



REICHERT & ASSOCIATES
PROGRAM EVALUATION & RESEARCH

Transforming Gender-Affirming Care in Surrey-North Delta

Surrey-North Delta Division of Family Practice
Shared Care Project

Final Evaluation Report | December 2025

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Acronyms and Abbreviations

CME	Continuing Medical Education	NP	Nurse Practitioner
EOI	Expression of Interest	RACE	Rapid Access to Consultative Expertise
FP	Family Physician	SND	Surrey-North Delta
HRA	Hormone Readiness Assessment	UPCC	Urgent and Primary Care Centre
MOA	Medical Office Assistant		

Executive Summary

Introduction

This is the final evaluation report of the Surrey-North Delta Division of Family Practice *Transforming Gender-Affirming Care in Surrey-North Delta* project, funded by the Shared Care Committee. The project aimed to increase primary care providers' confidence in providing gender-affirming care, knowledge of how to provide gender-affirming care, and knowledge of how to create a safe clinical space for patients to receive gender-affirming care. The project operated between May 2024 and July 2025, creating a 3-part Continuing Medical Education (CME) series for physicians and Medical Office Assistants (MOAs), and developing related resources for providers (including a care pathway resource on Pathways BC).

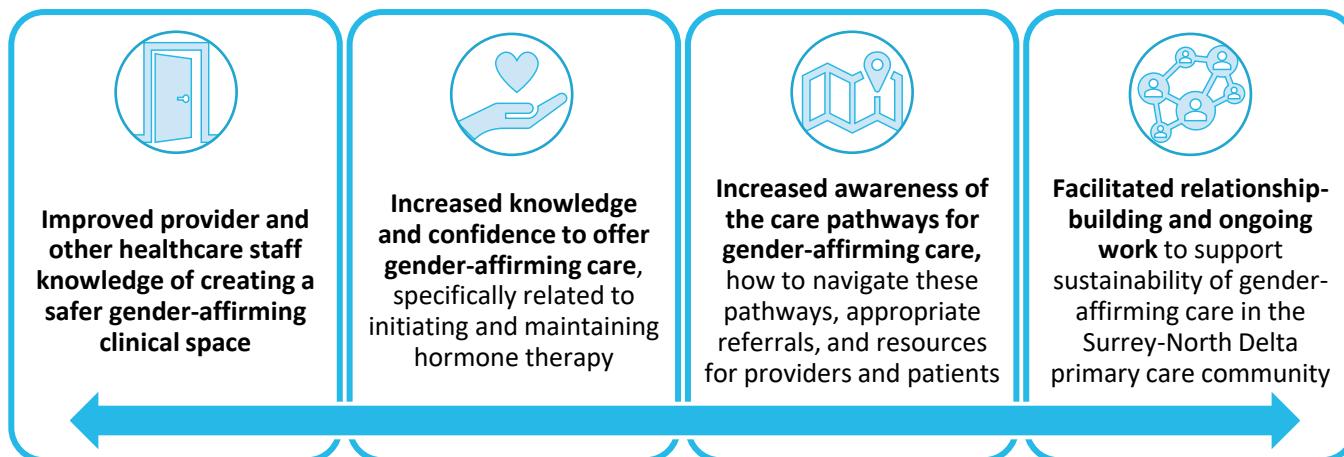
Evaluation Findings

The project was led by a **working group**, with members from different areas of the healthcare system, including local family physicians, specialist physicians, Fraser Health representatives including Indigenous health representation, Primary Care Network (PCN) staff, a Trans Care BC representative, a Foundry representative, and supported by two Surrey-North Delta Division staff members (the project leads). Most of the working group members had been involved since an Expression of Interest project in 2023, where the project conducted a needs assessment via surveys for primary care providers and patients. **Three patient partners** supported the working group to design and realize the project's education activities.



The project achieved its objective of increasing primary care providers' confidence and knowledge to provide gender-affirming care by 50% (result: **72% increase** from pre-project baseline, and **51% increase** from pre- to post-education sessions), and made progress towards its objective of increasing their knowledge of creating a safe clinical space by 50% (result: **29% increase** from pre-project baseline and **30% increase** from pre-to post-education sessions).

The evaluation found that across education sessions, **at least 50% of primary care providers (and others who participated) reported increased confidence** in creating a gender-affirming space and in providing gender-affirming care. In particular, the evaluation found that the project had the following impacts:



As well, education participants reported that they used their learnings to create safer clinical spaces, used the resources the project team shared, and are motivated to continue to learn more. **22 people signed up to hear about future learning opportunities** related to gender-affirming care from the Division.

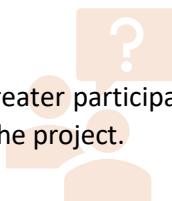
Lessons Learned

What worked well?

- **Effective project management and coordination** by the project leads
- **Engagement with a variety of partners** on the working group, who were open to learning
- Working group members and patient partners felt **meaningfully engaged, respected, and valued**
- **It is important to build sustainable capacity within a provider community**, which was supported with the project's approach that aimed to normalize gender-affirming care within primary care
- **The format and content of the education sessions** enhanced participation and the project's impact

What were the challenges?

- **Societal transphobia and stigma against gender-affirming care**
- **More clarity on working group roles and responsibilities** would have encouraged greater participation. Capacity constraints also posed challenges to keeping a consistent momentum with the project.
- Education sessions included a **large amount of information in a short period of time**



Sustainability

Supports in place	Additional supports that would enable sustainability
<ul style="list-style-type: none"> ✓ The project team launched a gender-affirming care pathway on Pathways BC. ✓ Surrey-North Delta providers have registered in Trans Care BC's Project ECHO course¹. ✓ Working group members have worked on educating PCN allied health providers to offer gender-affirming care, particularly to conduct hormone readiness assessments. ✓ 5 education session participants signed up to join Division WhatsApp group on gender-affirming care. ✓ The Division posted video recordings of the second and third CME sessions. 	<ul style="list-style-type: none"> <input type="checkbox"/> Ongoing opportunities for learning and connection between providers about gender-affirming care <input type="checkbox"/> Education sessions could be expanded to medical schools and/or undergraduate health programs <input type="checkbox"/> In any ongoing work, additional funding (patient partner honoraria, physician sessional payments, etc.) and clarity of roles and responsibilities <input type="checkbox"/> Continued partnerships with Trans Care BC <input type="checkbox"/> Continued work on the Division's patient attachment mechanism to match Two-Spirit, trans, and gender diverse patients to providers who are competent in gender-affirming care

Conclusion

The project was successful in increasing knowledge of how to create a safe clinical space, knowledge of how to provide gender-affirming care, and confidence to provide this care among primary care providers, MOAs, and allied health providers. Evaluation data also reveal an improvement in appropriate endocrinology referrals, increased awareness of how to navigate care pathways, and an appetite to learn more, which the project has begun to address by connecting providers to a Trans Care BC education course. Going forward, the relationships forged between working group members resulted in ongoing work to integrate gender-affirming practices and services more broadly and sustainably in Surrey-North Delta's primary care community. This ongoing work can enable the sustainability of the project's positive impacts, and improve access for Two-Spirit, trans, and gender diverse people to get the care they need.

