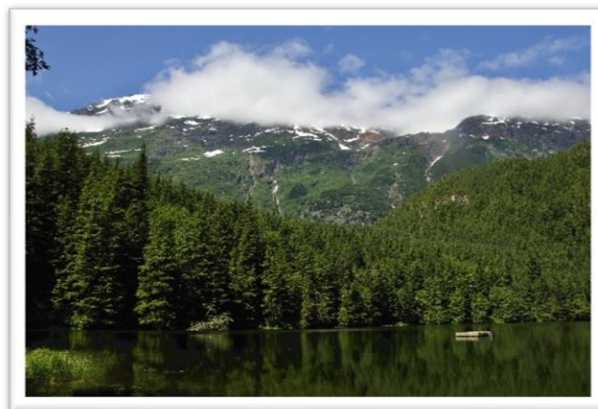


Photo by [Jasper Malchuk Rasmussen](#) on [Unsplash](#)

YEAR IN REVIEW

IHI Forum Conference Symposium

NIRD staff and providers attended the 2024 IHI Forum Conference in Orlando, Florida bringing together experts and enthusiasts in the healthcare field and opportunities for NIRD to connect with other professionals in the healthcare space who are committed to advancing patient-centered care. The conference featured a number of topics including patient safety and the inclusion of the patient voice, the role and integration of artificial intelligence, burnout in the healthcare system and innovative healthcare practices.

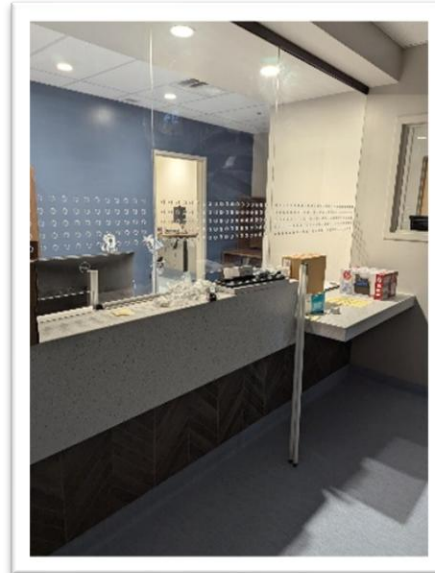
Capital projects

The following capital projects are taking place in the NIRD region:

- Fort St. James Hospital and Health Care - Completed
- Mackenzie Clinic Renovations - Completed
- Vanderhoof Primary Care Centre - In process
- Long-term Care Facility in Quesnel - In process
- Foundry – Burns Lake, Vanderhoof and Quesnel (in partnership with CSFS and YMCA) - In process
- FNPCI Fort St James (FNHA) - In process



Signage in the Fort St. James Hospital and Health Centre in Dakelh, the language of the Nak'azdli Whut'en territory. Image provided through [Northern Health Stories](#).



Renovations in the Mackenzie Clinic. Image provided by Heather Stillwell.

Pills of Knowledge

NIRD continues to host its legacy program Pills of Knowledge, an annual gathering of NIRD participants and families for a learning event where specialists join providers in educational discourse and learners have an opportunity to meet rural providers in a bid to decide a career in rural medicine.

The 8th Annual Pills of Knowledge for Best Evidence Rural Practice virtual conference was held on **October 5, 2024**, with **36 participants**.

Presentations included:

- Pediatrics (Dr. Kirsten Miller)
- Chronic Pain Management (Dr. Devon Reddy)
- Psychiatry (Dr. Barb Kane)
- Empathia AI / Ambient Scribe (Dr. Bella Wu)
- Adolescent Psychiatry (Dr. Matthew Burkey)
- Emergency Medicine (Dr. Melissa Dymond)
- Cardiology (Dr. Firas Mansour)
- Infectious Disease (Dr. Abuobeida Hamour)



Photos from the Pills of Knowledge Conference on October 5, 2024.

