Divisions of Family Practice
An FPSC initiative

Annual Report

Northern Interior Rural Division of Family Practice

2025 – 2026

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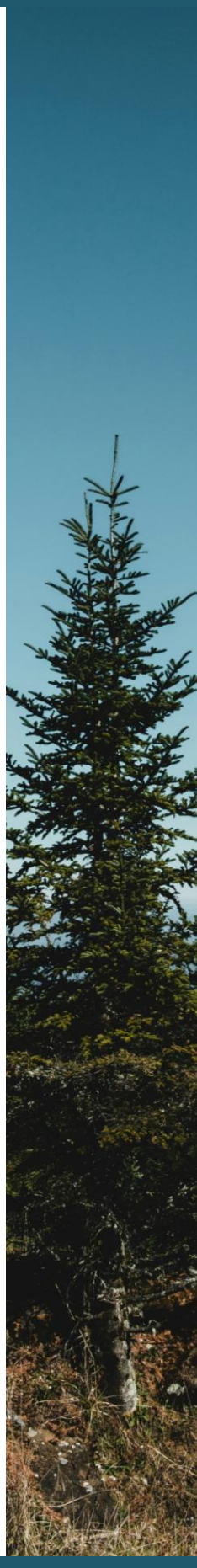
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OUR VISION

Purpose

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

Mission

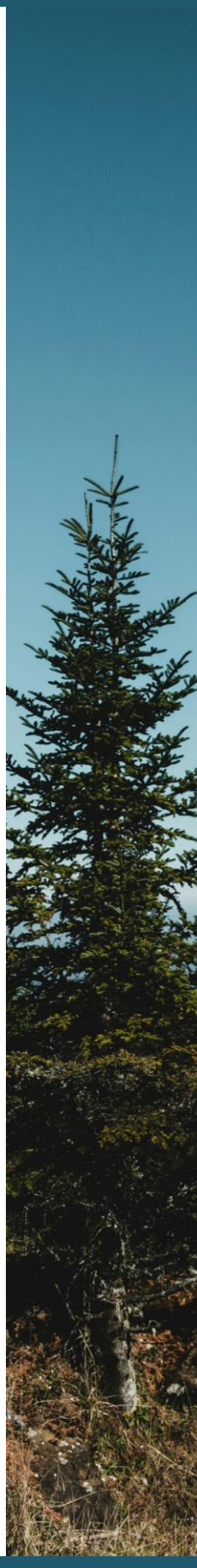
Supporting rural practitioners to build healthier communities together.

Vision

A connected network of local providers advancing rural community health.

Values

- Collaboration
- Respect
- Integrity
- Accountability
- Creativity
- Innovation



EXECUTIVE DIRECTOR AND BOARD CHAIR'S REPORT

Executive Director – Errol Winter & Board Chair – Dr. Shannon Douglas

This year's message is offered jointly as a reflection on both the operational work of the Division and the physician leadership that guides it. It reflects our shared appreciation for the people, partnerships, and local leadership that make this work possible across the region.



Errol Winter



Dr. Shannon Douglas

We are proud of the progress NIRD has made and grateful for the strong relationships that continue to support rural healthcare across the communities we serve.

The challenges facing rural healthcare in the latter half of the 2020s remain significant. Communities are continuing to experience physician and nurse practitioner shortages, increasing complexity of care, and growing demands on healthcare providers. Despite these challenges, the past year demonstrated the power of collaboration, innovation, and local leadership in creating meaningful solutions for northern communities.

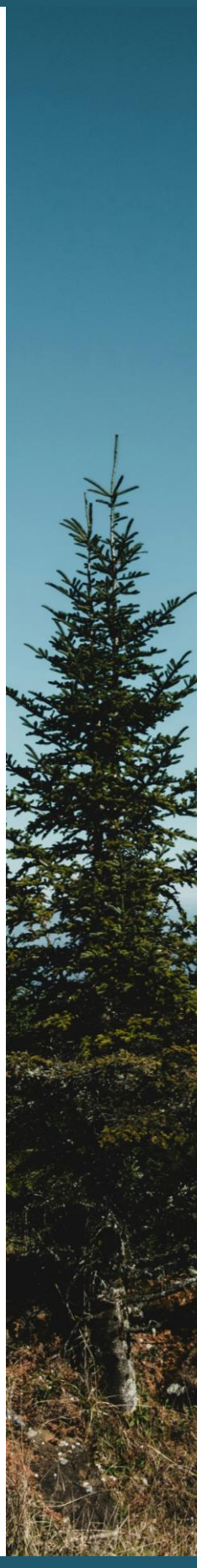
One of our most important accomplishments was the continued expansion of regional collaboration. Together with our colleagues in the North Peace and South Peace Divisions of Family Practice, we advanced a coordinated approach to physician recruitment, retention, learner engagement, and regional planning. By working across Division boundaries, we strengthened our collective ability to support healthcare providers while maximizing the impact of limited resources. Regional funding initiatives, joint planning activities, and shared educational opportunities reinforced the value of a unified northern voice and positioned our region to respond more effectively to evolving healthcare needs.

The Division also continued to support implementation of the Northern Interior Rural Primary Care Network, working alongside Northern Health, physicians, nurse practitioners, and community partners to strengthen team-based primary care and improve access to services for rural residents. This collaborative work reflects our shared commitment to creating sustainable, patient-centred healthcare that responds to the unique needs of northern communities.