¹ [Project ECHO | Trans Care BC](#) (accessed August 22, 2025).

Acknowledgements

At Reichert & Associates, our team works on the unceded, traditional territory of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaɬ (Tsleil-Waututh) Nations.

One impact of colonization was and continues to be the imposition of binary notions of gender and the suppression of diverse understandings of gender, which has increased barriers that Two-Spirit people and Indigenous trans and gender diverse people face to accessing healthcare.

We are honoured to support the evaluation of this project that aims to improve access and quality of care for Two-Spirit, trans, and gender diverse people via provider education and resources. This work by the Surrey-North Delta Division of Family Practice takes place on the the ancestral and traditional territory of the Coast Salish People, specifically the Kwantlen, Semiahmoo, Tsawwassen, Katzie, Kwikwetlem, Qayqayt, and numerous Stó:lō First Nations.

We are very grateful to all of those who supported this project and its evaluation, including but not limited to the project team, working group members, patient partners, Trans Care BC, RACE/eCase, Pathways BC, and all of those who participated in the project. Their perspectives were crucial to developing this report and we are thankful to them for generously sharing their experiences and data.

Introduction

This is the final evaluation report of the Surrey-North Delta Division of Family Practice *Transforming Gender-Affirming Care in Surrey-North Delta* project, funded by the Shared Care Committee. The overarching aim of the project was to increase primary care providers' confidence in providing gender-affirming care, knowledge of how to provide gender-affirming care, and knowledge of how to create a safe clinical space for patients to receive gender-affirming care. The project operated between May 2024 and July 2025.

About the Project

Background

In Spring 2023, the Surrey-North Delta (SND) Division of Family Practice began a Shared Care Expression of Interest (EOI) project to identify gaps in the provision of gender-affirming care in the community. A working group (including local primary care providers including a Two-Spirit person, specialist physicians, Fraser Health representatives including Indigenous health representation, PCN staff, a Trans Care BC representative, and a Foundry representative) conducted a needs assessment and gap analysis. With a patient-centred approach, the working group distributed a patient and provider survey in Fall 2023. The key findings were:

- 17 patients answered the survey. Patients face challenges with system navigation, stigma, and have concerns about safety. 29% of the patient respondents had tried to access some form of gender-affirming medical care but could not (5 of 17). While 67% of patients stated they have a family doctor or nurse practitioner (10 of 15), 57% of them stated they most often access their healthcare services at a walk-in clinic (8 of 14).
 - The patient survey needed to be restarted due to a high volume of spam responses, likely because of the offer of monetary compensation. Through this experience, the Division and the evaluation

team learned to exercise more intention in where the survey is promoted and how/whether to advertise compensation.

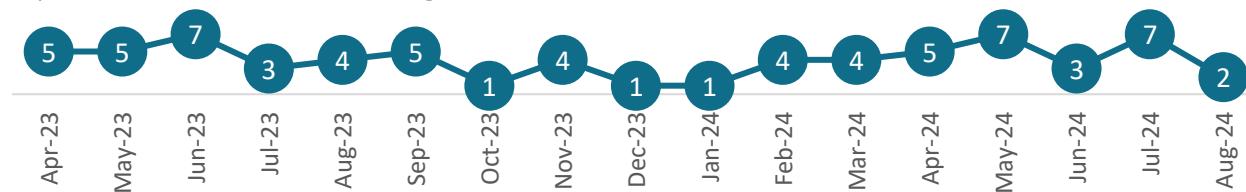
- 91 primary care providers and 4 specialist physicians in the Surrey-North Delta area answered the survey. Responses indicated a lack of provider confidence, clinical knowledge, and system navigation knowledge about gender-affirming care
 - 74% of provider survey respondents had received no gender-affirming care training (65 of 88).
 - **Creating a gender-affirming space:** Provider survey respondents tended to be the most confident in creating a welcoming space and using the correct language for Two-Spirit, trans, and gender diverse patients. 32% of respondents (28 of 88) rated their confidence to use the correct language at 4 or 5 out of 5. 39% felt confident to create a welcoming space (34 of 87).
 - **Providing gender-affirming care:** Respondents tended to be the least confident in initiating gender-affirming hormone therapy, conducting a hormone readiness assessment, and maintaining gender-affirming medical care.
 - **Accessing resources and navigating the process of gender-affirming care:** 46% of provider survey respondents felt they have none or very little awareness of gender affirming care (43 of 94). 29% of respondents felt confident (i.e., rated confidence as 4 or 5 out of 5) to make a referral for a hormone readiness assessment (25 of 87), and 26% for a gender-affirming surgery referral (23 of 87).

Throughout this report, **results from the EOI project provider and patient surveys are presented in grey boxes** to distinguish them from project outcomes. It is important to note that comparing the EOI project survey results to those of the evaluation surveys means **comparing the provider community's baseline** level of confidence to the level of confidence of a **subset who participated in the project's education sessions**. The target population of the EOI project survey was all Surrey-North Delta area primary care providers and relevant specialist physicians, while the pre- and post-education session surveys targeted education session attendees (i.e., a subset of the broader provider community). **Results of the pre-education session surveys provide further context** of participants' confidence in multiple aspects of gender-affirming care prior to each session.

- Data from the Rapid Access to Consultative Expertise (RACE) service also demonstrate that there was interest in this topic among primary care providers. RACE offers primary care providers access to specialist advice on various topics, including gender-affirming care. Figure 1 shows that from April 2023 to August 2024, there were 68 calls from providers **in the Fraser Health region** to the RACE phone line for "Transgender Care" support. Since the start of the EOI project, there has been interest in this topic and a need for consultative expertise.

Figure 1. Number of calls to the RACE "Transgender Care" line in Fraser Health

From April 2023 to August 2024, the RACE "Transgender Care" line received 68 calls from providers in the Fraser Health region



Source: RACE, Providence Health

Note: These data were not available for the Surrey-North Delta area specifically.