Microprojects

COMPLETED MICROPROJECTS

Community	Microproject	Details
Vanderhoof	Penicillin Allergy Testing	<p>Objective: Remove penicillin allergy from patients who are not truly allergic.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Patients contacted directly through EMR with information on the study • Initial appointment, then second appointment to provide oral doses and check vitals

		<ul style="list-style-type: none"> • Third appointment one week later to confirm no delayed symptoms and advise on next steps
Quesnel	Physician Orientation	<p>Objectives:</p> <ul style="list-style-type: none"> • Orientation process redesign • Learn about provider before their arrival • Include a social gathering in orientation <p>Activities:</p> <ul style="list-style-type: none"> • Include multidisciplinary team in orientation process (e.g., admin, physician leadership, city representatives, etc.)

ONGOING MICROPROJECTS

Community	Microproject	Details
Fort St James	Nursing Retention Education Tuition Support	<p>Objectives:</p> <ul style="list-style-type: none"> • Improve nurse job satisfaction and confidence • Improve patient outcomes and quality of healthcare • Support recruitment of registered nurses <p>Activities:</p> <ul style="list-style-type: none"> • Support tuition costs for two nurses for Emergency Medicine Speciality Training (\$10,000 per nurse) • First \$10,000 from fundraising in community, and NIRD to provide remaining \$10,000

HIGHLIGHTS

Primary Care Network

The NIRD Primary Care Network (PCN) was approved in January 2021, supporting nurse/NP/allied health hiring as well as patient attachment.

There are **13** clinics/health centres and **103** primary care providers involved in the NIRD PCN.

Hiring

Through the PCN, 20.58 FTE (Full Time Equivalent) have been hired as of March 2025, with 5.82 remaining to hire (total: 26.55 FTE).

Figure 1. NIRD PCN hiring by position: hired, to be hired, and total positions

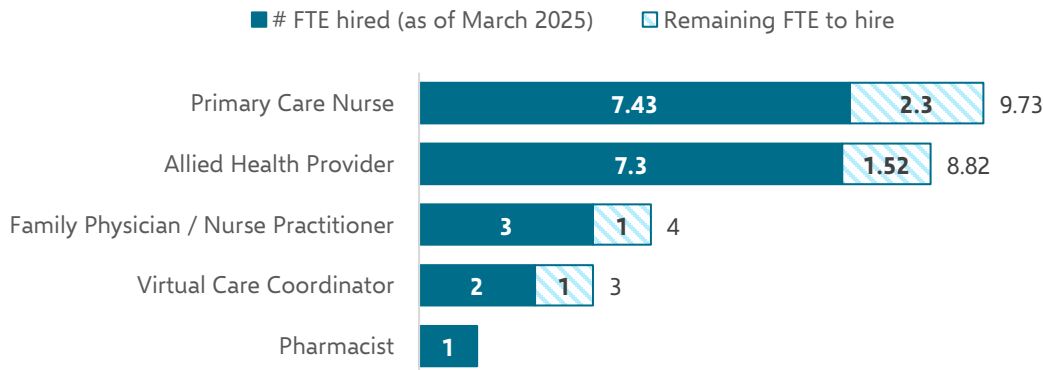
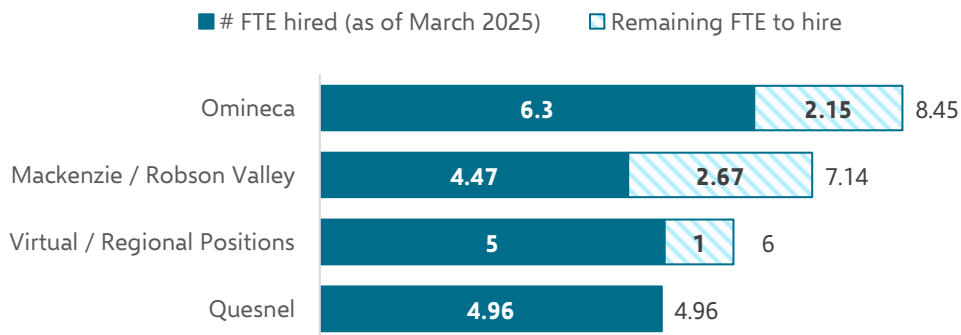