Supporting healthcare providers remained at the centre of our work. Throughout the year, the Division invested in educational opportunities, leadership development, and relationship-building initiatives designed to support physicians and nurse practitioners throughout their careers. Collaborative educational events, including Pills of Knowledge planning activities, demonstrated our commitment to creating opportunities for learning, professional connection, and provider wellness while strengthening relationships among northern healthcare teams. Recruitment efforts continued to evolve through regional collaboration, coordinated community engagement, and learner outreach, helping position northern communities to attract and retain family physicians and nurse practitioners. Engaging medical learners and residents remained an important investment in the future rural workforce, providing opportunities to showcase the rewards and realities of rural family practice and encouraging the next generation of providers to consider careers in northern British Columbia.

The Division also maintained a strong focus on community engagement. Through community visits and ongoing dialogue with physicians, nurse practitioners, Northern Health leaders, Indigenous partners, local governments, and community organizations, we continued to build relationships and better understand the unique circumstances facing each community. These conversations ensure that our activities remain grounded in local realities and are responsive to changing healthcare needs throughout the region. Engagement activities involving communities such as Vanderhoof and Fraser Lake exemplified this commitment. We also continued to strengthen relationships with Indigenous partners, recognizing the importance of collaboration, cultural safety, and shared leadership in improving health outcomes for Indigenous peoples throughout our region.

This year also saw continued progress in governance and organizational sustainability. We strengthened Board and committee operations, supported succession planning efforts, advanced recruitment of new community directors, and completed governance review and self-evaluation activities. We also continued to strengthen the organizational foundations of the Division through policy development, committee effectiveness, financial stewardship, and continuous organizational improvement, ensuring NIRD remains accountable, responsive, and well positioned for future opportunities while continuing to meet the evolving needs of our members and communities.

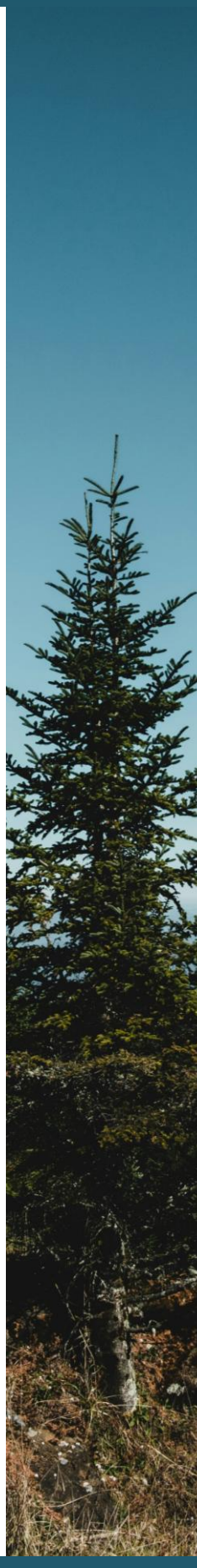


At the system level, NIRD continued to bring the realities of rural family medicine to provincial and regional discussions through active participation in Executive Director forums, Integrated Services Committee activities, and ongoing engagement with Doctors of BC, Northern Health, and partner organizations. By contributing a strong northern perspective, we helped ensure that the unique challenges and opportunities of rural practice remained part of conversations shaping the future of healthcare across British Columbia.

Behind every accomplishment is a dedicated team. I am especially grateful to our staff, whose professionalism, adaptability, and commitment provide the foundation for everything we do. I would also like to recognize the leadership and dedication of our Chair, Board of Directors, Representative Assembly members, physicians, nurse practitioners, Indigenous partners, community leaders, Northern Health colleagues, and healthcare partners. Their expertise, collaboration, and shared commitment continue to strengthen healthcare delivery and improve the health and well-being of the communities we serve.

As we look to the future, our priorities remain clear. We will continue to focus on recruitment and retention, physician and nurse practitioner engagement, Primary Care Network development, community partnerships, Indigenous relationship-building, governance excellence, and innovative approaches to addressing rural healthcare challenges. While much work remains ahead, I am encouraged by the progress we have made together and optimistic about the opportunities that lie before us.

On behalf of the Northern Interior Rural Division of Family Practice, thank you for your continued confidence, leadership, and support. Together, we will continue building a stronger, more connected rural healthcare system—one that supports healthcare providers, responds to community needs, and improves access to high-quality care for everyone living across Northern Interior Rural British Columbia.



RA AND PHYSICIAN LEADERSHIP REPORT

Representative Assembly Chair – Dr. Ian Dobson



Dr. Ian Dobson

As another year comes to a close, I want to extend my sincere thanks to our physicians, nurse practitioners, allied health professionals, staff, and community partners for your unwavering commitment to primary care across northern British Columbia.

This past year has brought significant fiscal change and uncertainty. Shifting funding models, evolving priorities, and an increasingly complex healthcare environment have required adaptability from everyone involved in our Division. Throughout these changes, our staff and members have responded with professionalism, resilience, and a steadfast commitment to supporting one another and the patients we serve. I am deeply grateful for their dedication and hard work during this period of transition.

Despite these challenges, our Division has continued to move forward. We have strengthened provider connections through initiatives such as *Pills of Knowledge*, supported the thoughtful integration of technology to improve equitable access to care, and continued to advocate on behalf of our members and communities to ensure the unique realities of rural and northern practice are represented in provincial discussions.

On a personal note, this year also marks a significant transition for me. It is with mixed emotions that I will be leaving Mackenzie and relocating to Vancouver Island. While I am excited for this new chapter, I will always be grateful for the privilege of serving this remarkable community and working alongside such dedicated colleagues. Northern healthcare has been an important part of my professional life, and I sincerely hope to continue supporting the Division in whatever capacity the membership feels is appropriate.

Serving as your RA Chair has been a tremendous honour. The strength of our Division has always been its people—individuals who consistently demonstrate compassion, integrity, and a willingness to work together for the benefit of our patients and communities.