Based on the survey results and needs assessment, the working group agreed that a full project proposal should be submitted to the provincial Shared Care committee to address the identified needs to mitigate **communication barriers**, **system level barriers**, and **stigma**, in a patient-centred way. In Spring 2024, the Division received approval for the *Transforming Gender-Affirming Care in Surrey-North Delta Shared Care Project*.

Goals of the project

Based on findings from the Expression of Interest project, the project aimed to:

- Increase by 50% from baseline the primary care providers' confidence in providing gender-affirming care
- Increase by 50% from baseline the primary care providers' knowledge of how to provide gender-affirming care
- Increase by 50% from baseline the primary care providers' knowledge of how to create a safe clinical space for patients to receive gender-affirming care

The longer-term goals of the project were to increase capacity among the primary care provider community to provide gender-affirming care.

To address these objectives and aims, the project planned to develop resources and a three-part series of Continuing Medical Education (CME) sessions for primary care providers and Medical Office Assistants (MOAs).

About the Evaluation

Evaluation approach

Overall, the approach of the evaluation was to provide formative and summative findings, as well as to provide feedback to the program to enable data-informed decision-making. The evaluation was designed to be developmental and participatory, allowing the evaluation to be responsive to the emergent nature of complex projects. This final report is designed to document the program's operation and impacts as they relate to the stated goals and objectives. The report also includes discussion of factors that enabled success, challenges faced by the project, as well as recommendations on how to sustain the project's impacts moving forward. The following questions guided the evaluation:

Process Evaluation

1. How was the project planned and implemented?
2. What was implemented over the course of the project?
3. What progress has been made towards the intended outcomes?
4. What are the strengths, challenges, lessons learned and areas of opportunity?

Outcomes Evaluation



Methods

The evaluation team incorporated the following data collection methods:

	Document/Admin Data Review The evaluation team reviewed relevant project documentation including the project planning documents (i.e., funding proposals, meeting minutes, etc.), project data (i.e., number of education session attendees, etc.), and administrative data from other organizations (i.e., RACE App, Pathways, Trans Care BC, etc.)
	Surveys The evaluation and project team collaborated to develop surveys to gather feedback on project activities. <ol style="list-style-type: none"> 1) Surveys before and after each education session <ul style="list-style-type: none"> • Sept. 2024 (n=36 pre-session, n=68 post-session) • Feb. 2025 (n=30 pre-session, n=26 post-session) • June 2025 (n=42 pre-session, n=47 post-session) 2) Survey for patient partners involved, Sept. 2024 (n=3) 3) Follow-up surveys after the second and third education session related to participants' experience since the session <ul style="list-style-type: none"> • May 2025 (n=18) • July – Sept. 2025 (n=12)
	Patient partner focus groups The evaluation team gathered feedback from all 3 patient partners who were involved in education sessions via a focus group discussion with the working group. These discussions centred on what patient partners saw as the participants' key learnings from the education sessions, as well as challenges and suggestions for improving the education sessions. Patient partners also shared feedback over email.
	Key partner interviews The evaluation team conducted 9 interviews via video and phone call from July to October 2025 with working group members and the project leads to collect qualitative information from a variety of perspectives.
	Participation/observation of working group meetings The working group and project team invited the evaluation lead to participate in working group meetings throughout the project. This allowed the evaluation team to have a strong sense of the project's access to evaluation and project data to make decisions, what partners were engaged, and what factors the working group considered during planning sessions.

Table 1. Timeline of evaluation activities

Evaluation activity	2024		2025		
	Jul.-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-Jun.	Jul.-Sept.
Survey for session participants, pre and post each session	Sept.		Feb.	Jun.	
Survey/focus group/email feedback with patient partners		Oct.		Jun.	
Follow-up survey for session participants				May	Jul.-Sept.
Interviews with working group and project team					Jul.-Oct.

Limitations

A limitation associated with using in-depth interviews is the potential for **response bias** (i.e. social desirability bias, recall bias). This may make it difficult for interviewees to provide information that is entirely objective. For example, interviewees may leave out information that could harm their standing with their employer, introducing social desirability bias. As another example, interviewees may forget and have trouble accurately recalling pertinent details that happened in the past, introducing recall bias.

To mitigate the impact of response bias, interviewees and survey respondents were asked some similar questions to gain multiple perspectives. Participants were also sent the interview guides in advance of their interview date, allowing them time to review questions and reflect on their experiences. By doing this, it was less likely that participants would be surprised by any questions that were asked within the interview itself.

As well, a potential limitation of using a survey to collect feedback and assess project impacts is the possibility that survey respondents will **not answer all open-ended questions** fully and may leave out important details. To mitigate this, the evaluation team and project team collaborated to **ensure the surveys were as concise and clear as possible**. For the education sessions, the evaluation team also **compared respondents' answers** prior to the session with their answers after the session, to identify who had an increased (or decreased) self-reported level of confidence in various aspects of gender-affirming care, mitigating the need to rely solely on qualitative responses.

Further, while it was not an intended objective of the evaluation, one working group member expressed that it would have been **helpful to measure if more patients are receiving gender-affirming care** as a result of the project. The definition of gender-affirming care is broad and the type of care varies from individual to individual. Because of this, it was not feasible to collect information about how many patients in the Surrey-North Delta area are receiving gender-affirming care. The working group and evaluation team discussed the possibility of gathering data related to prescriptions of hormone therapies, but these medications are also prescribed to non-trans people and may not be reliable measures of trans-specific gender-affirming care. The evaluation used **data from Trans Care BC and Pathways BC to describe the context in which the project operated** and illustrate the community need for gender-affirming care (see [page 12](#)). However, changes in these data can be affected by many factors, so they are not a reliable source to estimate impacts of this project.

Evaluation Findings

Project implementation and operation

The project was led by a working group, with members from different areas of the healthcare system, including local family physicians, specialist physicians, Fraser Health representatives including Indigenous health representation, Primary Care Network (PCN) staff, a Trans Care BC representative, a Foundry representative, and supported by two Surrey-North Delta Division staff members (the project leads). Most of the working group members had been involved since the Expression of Interest project in 2023. Many working group members expressed that they joined the group because they wanted to learn more about supporting Two-Spirit, trans, and gender diverse people. The project team recruited working group members through relationships with Trans Care BC, with the intention of bringing people who were already doing work around gender-affirming care and who were open to learning.