Figure 2. NIRD PCN hiring by region: hired, to be hired, and total positions



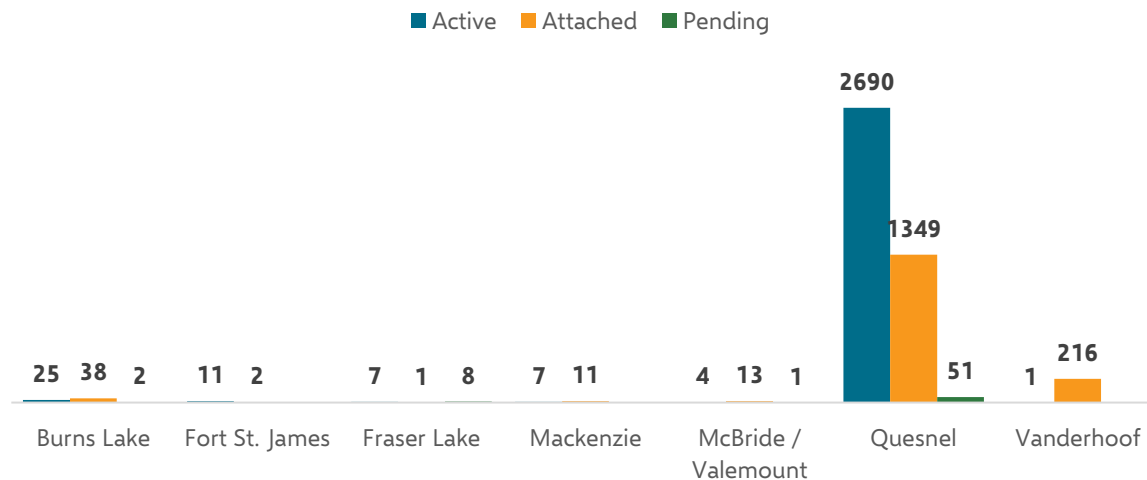
Attachment

Health Connect Registry data

Based on Health Connect Registry data as of March 10, 2025, a total of 2,745 patients across the NIRD region are actively registered through the Health Connect Registry. 59% (1630 of 2745) of those on the Health Connect Registry have been attached and 2% (62 of 2745) are pending attachment.

In 2024-25, two Attachment Coordinators were hired in Vanderhoof and Quesnel to support the larger NIRD community.

Figure 3. A total of 1630 patients have been attached to a primary care provider through the Health Connect Registry.

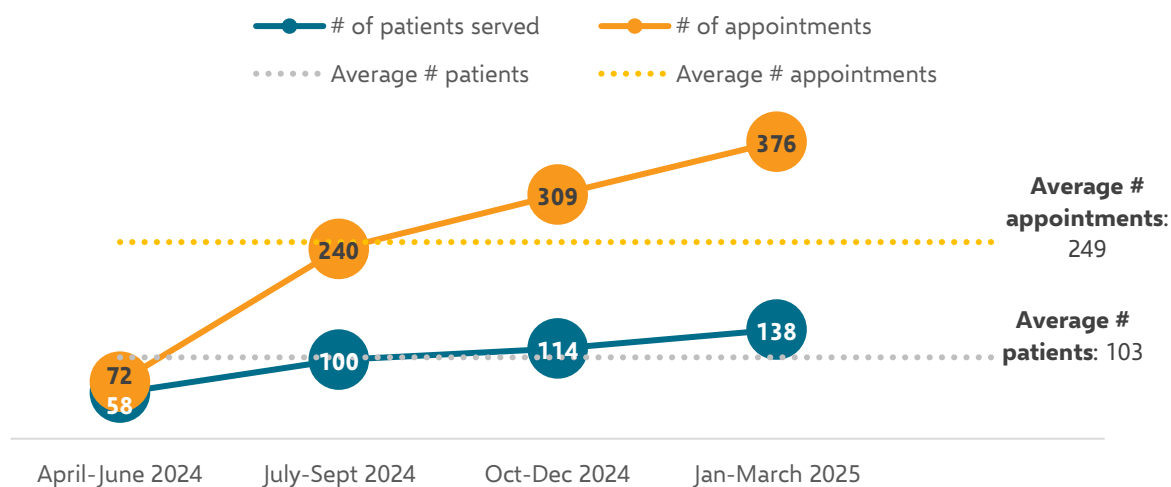


Clinical Pharmacist Service

In 2024-25, the clinical pharmacists held an average of 249 appointments and saw an average of 103 patients per quarter.