Thank you for your trust, your collaboration, and your ongoing commitment to northern healthcare. I look forward to seeing the Division continue to thrive in the years ahead.

Physician Leads – Dr. Jessica Burian & Dr. Ray Markham

Written by Dr. Jessica Burian on behalf of our Physician Lead team

Since stepping into the Physician Lead role for the Northern Interior Rural Division (Dec 2025), I have been orienting to the scope of meetings and system-level responsibilities, including attending the in-person Network of Rural Divisions meeting in Victoria (May 2026), which emphasized strengthening cross-regional partnerships and developing collective leadership to "rural proof" policy and program design.



Dr. Ray Markham



Dr. Jessica Burian

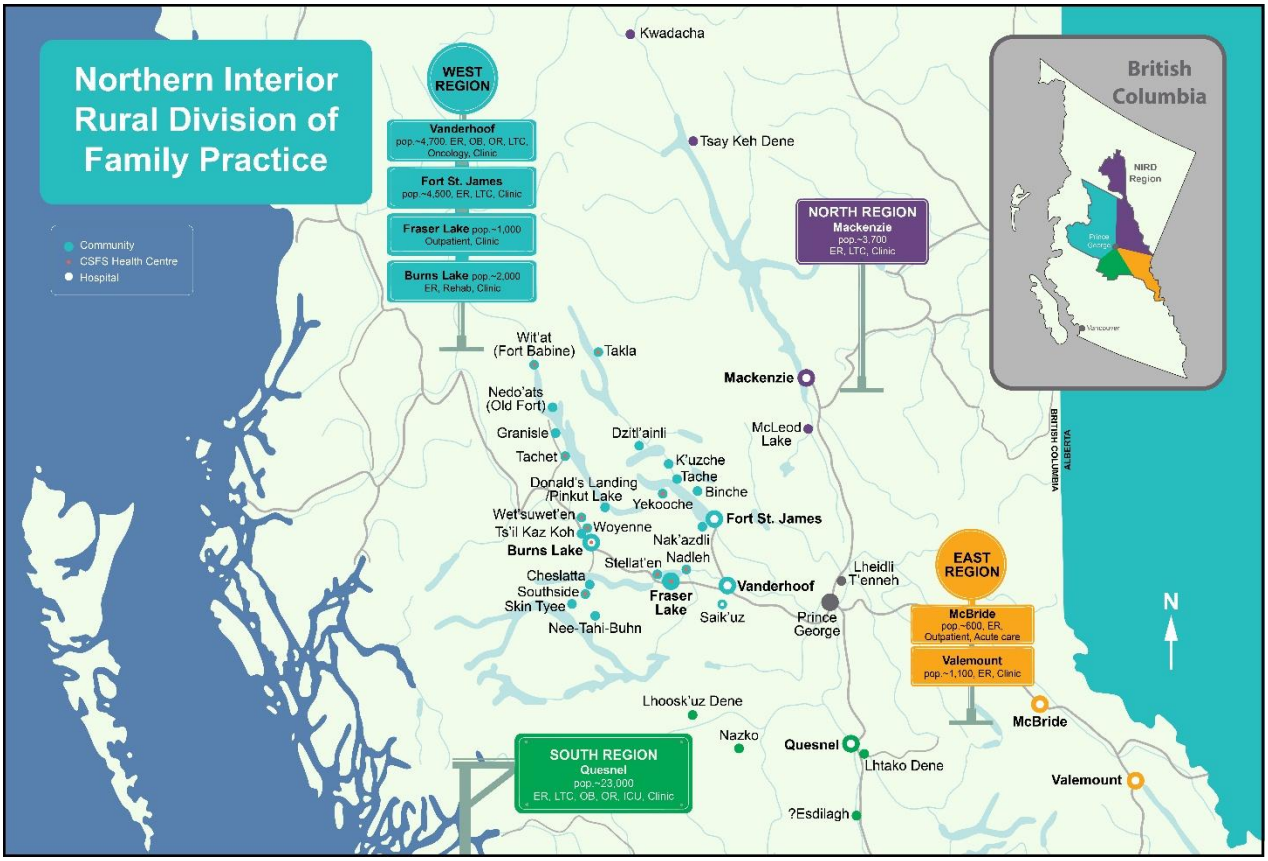
Key provincial priorities included early rural exposure for learners with strong preceptor support, improving access to community-level care for unattached patients, modernizing payment models while preserving relational continuity, enhancing inter-jurisdictional physician mobility and international recruitment pathways, and advocating for strengthened rural leadership representation. Locally, NIRD continues to advance a retention-driven recruitment strategy centered on early and repeated learner engagement, relationship-based mentorship, and longitudinal pipeline development from student to practice, integrated with PRA/locum pathways. This is supported by Community Coordinator roles focused on high-touch recruitment, onboarding, and family-centered settlement supports addressing non-clinical determinants such as housing, childcare, and spousal integration.

Across all workstreams, there is an increasing administrative and reporting burden due to fiscal constraints and ministry requirements, reinforcing the importance of system coordination and knowledge consolidation. Future directions under consideration include more flexible career design models, team-based recruitment, scope-expanding rural generalist pathways, mid-career reintegration strategies, and strengthened family-unit recruitment to improve long-term retention and workforce stability.



MEMBERSHIP

The Northern Interior Rural Division has a membership of 92 physicians and nurse practitioners (NPs) (78 physicians, 14 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.