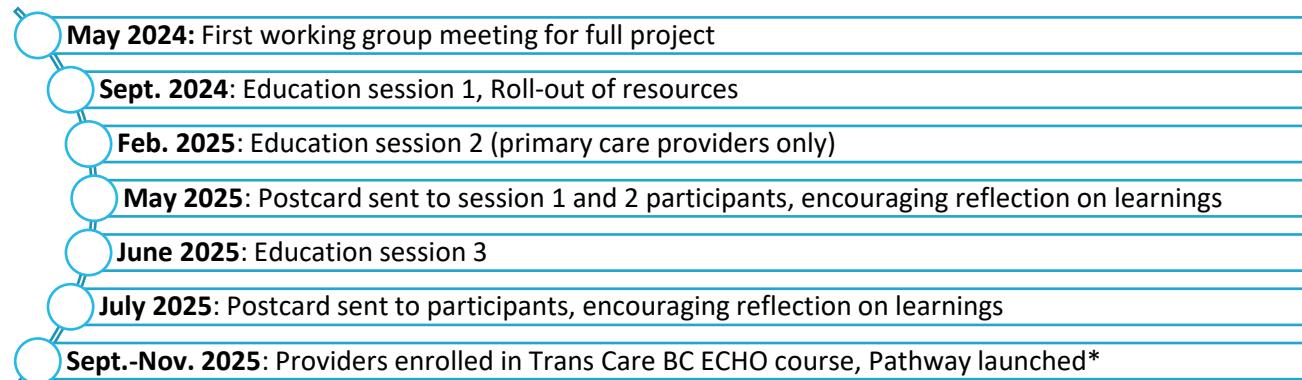
The project team emphasized using a grace-based approach, where working group members were invited to ask questions openly with genuine curiosity, and encouraged to answer questions with the understanding that knowledge supports growth. The project also prioritized a “nothing about us without us” approach, involving patient partners in the education sessions and inviting a Trans Care BC representative on the working group. Trans Care BC (operated by the Provincial Health Services Authority) provides province-wide leadership for gender-affirming care through support and education for patients, providers, and health system partners. As well, three patient partners supported the working group to design and realize the project’s education activities.

The project implemented the following activities:

- Creation of a 3-part Continuing Medical Education (CME) series for physicians and MOAs
- Development of resources for providers

After each education session, the evaluation team presented a summary of the evaluation surveys. The working group planned the sessions with the evaluation results in mind. The project also received support from the UBC Continuing Professional Development office for planning the second and third education sessions. Figure 2 below illustrates a timeline of the project.

Figure 2. Timeline of project activities



*The view-only version of the pathway is available at pathwaysbc.ca/ci/9838. The Division plans to promote the pathway on their Pathways home page, monthly physician newsletter, and physician WhatsApp group. The Division will regularly monitor click rates and utility of the pathway.

Education sessions / CME events

The project planned and hosted three education sessions on various aspects of gender-affirming care, in September 2024, February 2025, and June 2025. Through existing relationships, working group members connected with three patient partners who were involved in education sessions throughout the project.

Attendees included family physicians, nurse practitioners, MOAs, PCN allied health providers, specialist physicians, and other community partners. Physicians could access CME credit and a sessional payment.

Session 1 – Gender Affirming Care in SND: Centering the Patient Experience	September 25, 2024 The first session focused on the “why” of providing gender-affirming care, as well as stigma identification and reduction. This session began with a brief introduction on key concepts related to gender, followed by a panel of patient partners sharing their experiences with gender-affirming care. A panel of physicians discussed their work with patients who need gender-affirming care. After each panel, participants had an opportunity to ask questions via moderators. The audience for this session included primary care providers, Medical Office Assistants, PCN allied health providers, and other community partners.
Session 2 – Gender Affirming Care in SND: A Family Physician’s Toolkit	February 5, 2025 The second event was a clinically-focused session about how to provide gender-affirming care, e.g., how to do a hormone readiness assessment, featuring talks by a family physician, an adult endocrinologist, and a pediatric endocrinologist specializing in gender-affirming care for youth. The audience for this session was primary care providers.
Session 3 – Gender Affirming Care in SND: Moving Forward Together	June 3, 2025 The third CME session featured a talk from a psychologist, stories shared by patient partners, and Trans Care BC’s website and resources. Through this session, the project aimed to increase knowledge of how to support patients and family through the gender-affirming care process. The audience for this session included primary care providers, Medical Office Assistants, and PCN allied health providers.

The series of education sessions and their impacts connect to all parts of the patient journey, from the first step into the clinic, to meeting with a provider, to leaving the clinic with ongoing support.

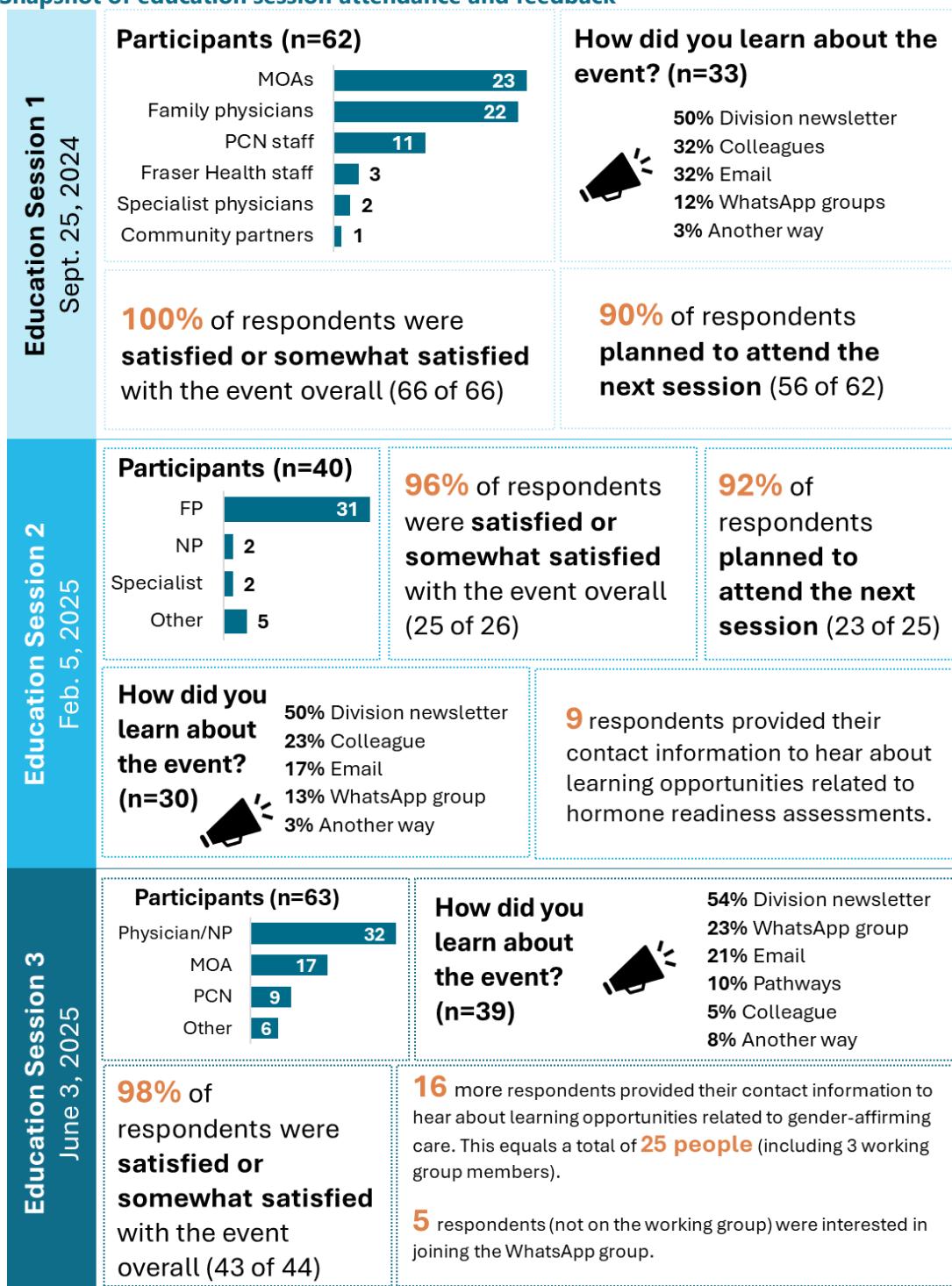
Session 1 Improved understanding of how to create a safe clinical space		Session 2 Increased knowledge and confidence in providing gender-affirming medical care		Session 3 Improved awareness of supporting patients and their families to navigate their gender-affirming care journeys	
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Figure 3 below shows the number of participants², how participants heard about the sessions, satisfaction with the session, and the percentage of participants who planned to attend the next session.