In the figures below, the number of unique patients was reported quarterly. The data presented does not account for visits by the same patient in different quarters or months.

Figure 4. Quarterly totals of number of appointment and patients served by PCN clinical pharmacist



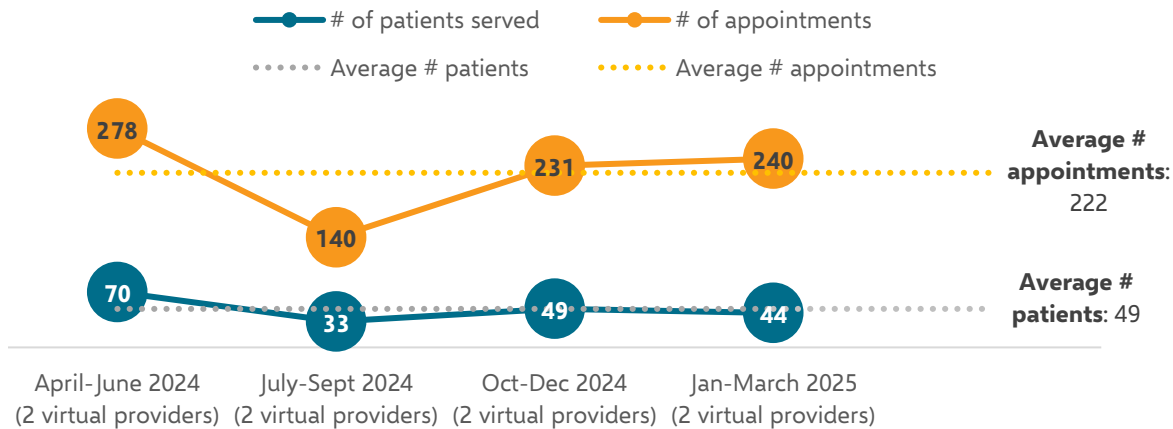
Virtual Allied Health Service

The PCN has hired a dietitian and a mental health and substance use (MHSU) clinician who work out of the Northern Health Virtual Clinic.

Physicians, NPs, primary care team members, CSFS and FNHA staff can refer to the virtual dietitian and MHSU Clinician via fax or MOIS. Patients can also self-refer via phone.

In the figures below, the number of unique patients was reported monthly. The total numbers of appointments and patients served are averaged over the 3-month periods. The figures do not account for visits by the same patients in different quarters or months.

Figure 5. Quarterly averages of number of appointment and patients served by PCN virtual allied health providers

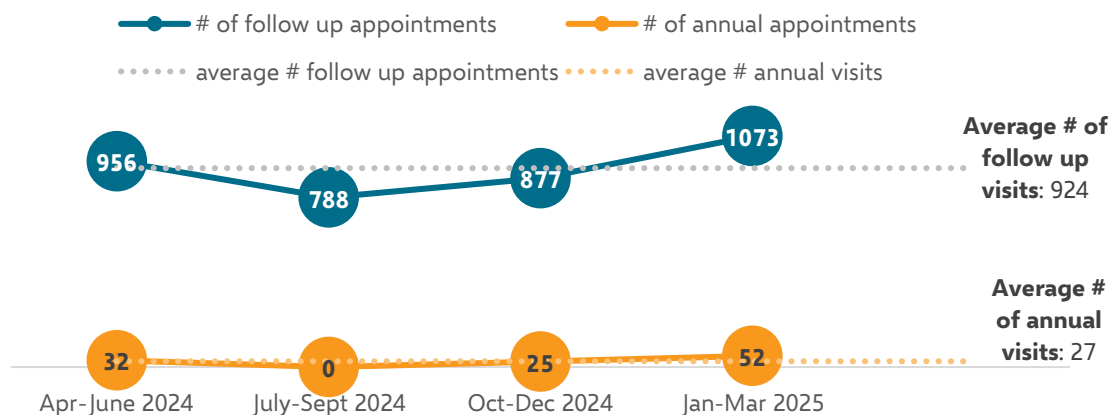


Mobile Diabetes Service

A diabetes nurse hired through the PCN has offered an average of 924 follow-up appointments and 27 annual visits each quarter from April 2024 to March 2025. This nurse works through the Mobile Diabetes Telemedicine Clinic and serves an average of 84 patients per month (from April 2024 to March 2025).