YEAR IN REVIEW

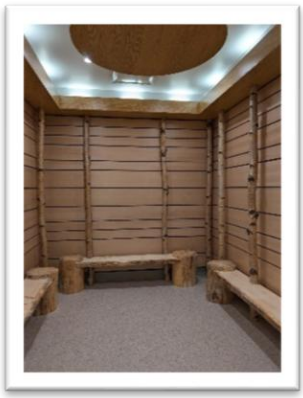
Capital projects

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

- Vanderhoof Primary Care Centre - In process
- Long-term Care Facility in Quesnel - In process
- Foundry – Burns Lake, Vanderhoof and Quesnel (in partnership with Carrier Sekani Family Services (CSFS) and YMCA) - In process
- First Nations Primary Care Initiative (FNPCI) Fort St James (First Nations Health Authority (FNHA)) – Completed

Photos from the Tech Team's visits to the Dadzi Wellness Centre in Fort St. James







Photos of Foundry Burns Lake courtesy of CSFS





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.

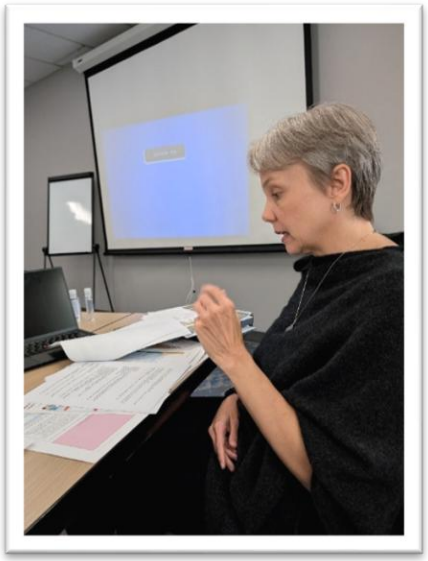
The 9th Annual Pills of Knowledge for Best Evidence Rural Practice virtual conference was held on **September 27th, 2025,** with 57 attendees (26 GPs, 7 NPs, 7 residents, 8 presenters and 9 staff).

Presentations included:

- Internal Medicine Respirology (Dr. Sharla-Rae Olsen)
- Dermatology (Dr. Lisa Flegel)
- Geriatrics (Dr. Ian Schokking)
- Pediatrics (Dr. Danielle Olmstead)
- Radiology (Dr. Karen Seland)
- ENT, AI, Planetary Health, EDI, Wellness, Mindfulness (Dr. Bella Wu)
- ENT, Allergy (Dr. Taeed Quddusi)
- Prenatal Care & Obstetrics (Dr. Christine Brenckmann)







Photos from the Pills of Knowledge Conference on September 27, 2025

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 **92** primary care providers involved in the NIRD PCN.

Hiring

Through the PCN, 22.12 FTE (Full Time Equivalent) have been hired as of August 2026. A total of 2.11 FTE remain to be hired from the full 24.23 FTE funded[1].

Figure 1. NIRD PCN hiring by position: funded FTE and FTE hired

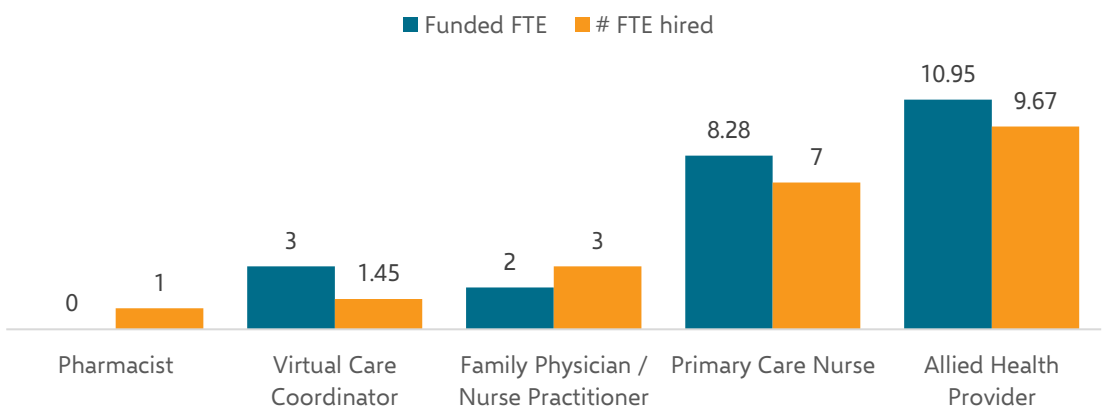
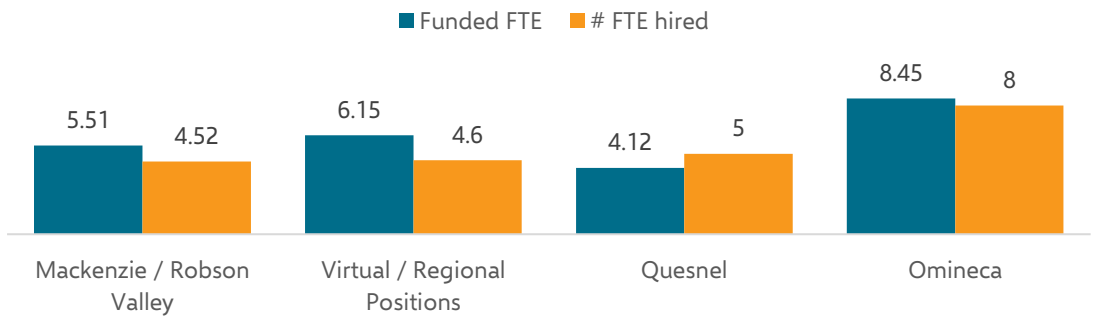