² Shared Care Shared Measure M0024: Number of physicians participating in SCC learning events

- Session 1: 22 family physicians, 2 specialist physicians
- Session 2: 31 family physicians, 2 nurse practitioners, 2 specialist physicians
- Session 3: 32 family physicians

Figure 3. Snapshot of education session attendance and feedback³



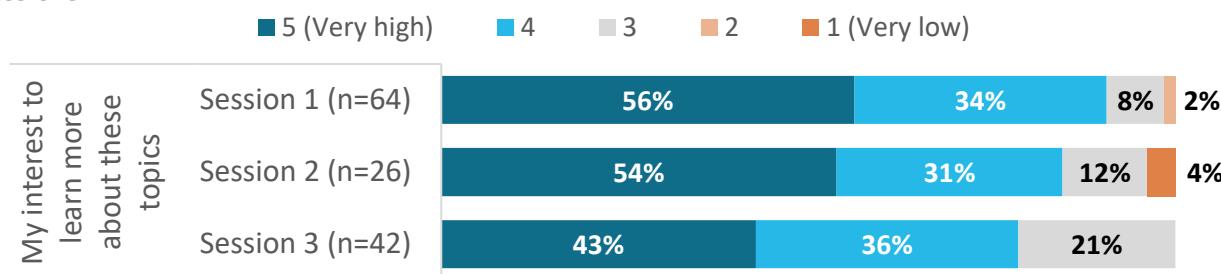
³ While 62 people attended the first session, 66 people completed the post-session survey. Some respondents completed the post-session survey twice, likely due to the survey being available online or on paper. Due to the surveys being anonymous, it was not possible to determine who may have completed the survey twice. The evaluation team added a note to both the online and print versions of future surveys asking respondents to complete the survey only once.

Throughout the project, the project team, working group members, guest speakers, and patient partners all noted that **participants were engaged and interested** during the sessions. Across the education sessions, survey respondents indicated that they were able to learn what they were hoping to learn from these events.

After each education session at least 79% of participants rated their interest to learn more about the topics covered in the session at 4 or 5 out of 5 (Figure 4). One working group member highlighted that some participants stayed after the events to continue their discussions on the topics covered.

A total of **22 people (plus 3 working group members)** signed up to hear about future learning opportunities related to gender-affirming care from the Division. **Five participants also signed up to join the Division's WhatsApp group** related to gender-affirming care.

Figure 4. Survey respondents' ratings of their interest to learn more about the topics covered in the sessions



About eight months after the first education session and three months after the second education session (in May 2025), the project team distributed **69 postcards** to remind participants about the sessions they attended, encourage reflection on their learning, and complete a survey about how they have used their learnings since they attended the sessions. 18 family physicians, Medical Office Assistants (MOAs), and PCN Allied Health Providers responded (26% response rate).

In July 2025, approximately one month after the final education session, the project team sent **50 postcards** to session attendees, inviting recipients to complete a survey on what they learned. 12 participants completed the survey (24% response rate), including family physicians, MOAs, and PCN Allied Health Providers.

Resource development

The project team and working group drew inspiration from Trans Care BC resources to develop two guides for providers, launched in conjunction with the first session: a guide on **how to create safe spaces** and a guide on **inclusive language**. The project did not produce a video for patients and families as initially intended, as Trans Care BC was developing a video-based public education campaign We Are Allies. The project team supported this work instead of creating new videos. One of the working group members, a family physician, participated in a video for this campaign – as mentioned later on [page 25](#), on how the project facilitated relationship-building and collaboration.

Members of the project team and working group developed a **pathway resource for gender-affirming care, submitted to Pathways BC**. The pathway was launched on the Surrey-North Delta Pathways page in November 2025. The project team presented a draft of the pathway at the third education session, to gather feedback from healthcare providers and promote awareness of the pathway. Since the launch, the Division plans to promote the pathway on their Pathways home page, monthly physician newsletter, and physician WhatsApp group. The project team will continue to monitor the number of views on the pathway to assess its reach and ongoing promotion needs. The view-only version of the pathway is available at pathwaysbc.ca/ci/9838.

The project has posted **video recordings of the second and third education sessions** on the Division's YouTube channel.⁴ As of October 2025, the recording of session 2 has 71 views, and the recording of session 3 has 31 views. As noted in the sustainability section below ([page 31](#)), the project team plans to promote these videos via the Division newsletter and physician WhatsApp groups, to encourage ongoing exposure and learning retention.

Project Activities and Outcomes

This section includes a summary of the project's progress towards its objectives, a discussion of participants' motivation to apply these learnings, and context about the community that may be supported by these learnings. The four sub-sections below then offer more detail on the project's outcomes, and how participants have applied these learnings to their practice.

Progress towards intended objectives

The evaluation found that across education sessions, **at least 50% of primary care providers (and others who participated) had an increased confidence** in creating a gender-affirming space and an increased confidence to provide gender-affirming care. As well, **the percentage of respondents who indicated having a high level of confidence increased** for all aspects of gender-affirming care discussed in this section.