In the figure below, the number of unique patients was reported monthly. The figures do not account for visits by the same patients in different quarters or months.

Figure 6. Quarterly averages of number of follow-up visits and annual visits by diabetes nurse



Nechako Cares

nechakocares.org is a website that provides local and relevant mental health and substance use supports for youth in the Nechako region. It was developed with students from each of the high schools in School District 91 and first launched within three NIRD communities, Fraser Lake, Vanderhoof, and Fort St James, before expanding to Burns Lake.

Nechako Valley Secondary School (NVSS) Clinic

NIRD collaborated with the Vanderhoof medical community, School District 91 (SD91), Nechako Valley Secondary School (NVSS), Child and Youth Mental Health and Local Action Team including youth patient partners (CYMHLAT), and Northern Health Authority (NHA) to offer the NVSS Clinic in 2018. The goal is to provide greater access to primary care for youth in Vanderhoof.

The initiative has seen positive results including increased access to primary care, contraception and sexual health resources, mental health information including screening, diagnosis, and management resources for youth. The initiative also saw reductions in the number of ER visits youth and youth pregnancies. The initiative demonstrates the value of providing accessible, safe, private and consistent primary care for youth.

Travelling Dental Services

In 2024-25, NIRD and Northern Health partnered to cover travel and lodging costs for a travelling dentist to provide local dental care for residents in the Robson Valley and help bridge health equity gaps. Dr. Yliruusi offered dental services in December 2024 and January and February 2025. These services are designed to promote good dental hygiene habits and prevent potential dental issues.

Following the success of the travelling dental services, a need for hygienist services was identified. A travelling hygienist visited the Robson Valley in April 2025 to provide dental check-ups, teeth cleaning, fluoride treatment, and oral health education.

Fantastic Four Heart Failure Program

NIRD continues to collaborate with Dr. Daisy Dulay, a cardiologist in Victoria, and Michael Matula, a PCN pharmacist, to provide virtual expedited care for heart failure patients in Burns Lake, Fraser Lake, and nearby Carrier Sekani sites.

Physicians and NPs can connect with Dr. Dulay and pharmacist, Michael, to discuss heart failure management and receive cardiology advice and personalized coaching via Zoom. The pharmacist can connect directly with patients, at the provider's request,



Dr. Daisy Dulay and Michael Matula presenting at the Quality Forum. Image provided by Candice Smit.

to provide education, titrate medications and monitor the patient's progress, ensuring safe, timely and effective heart failure management without extensive travel.

The Pharmacy Lead continues to lead the QI Heart Failure Optimization project and is collaborating with Knowledge Translation to develop a plan for engaging and empowering other PCN pharmacists in Northern Health to do heart failure management.

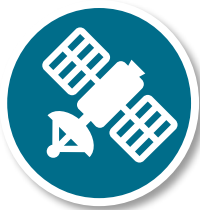


Evaluation

The Northern Interior Rural Steering Committee, active since April 2024, continues to oversee the governance of the NIRD PCN. Over the course of the PCN funding, NIRD worked with program evaluation firm, Reichert & Associates, who provided evaluation updates every 6 months. As of March 31, 2025, the evaluation has concluded with results included in this report.

Innovation and Technology

StarLink – Low Orbit Satellite



NIRD continues to explore StarLink Roam units which use a low orbit satellite technology to create fast, reliable internet connections and are a low-cost internet solution for rural areas. Healthcare staff can take the units to off-grid locations, allowing them to access the EMR and facilitate patients' Zoom appointments with providers. In 2024-25, four FNHA sites were enabled with low orbit satellite solutions to bring primary care right into the patient home or local community.