Figure 2. NIRD PCN hiring by region: funded FTE and FTE hired



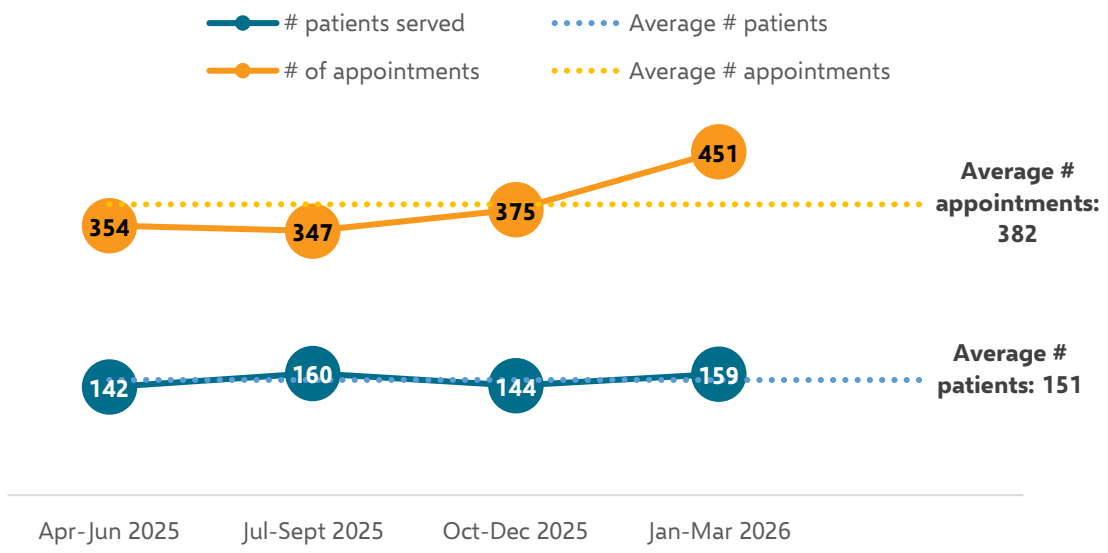
[1] Instances where the "Hired FTE" is greater than the "Funded FTE" in Figure 1 and Figure 2 are due to roles shifting throughout the 2025-26 fiscal year.

Clinical Pharmacist Service

Between April 1, 2025 and March 31, 2026, the clinical pharmacists held an average of 382 appointments and saw an average of 151 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 the MOIS Electronic Medical Record (EMR). 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.

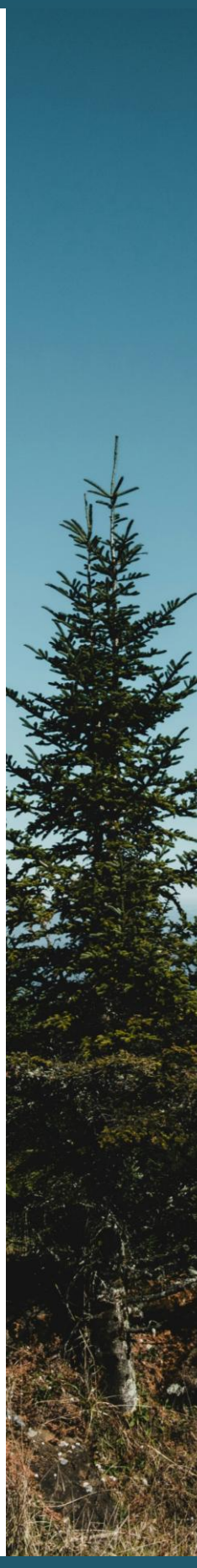
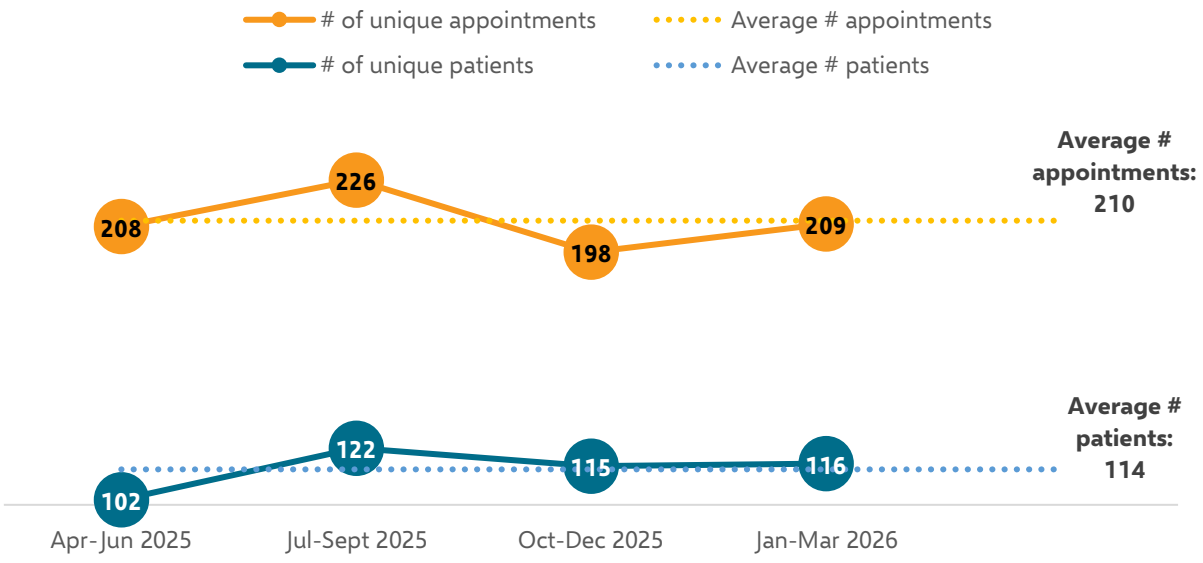


Figure 5. Quarterly averages of number of appointment and patients served by PCN virtual allied health providers



Innovation and Technology

In November of 2025, the NIRD Tech and Innovation team made their first trip north of the Pine Pass to meet with our colleagues in the South Peace. We were invited to collaborate on their episodic care clinic which was designed to reduce the burden on the Dawson Creek Emergency Department (ED) by redirecting complex patients who presented in the ED to this episodic care clinic for ongoing care.