The evaluation found that the project made progress towards its intended objectives:

Intended objective	Progress made
Increase by 50% the primary care providers' knowledge of how to create a safe clinical space for patients to receive gender-affirming care	<p>During the EOI project provider survey, the average level of confidence was 2.87 in creating a safe clinical space (scale of 1-5, 5 being the highest) among 88 survey respondents.</p> <p>Before the first education session, the average level of confidence among primary care provider participants in creating a safe clinical space was 2.87. This increased to 3.71 after the session (a relative increase of 29% from the EOI project baseline, and 30% from the pre-education session baseline).*</p> <p>57% of primary care providers had an increased level of confidence in creating a safe space, compared to before the session (8 of 14).</p>

⁴ Session 2: [Gender-Affirming Care in SND: A Family Physician's Toolkit](#) (accessed October 15, 2025); Session 3: [Gender-Affirming Care in SND: Moving Forward Together](#) (accessed October 15, 2025)

Increase by 50% from baseline the primary care providers' confidence in providing gender-affirming care

Three measures directly related to providing gender-affirming medical care: confidence in initiating hormone therapy, maintaining hormone therapy, and mitigating clinical conundrums (i.e., navigating complex cases). Providers' confidence in mitigating clinical conundrums was not measured during the EOI project survey. All three measures were included in the evaluation surveys for session 2.

Initiating hormone therapy, maintaining hormone therapy, and mitigating clinical conundrums: Among primary care provider participants in the project's education sessions, the average level of confidence in aggregate was 2.20 before session 2 (on a scale of 1-5, with 5 being the highest). This increased to 3.33 after the session (**51% from the pre-education session 2 baseline**).*

The average level of confidence among providers in aggregate to initiate and maintain hormone therapy was 1.91, during the EOI project provider survey (scale of 1-5), among 87 survey respondents.

Increase by 50% the primary care providers' knowledge of how to provide gender-affirming care

Initiating/maintaining hormone therapy only: When considering confidence only in initiation and maintenance of hormone therapy (i.e., excluding the confidence in "mitigating clinical conundrums"), the post-session average level of confidence is 3.28 (**a relative increase of 72% from the EOI project baseline**, and **47% from the pre-education session 2 baseline** of 2.23).*

At least 70% of primary care providers had an increased confidence to provide gender-affirming care following the education sessions. **96% were satisfied with the opportunity to learn what they hoped to learn** after session 2, which had a clinical focus (25 of 26).

***Note:** The relative increases presented above were calculated before rounding the averages.

Knowledge and motivation to apply learnings to practice

A major theme in the post-session survey was that participants are **interested in these topics and plan to continue learning more**. Across the education sessions, the majority of survey respondents had knowledge and motivation to apply what they learned during the sessions.

Session 1 (mainly focused on creating a gender-affirming clinical space)	<ul style="list-style-type: none"> • 86% had a high level of knowledge (i.e., selected 4 or 5 out of 5) to make changes to their practice (55 of 64) • 89% had a high motivation to make changes to their practice (56 of 63)
Session 2 (mainly focused on providing gender-affirming medical care)	<ul style="list-style-type: none"> • 65% had a high level of knowledge of how to apply what they learned (17 of 26) • 85% had a high motivation to apply what they learned (22 of 26)
Session 3 (mainly focused on navigating care pathways and accessing resources)	<ul style="list-style-type: none"> • 74% had a high level of knowledge of how to apply the learnings (31 of 42) • 80% had a high level of motivation to apply what they learned (33 of 41)

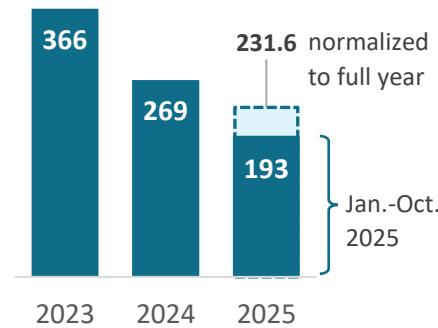
Community context

Data from Trans Care BC and Pathways BC provide context on the community's need and interest in gender-affirming care, and **approximately how many patients these outcomes may impact**.

Trans Care BC shared data from their health navigation team, which answers questions on accessing and navigating gender-affirming care across BC. Figure 5 shows the number of requests or questions received by the Trans Care BC health navigation team about gender-affirming care from people in Surrey and Delta (including Two-Spirit, trans, and gender diverse people, their families and loved ones, and providers).⁵ Changes in the number of requests may indicate an increased awareness of gender-affirming resources without the need to contact Trans Care BC, and may also be affected by many factors, such as the launch of a new Trans Care BC website in spring 2024 and Trans Care BC's public education campaigns.

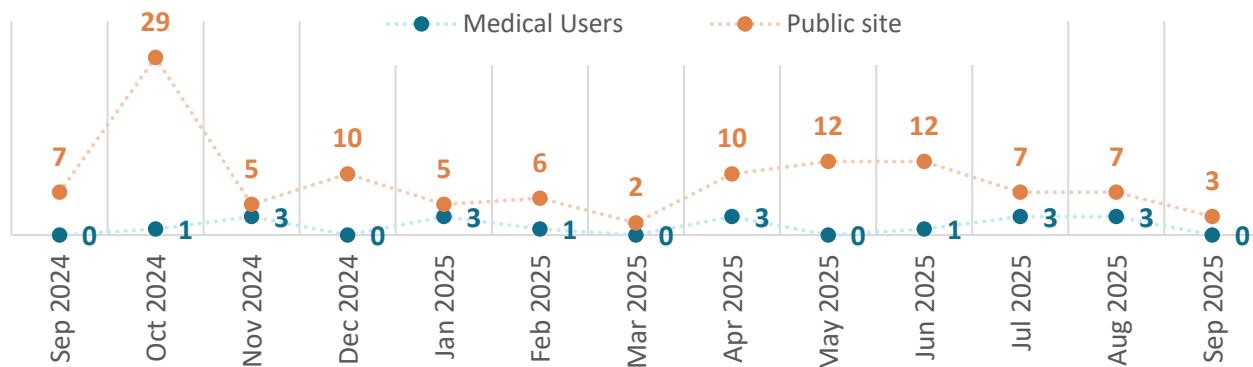
Pathways BC data shows that there have been 115 views on the Surrey-North Delta Pathways "Transcare" page since September 2024, by public users (i.e., those who are not logged in as clinicians). Views by Surrey-North Delta clinicians (i.e., those logged in as medical users) have totaled 18 since September 2024.⁶ Within this time period, the month with the highest number of views was October 2024, with 29 views on the public-facing page. This was the month following the first education session. While there are many factors that may affect the number of page views, the data below show that there is a consistent interest in locating resources for gender-affirming care in the Surrey-North Delta community.