Virtual Dietitian for Long-Term Care Home

In 2024-25, NIRD partnered with Northern Health to offer virtual dietitian services to long-term care homes that have not been able to fill an in-person dietitian role. The pilot program was offered over 4 months and successfully completed at The Pines Long-Term Care Home.

Early feedback demonstrates that the virtual dietitian role is valuable, filling a gap in the north for dietitian services, although staff note that an in-person dietitian would be preferable. Currently, the project is being scaled to offer to other long-term care homes in the region.



Local Therapy Aide



NIRD partnered with Northern Health to implement a local Therapy Aide to support virtual physiotherapist and occupational therapist roles. The goal of the Therapy Aide role is to provide support and liaise with the patient, virtual practitioner and other healthcare team members. Currently, work is underway to expand support for additional allied health providers such as a remote dietitian and pharmacist.

Maternity Clinic in Quesnel

NIRD and Northern Health staff worked together to support a new maternity clinic in Quesnel through offering technology solutions to enable virtual care. Two allied health care positions were funded, and current activities include upscaling education and training, transition planning with a new model of care and determining virtual support needs for Indigenous communities and rural areas.



Mobile Diabetes Clinic

NIRD partnered with the Mobile Diabetes Telemedicine Clinic (MDTC) and hired a full-time Diabetes Nurse / Chronic Care Nurse.

Virtual Allied Health Team

NIRD and Northern Health staff continue to build an entirely virtual allied health team that can support different communities that have gaps in care. In 2024-25, a part-time position was increased to full-time to increase availability of services in Valemount. The virtual MHSU Clinician is currently supporting Quesnel, Fraser Lake, Vanderhoof, Mackenzie, Burns Lake and McBride and offers site visits between spring and fall which allows for connections between clients and the IPT team. A Community of Practice with other MHSU clinicians practicing in the Northern Health region was developed allowing for resource sharing among Northern Health clinicians and provides additional support for the remote clinician supporting Mackenzie, Burns Lake and Fort St. James.





Tech Hardware Refresh

In 2024-25, NIRD staff and Northern Health staff partnered to do a tech refresh of all hardware used to virtually access RTVS.

Home Care Nursing

Home care nursing teams were provided with cellular-enabled iPads allowing nurses to set up video calls from patient homes and connect with the patient's health team. Increased access to technology facilitates improved care for patients, particularly for patients facing challenges attending appointments outside of the home.



Hospital at Home

NIRD and Northern Health staff engaged with Hospital at Home to explore embedding technology within their workflows and support expansion through the Northern Interior region.

AI Scribe Solutions

NIRD and Northern Health staff continue to research AI scribe solutions to improve efficiency for providers. A trial ambient scribe was offered to fee-for-service providers with positive early findings including reduced administrative burden for physicians. Currently, work is underway to expand this service to additional physicians, nurse practitioners and allied health professionals.



Recruitment and Retention

2024 Family Medicine and Rural Conferences

In 2024, NIRD participated in three Family Medicine and Rural Conferences. Each of the conferences were a great success with over 100 leads at the FMF Conference. Rural Physicians connected one-on-one with 15-20 medical students at the BC Rural Health conference and the Rural and Remote Conference.

Supporting Physicians and Medical Learners

In collaboration with Northern Health, NIRD staff provided information to over 1,000 physicians and medical learners. Many contacts were added to locum lists and individuals interested in electives and permanent positions were followed up with.

Student Visits

In 2024-25, over 25 students from Vancouver, Prince George, Langly, Edmonton, Richmond, and Surrey visited Burn's Lake, McBride, Valemount, Vanderhoof, Mackenzie, and Quesnel. In 2024-25, Mackenzie recruited two new grads to the community. They will begin work in September 2025.

Feedback from students

Overall, students reported positive experiences visiting their respective NIRD rural community.

- 100% of post-visit survey respondents (n=10) reported they were satisfied with opportunities to connect with providers and staff, the communication with visit organizers, and the variety of activities and events they attended
- 100% of survey respondents (n=10) agreed attending a community visit was a valuable use of time, and agreed they have a better understanding of and feel more connected to the community they visited

Students have since taken more interest in rural and returned to do electives in the same rural community they visited, with 80% of post-visit survey respondents (n=10) indicating they are likely to consider future work in the community they visited.