Building off the existing collaboration between the NIRD Recruitment and Retention team and the Peace region Divisions, we've grown our relationship focused on a commitment to work more closely on shared challenges using an innovation and technology focus. We expanded this collaborative approach shortly after to include the North Peace Divisions and their initiatives.

In the spring of 2026, the NIRD Tech & Innovation team expanded by hiring a new Virtual Care Coordinator physically located in the Peace to further support a cohesive approach to expanding access to care for both the Northern Interior (NI) and North East (NE).

In May we spent a week in the Peace region meeting with local physicians, engaging with the Northern Nations Wellness centre in Chetwynd, meeting with Divisions operations, etc.

Through this relationship approach we continue to strengthen our bond to more efficiently and collaboratively work together, share expertise, support shared initiatives and simply become friends who look out for each other's interests.



Adaoma Aniekwena, Virtual Care Coordinator NE, in Dawson Creek







Tech Teams' photos from their visit to the Peace Region (North Peace Division region) continued. The carvings are chainsaw carvings from Chetwynd.

Recruitment and Retention

Western Medical Student Symposium

NIRD attended the Western Medical Student Symposium and collaborated with the North Peace and South Peace Divisions at the event. The teams engaged with medical learners from across Canada, many of whom had never considered practising in remote, rural communities. The teams also collected data on the topics medical students identified as priorities.





The NIRD team collaborating with the North Peace and South Peace team at the Western Medical Student Symposium.

Tumbler Ridge Medical Conference

Representatives from NIRD attended the Tumbler Ridge Medical Conference from July 3–5, where the booth attracted consistent interest throughout the event.

Several physicians stopped by to discuss locum opportunities across our communities, while raffle draw responses highlighted strong interest from learners. Twelve residents indicated they would like additional information about locum work and rural practice opportunities in Northern communities.



The NIRD booth at the Tumbler Ridge Medical Conference

Medical Learners

10 medical learners have visited the region in 2026 as of July 2026. 6 have visited Valemount/McBride, 3 in Burns Lake, 2 in Mackenzie, 1 in Fort St. James and 1 in Vanderhoof. These visits continue to provide medical students with valuable firsthand exposure to rural medicine while allowing communities to showcase the unique rewards and opportunities available to healthcare providers in Northern BC.

Evaluation

Historically, many rural initiatives have been assessed primarily through activity measures. Going forward, NIRD intends to place increasing emphasis on demonstrating measurable impact.

Current work includes:

- development of Return on Investment (ROI) methodologies;
- participation in provincial Evaluation Communities of Practice;
- consultation with researchers and evaluation specialists;
- planning for implementation of dedicated evaluation funding.

This work represents an important strategic shift. The ability to demonstrate measurable outcomes will strengthen future funding opportunities while improving organizational decision-making.



BOARD OF DIRECTORS AND STAFF



Board Members

Dr. Shannon Douglas, Chair
Dr. Ian Dobson
Dr. Todd Alec
Dr. Veronica Chudzinski
Marie Hunter
Ann McCormick
Debbie Strang

Staff

Errol Winter
Executive Director (ED)

Candice Smit
Operations and Projects Lead

Amber Metz
Finance and Audit Lead

Dave Harris
Technical Lead

Heather Stillwell
Virtual Care Lead

Krystal-Lynn Laforest
Executive Assistant & Project Support

Meagan Ryan
Project Support

Stephanie Rocheleau
Project Support

Kirsten Schmid
Virtual Care Coordinator

Adaoma Aniekwena
Virtual Care Coordinator NE

Representative Assembly

Dr. Ian Dobson, Chair & Board Member

Dr. Aryn Khan
Vanderhoof

Dr. Lwando Nogela
Burns Lake

Dr. Jake Bryan
Mackenzie (Resident)