Figure 5. Number of Trans Care BC health navigation team requests/questions from people in Surrey and Delta, 2023 – Oct. 2025



Source: Trans Care BC

Figure 6. Number of "Transcare" page views on Surrey-North Delta Pathways, Sept. 2024 – Sept. 2025



Source: Pathways BC

⁵ Data shared by Trans Care BC, January 2023 to October 2025, inclusive.

⁶ Data shared by Pathways BC, September 2024 to September 2025, inclusive.

Increased knowledge of how to create a gender-affirming clinical space

The evaluation found that the project improved providers' and other healthcare staff's knowledge of creating a safer gender-affirming clinical space, making progress towards the objective of increasing by 50% from baseline the primary care providers' knowledge of how to create a safe clinical space for patients to receive gender-affirming care. Primary care providers' average level of confidence and knowledge in creating a safe clinical space increased by 30% from baseline (2.87 before the session, and 3.71 after the session, on a scale of 1-5).

According to education session surveys, respondents gained knowledge and awareness of key concepts related to gender identity and gender-affirming care, such as:

- The patient journey and experience
- The importance and impact of using the correct pronouns and name
- Tips on how to treat a transgender patient
- Understanding patients' needs
- It important to be open-minded
- Gender is a spectrum

In particular, survey data show that education participants had an increased confidence in using the correct language and creating a welcoming space for trans, Two-Spirit, and gender diverse patients.

Using the correct language for transgender, Two-Spirit, and gender diverse patients

32% of providers who answered the EOI project survey (28 of 88) rated their confidence in using the correct language at 4 or 5 out of 5 (5 being the most confident).

40% → 60%
feel confident

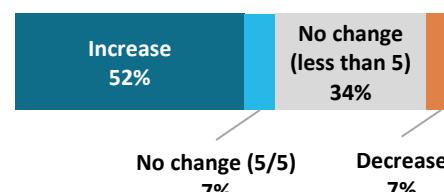
At the beginning of the first education session, 40% of survey respondents (14 of 35) rated their confidence in using the correct language as a 4 or 5 out of 5. This increased to 60% (37 of 62) after the education session.

Using anonymous identification codes for survey respondents, the evaluation team matched and compared respondents' answers from before the session to after the session. The percentage of respondents who rated their confidence at the highest level (5 out of 5) both before and after the session is specified in Figure 7.

52% of respondents (15 of 29 who answered both the pre- and post-session surveys) reported a **higher level of confidence after the session**, compared to their rating before the session.

57% of primary care providers had a higher level of confidence in this area following the session, compared to before the session (8 of 14 who answered both surveys).

Figure 7. Changes in self-reported level of confidence to use the correct language, scale of 1-5 (n=29)



Creating a welcoming space for transgender, Two-Spirit, and gender diverse patients

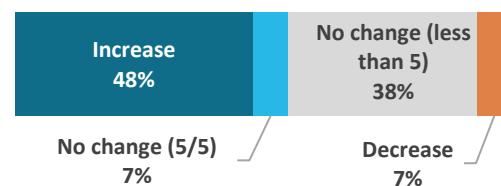
During the EOI project survey, 39% of provider respondents reported high confidence (i.e., 4 or 5 out of 5) in creating a welcoming space (34 of 87).

Evaluation data reveal there was an increased proportion of project participants who were confident in creating a welcoming space for trans, Two-Spirit, and gender diverse patients. Before the session, 40% also reported a 4-5 out of 5 level of confidence in creating a welcoming space; after the session, this increased to 66% (41 of 62).

40% → 66%
feel confident

48% of respondents (14 of 29 who answered both pre- and post-session surveys) **had a higher confidence rating** for creating a welcoming space after the session, compared to before (Figure 8). This was true for **57% of primary care providers** who answered both surveys (8 of 14).

Figure 8. Changes in self-reported level of confidence to create a welcoming space, scale of 1-5 (n=29)



From learnings to practice

After the first education session, which had a focus on how to create a gender-affirming space, 89% of survey respondents indicated a **high level (i.e., 4 or 5 out of 5) of motivation to make changes** to their practice or work (56 of 63). 86% reported a **high level of knowledge of what changes** they could make to their practice or work (55 of 64). Participants described that they planned to:

- Improve patient communication: using correct names and asking for pronouns
- Note correct names and pronouns in Electronic Medical Records/documentation
- Make clinic space more welcoming (e.g., washrooms, signs, tags/stickers)

Participant story: Sharing learnings with colleagues

Following the third education session, a primary care provider participant described their plan for spreading awareness of gender-affirming care among their staff and colleagues:

"I plan to discuss this with my staff in my office. I often do a QI activity to know my patients' pronouns. I intend to save a copy of [the specialist physician lead's] document and pathway, so it's readily available to all other physicians in my clinic."

Evaluation findings suggest that participants were able to **put these learnings into practice**. In follow-up surveys in May 2025 and July-September 2025, survey respondents indicated that they made changes to their work related to creating a gender-affirming space or using a gender-affirming approach, including:

- Respecting and using patients' **correct pronouns and names** (i.e., not a deadname/former name)

- **Using clearer communication and having greater comfort asking patients about their care**
- **Being more aware of what is available for gender-affirming care**
- **Adding notes to patient charts to reflect their correct names**

The outcomes described above have the potential to improve patients' care experience as, according to results of the EOI project patient survey, discrimination and stigma are major challenges to accessing gender-affirming care. Patient survey respondents recommended that healthcare providers not assume pronouns, ask open-ended questions, and post trans pride flags in clinics to help patients feel safer.

In both follow-up surveys, approximately 44% of respondents (6 of 14 in May 2025; 5 of 11 in July-September 2025) indicated that they had not made changes after the education sessions because they were already doing what they wanted to in terms of gender-affirming care. One respondent noted that they **already used a gender-affirming approach, and that the education session reinforced their confidence** in this approach. Another respondent (a family physician) noted they **feel comfortable to support patients and refer to other providers** as needed.

"I already practice from a gender affirming lens and this information helped me feel confident in my practice."

*- PCN Allied Health Provider,
follow-up survey (May 2025)*

"I feel pretty comfortable supporting my patients and making appropriate referrals when necessary."