Photos from medical student visits in 2024-25.



BOARD OF DIRECTORS AND STAFF 2024-25



Board Members

Dr. Shannon Douglas, Chair

Dr. Ian Dobson

Dr. Todd Alec

Dr. David Whittaker

Marie Hunter

Ann McCormick

Debbie Strang

Staff

Errol Winter

Executive Director (ED)

Amber Metz

Finance and Audit Lead

Dave Harris

Technical Lead

Candice Smit

Operations and Projects
Lead

Joy Davy

Project Lead

Krystal-Lynn Laforest

Executive Assistant & Project
Support

Meagan Ryan

Project Support

Stephanie Rocheleau

Project Support

Heather Stillwell

Virtual Care Lead

Kirsten Schmid

Virtual Care Coordinator

Representative Assembly

Dr. Ian Dobson, Chair

Dr. Aryn Khan & Dr. Rebecca Janssen

Vanderhoof

Dr. Lwando Nogela

Burns Lake

Ginny Burns

Fraser Lake

Dr. Ammar Kheder

Fort St. James

Dr. Cody Kaskamin & Dr. John Pawlovich

Indigenous Communities

Dr. Melissa Mann

Mackenzie

Dr. Jessica Burian

McBride

Barbara Nielsen

Quesnel

Dr. Ray Markham

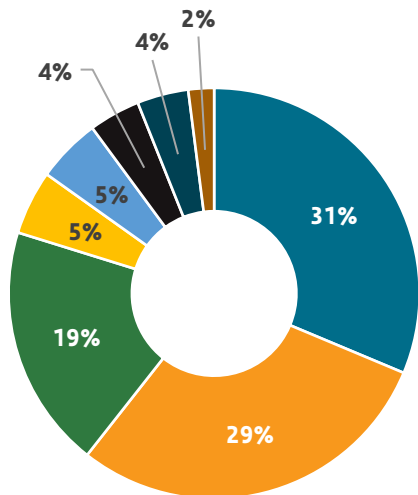
Valemount

Clay Kiiskila

Resident Member

FINANCIAL STATEMENTS

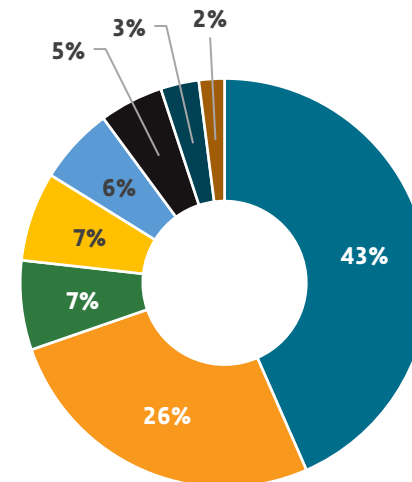
Revenue



- Primary Care Networks (31%)
- In-Patient Bridge (29%)
- Physician Engagement (19%)
- LTCI (5%)
- Attachment Mechanism (4%)
- Other (4%)
- Physician Integration & Retention (2%)

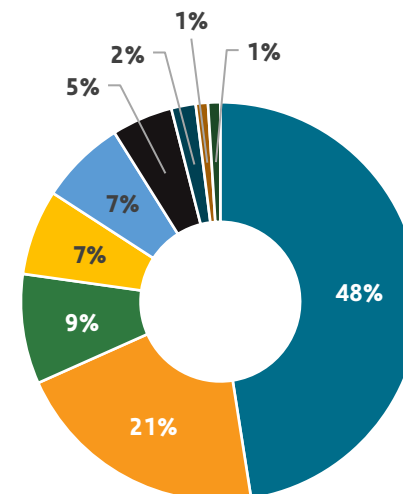
Expenses: Program

- Primary Care Networks (43%)
- In-Patient Bridge (26%)
- Physician Engagement in PMH/PCN (7%)
- LTCI (7%)
- Infrastructure (6%)
- Attachment Mechanism (5%)
- Physician Integration & Retention (3%)
- Other (2%)