Dr. Jessica Burian
McBride, Physician Lead

Dr. John Pawlovich
Indigenous Communities

Dr. Melissa Mann
Mackenzie

Dr. Moez Shelfit
Fraser Lake

Dr. Ray Markham
Valemount, Physician Lead

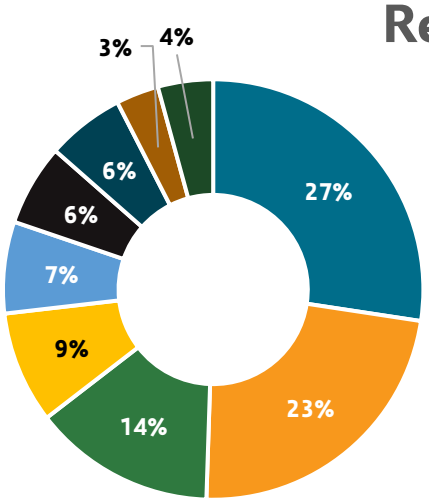
NP Celia Evanson
Burns Lake

NP Joseph Zeller
Quesnel

NP Kim Law
Fort St. James

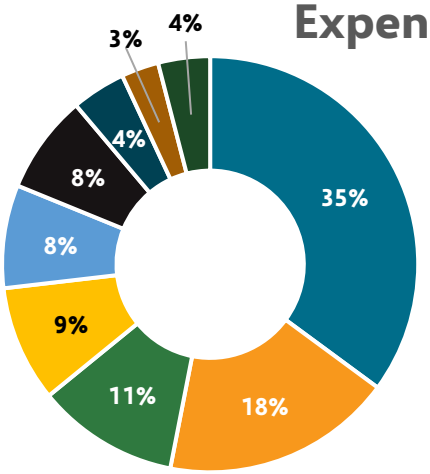
FINANCIAL STATEMENTS

Revenue



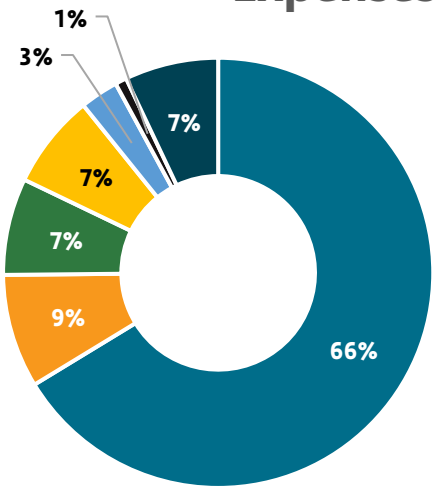
- Primary Care Networks (27%)
- Infrastructure (23%)
- In-Patient Bridge (14%)
- LTCI (9%)
- Physician Engagement (7%)
- Attachment Mechanism (6%)
- Regional Recruitment (6%)
- Physician Integration & Retention (3%)
- Other (4%)

Expenses: Program

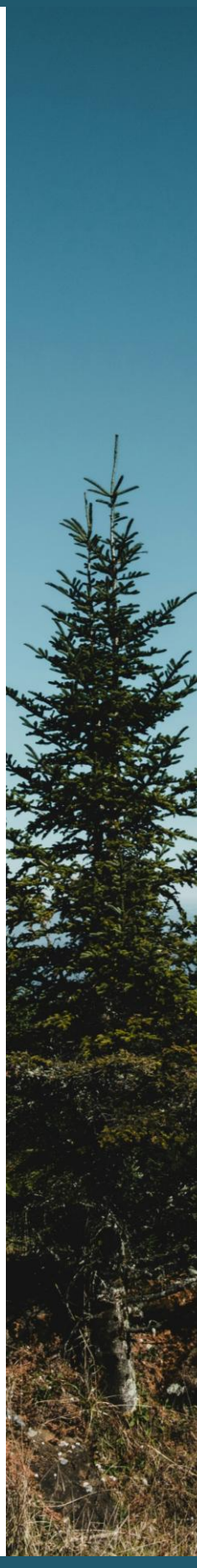


- Primary Care Networks (35%)
- In-Patient Bridge (18%)
- LTCI (11%)
- Physician Engagement in PMH/PCN (9%)
- Attachment Mechanism (8%)
- Regional Recruitment (8%)
- Physician Integration and Retention (4%)
- Infrastructure (3%)
- Other 4%)

Expenses: Administrative



- Salaries and benefits (66%)
- Travel (9%)
- Sessionals (7%)
- Professional fees (7%)
- Telephone (3%)
- Insurance (1%)
- Office and General (7%)



INDEPENDENT AUDITOR'S REPORT

Table 1. Summarized Statement of Financial Position
March 31, 2026, with comparative information for 2025

	2026	2025
Assets		
Cash and restricted cash	$ 899,113	$ 1,396,653
Accounts receivable	12,718	2,722
Prepaid expenses	57,794	51,639
	$ 969,625	$ 1,451,014
Liabilities and Deficit		
Accounts payable and accrued liabilities	$ 622,236	$ 956,909
Deferred revenue	222,457	399,175
Net assets	114,932	94,930
	$ 969,625	$ 1,451,014

Table 2. Summarized Statement of Financial Position
Year ended March 31, 2026, with comparative for 2025

	2026	2025
Revenue:		
Programs	$ 1,804,600	$ 2,005,622
Interest income	19,894	54,504
	1,824,494	2,060,126
Expenses:		
Administration	380,270	500,792
Program services	1,424,222	1,504,830
	1,804,492	2,005,622
Excess of revenue over expenses	20,002	54,504
Net assets, beginning of year	94,930	40,426
Net assets, end of year	$ 114,932	$ 94,930

Table continued on next page

See note to summary financial statements (page 21)

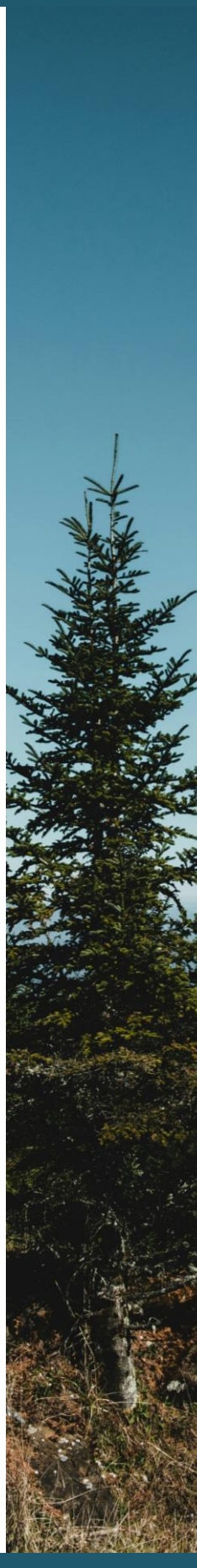


Table 2 (*continued*). Summarized Statement of Financial Position
Year ended March 31, 2026, with comparative for 2025

	2026	2025
Revenue		
Primary Care Networks	$ 499,909	$ 641,908
Infrastructure	421,767	596,232
In-Patient Bridge	256,017	386,590
LTCI	157,260	112,158
Physician Engagement in PMH/PCN	128,681	106,406
Attachment Mechanism	114,206	80,140
Regional Recruitment	109,256	-
Physician Integration and Retention	59,996	46,966
NP Infrastructure	24,057	24,058
RCCBC	22,395	-
Interest	19,894	54,504
PEER Group PRA	10,948	-
GST rebate	108	-
Healthcare Excellence Canda	-	11,164
	$ 1,824,494	$ 2,060,126
Program Services		
Primary Care Networks	$ 499,909	$ 641,908
In-Patient Bridge	256,017	386,590
LTCI	157,260	112,158
Physician Engagement in PMH/PCN	128,681	106,406
Attachment Mechanism	114,206	80,140
Regional Recruitment	109,256	-
Physician Integration and Retention	59,996	46,966
Infrastructure	41,497	95,440
NP Infrastructure	24,057	24,058
RCCBC	22,395	-
Healthcare Excellence Canada	10,948	11,164
	$ 1,424,222	$ 1,504,830

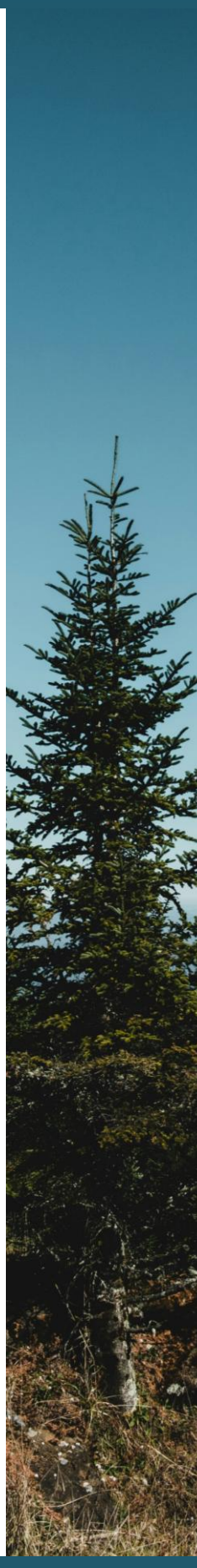


Table 3. Summarized Statement of Cash Flows
Year ended March 31, 2026, with comparative for 2025

	2026	2025
Net outflow of cash from: Operating activities	$ (497,540)	$ (197,480)
Cash and cash equivalent resources, beginning of year	1,396,653	1,594,133
Cash and cash equivalent resources, end of year	$ 899,113	$ 1,396,653

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, 2026.

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

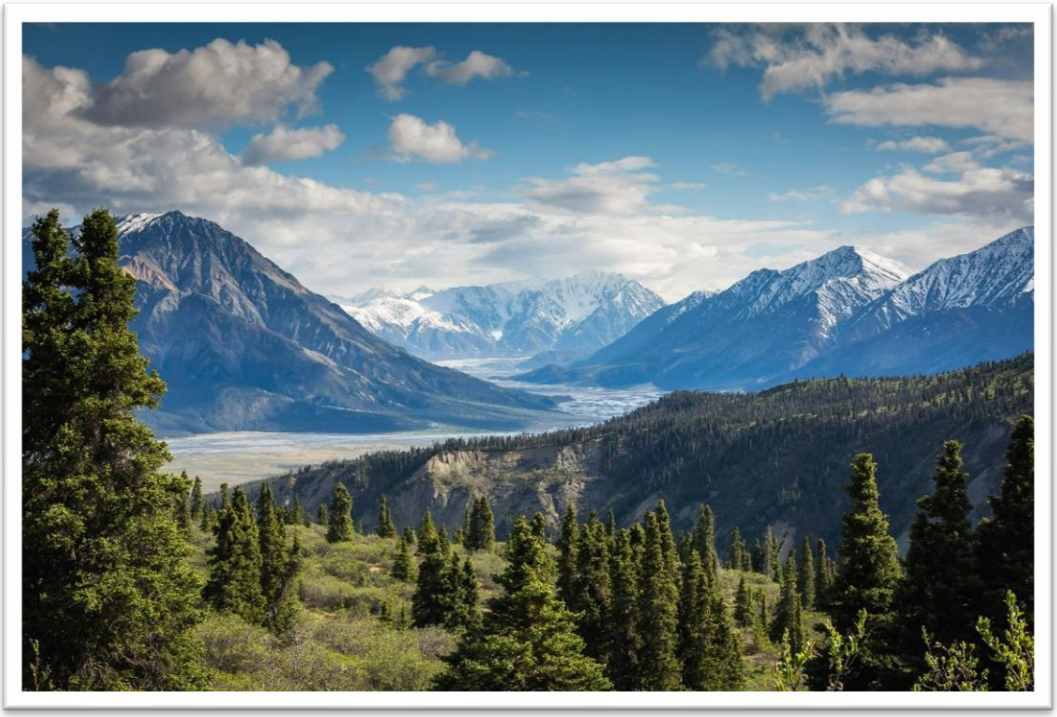


Photo by Kalen Emsley on Unsplash

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Email: klaforest@nirdbc.ca

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.

Photos provided by NIRD staff
Cover photo by Paul Andrusiak on Unsplash

Northern Interior Rural
Division of Family Practice
An FPSC initiative



NIRD Annual Report – 2025-26