Expenses: Administrative

- Salaries and benefits (48%)
- Travel (21%)
- Office and General (9%)
- Sessionals (7%)
- Meetings and events (7%)
- Professional fees (5%)
- Telephone (2%)
- Subcontracts (1%)
- Insurance (1%)



INDEPENDENT AUDITOR'S REPORT

Table 1. Summarized Statement of Financial Position
March 31, 2025, with comparative information for 2024

	2025	2024
Assets		
Cash and restricted cash	\$ 1,396,653	\$ 1,594,133
Accounts receivable	2,722	6,878
Prepaid expenses	51,639	996
Property and equipment	-	21
	\$ 1,451,014	\$ 1,602,028
Liabilities and Deficit		
Accounts payable and accrued liabilities	\$ 956,909	\$ 232,365
Deferred revenue	399,175	1,329,236
Net assets	94,930	40,427
	\$ 1,451,014	\$ 1,602,028

Table 2. Summarized Statement of Financial Position
Year ended March 31, 2025, with comparative for 2024

	2025	2024
Revenue:		
Programs	\$ 2,005,622	\$ 2,002,958
Interest income	54,504	45,474
	2,060,126	2,048,432
Expenses:		
Administration	500,792	291,924
Program services	1,504,830	1,711,058
	2,005,622	2,002,982
Excess of revenue over expenses	54,504	45,450
Net debt, beginning of year	40,426	(5,024)
Net assets, end of year	\$ 94,930	\$ 40,426

Table continued on next page

See note to summary financial statements (page 23)

Table 2 (continued). Summarized Statement of Financial Position
Year ended March 31, 2025, with comparative for 2024

	2025	2024
Revenue		
Primary Care Networks	\$ 641,908	\$ 500,850
Infrastructure	596,232	331,839
In-Patient Bridge	386,590	470,574
LTCI	112,158	-
Physician Engagement in PMH/PCN	106,406	177,234
Attachment Mechanism	80,140	4,481
Interest	54,504	45,474
Physician Integration and Retention	46,966	46,502
NP Infrastructure	24,058	5,996
Healthcare Excellence Canada	11,164	20,493
Health Emergency Management	-	723
In-Patient Stabilize	-	387,000
Innovation PMH	-	52,667
Physician Wellness	-	4,599
	\$ 2,060,126	\$ 2,048,432
Program Services		
Primary Care Networks	\$ 641,908	\$ 500,850
In-Patient Bridge	386,590	470,574
LTCI	112,158	-
Physician Engagement in PMH/PCN	106,406	177,234
Infrastructure	95,440	39,915
Attachment Mechanism	80,140	4,481
Physician Integration and Retention	46,966	46,502
NP Infrastructure	24,058	5,996
'Healthcare Excellence Canada	11,164	20,493
In-Patient Stabilize	-	387,000
Health Emergency Management	-	723
Innovation PMH	-	52,667
Physician Wellness	-	4,599
Recruitment and retention	-	24
	\$ 1,504,830	\$ 1,711,058



Table 3. Summarized Statement of Cash Flows
Year ended March 31, 2025, with comparative for 2024

	2025	2024
Net inflow (outflow) of cash from:		
Operating activities	\$ (197,480.00)	\$ 382,612
Cash and cash equivalent resources, beginning of year	1,594,133	1,211,521
Cash and cash equivalent resources, end of year	\$ 1,396,653	1,594,133

See note to summary financial statements (below).

Note to the Independent Auditors' Report on Summary Financial Statements:

The summary financial statements are derived from the complete audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at and for the year ended March 31, 2025.

The full set of audited financial statements for the Northern Interior Rural Division of Family Practice are available from the Division.

The criteria used to summarize the complete audited financial statements are as follows:

- Assets and liabilities have been summarized according to major captions.
- Gross revenues and expenses have been summarized and presented in the summary statement of operations and changes in deficit.
- Cash flows have been summarized according to operating, financing and investing activities, if any.



CONTACT US



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Divisions of Family Practice
An FPSC initiative

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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