*- Family physician,
follow-up survey (July – Sept. 2025)*

Working group member story: Fostering a sense of safety

The project distributed take-home resources at the education sessions, including stickers, guides, and pins. One working group member used the stickers in their workplace to signal safety for gender diverse people. After posting the sticker in their office, their colleagues and clients shared their identity or stories about gender, which *"was a really powerful, quick, in-my-face thing that I saw that wow, the impact of just having that there allows people to feel safe enough to share a part of themselves. And that helps to build relationship too"* (Working group member).

Respondents to the July-September 2025 follow-up survey shared the changes they planned to make to their work going forward:

- Enhance communication by using inclusive language, asking for and consistently using patients' correct names and pronouns, and ensuring that forms and documentation reflect diverse gender identities
- Advocate for more inclusive resources and educational materials within the workplace
- Keep in mind the discussion on offering resources and client autonomy
- Ensure the work environment is inclusive of all genders equally

Increased knowledge and confidence to provide gender-affirming care

The evaluation found that the project resulted in **increased knowledge and confidence among providers to offer gender-affirming care**, specifically related to initiating and maintaining hormone therapy. Primary care providers' average level of confidence and knowledge in providing gender-affirming care **increased by 51%** from baseline (2.20 before the second session to 3.33 after, on a scale of 1-5) – achieving the intended objective of a 50% increase.

The EOI project survey results show an average level of confidence among providers of 1.91 in initiating and maintaining hormone therapy. The post-education session average of 3.28 in initiating/maintaining hormone therapy is **72% higher than the EOI project baseline**. It is important to note that the populations of survey respondents for this comparison differ, as the EOI project survey targeted the broader provider community, while the post-session evaluation surveys were aimed at those education session attendees (i.e., a subset of the broader provider community).

The second session was aimed at primary care providers and focused on the clinical aspects of providing gender-affirming care. After this session, survey respondents noted that the most valuable learnings included information about **hormone therapy** (e.g., initiating, monitoring, usual regimens, what to expect), **resources and supports** for providers and patients, and information on **care processes**.

Working group members (including family physicians and an allied health provider) noted that their confidence to provide gender-affirming care has increased through their involvement in the project. One family physician also noted that their colleagues are more aware of the steps that patients go through.

"The medical information, pathways for delivering gender affirming care, the speakers and presentations are **very relevant for my practice at this stage**" - Survey respondent, session 2

In particular, primary care providers gained knowledge and confidence in **initiating** and **monitoring/maintaining** **gender-affirming hormone therapy**.

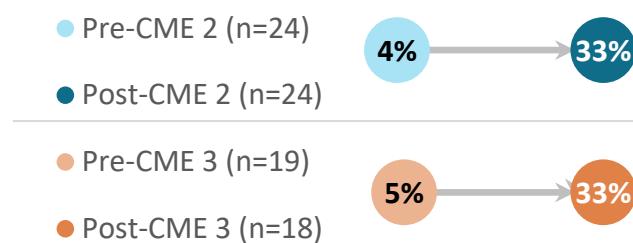
In the EOI project phase, 74% of Surrey-North Delta area providers surveyed (65 of 88) indicated that they had not received any training in gender-affirming care.

Initiating gender-affirming hormone therapy	<p>Evaluation data from both the second and third session (which covered clinical aspects of gender-affirming care) indicate that participants gained knowledge and confidence in initiating gender-affirming hormone therapy. Survey respondents noted that one of the most valuable learnings was on this topic.</p> <p>In the EOI project provider survey, 76% of respondents indicated they were not at all confident in initiating gender-affirming hormone therapy (66 of 87). 4% of provider respondents felt confident in this area prior to the start of the project (4 of 87).</p>
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Initiating gender-affirming hormone therapy (continued)

In the pre-education session surveys, one primary care provider for each session indicated being confident in initiating gender-affirming hormone therapy (i.e., selecting 4 or 5 on a scale of 1-5). **8 primary care providers indicated being confident after the second session** (33% of 24 respondents), and **6 primary care providers reported being confident after the third session** (33% of 18 respondents). The third session did not focus on initiating and maintaining gender-affirming hormone therapy as much as session 2 did.

Figure 9. Percentage of primary care providers reporting level of confidence at 4 or 5 out of 5 to initiate gender-affirming hormone therapy*

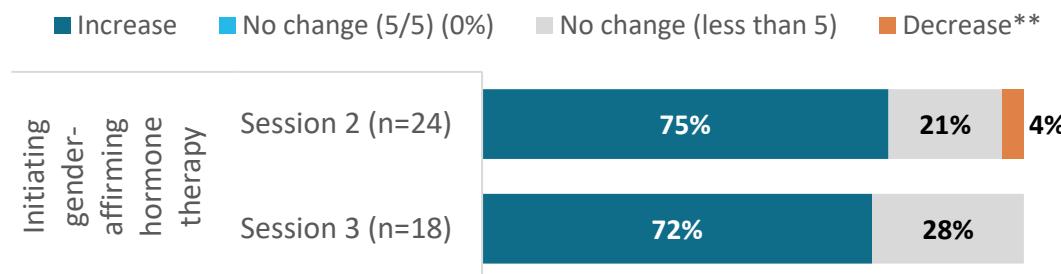


***Note:** Session 3 did not focus on initiating and maintaining gender-affirming hormone therapy as much as session 2 did.

*"I will feel **more confident** with initiating therapy and monitoring therapy once I read over the resources provided. Thanks"* - Survey respondent, session 2

75% of primary care providers had a higher level of confidence in initiating gender-affirming hormone therapy following the second session (see Figure 10 below), and 72% following the third session, compared to before the sessions (18 of 24 who answered both surveys for session 2, and 13 of 18 who answered both surveys for session 3).

Figure 10. Changes in primary care providers' self-reported level of confidence to initiate gender-affirming hormone therapy, scale of 1-5 (n=29)*



***Note:** Session 3 did not focus on initiating and maintaining gender-affirming hormone therapy as much as session 2 did.

****Note:** A decrease in the level of confidence may be due to respondents becoming more aware of what they still need to learn.

Maintaining and monitoring gender-affirming hormone therapy

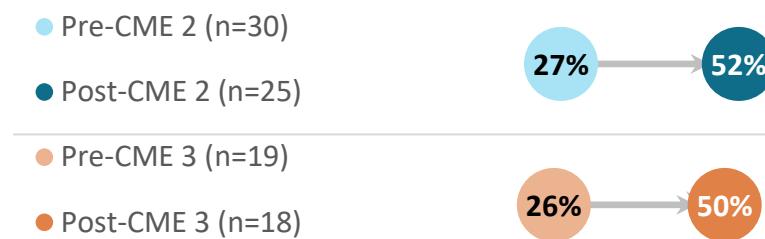
In the EOI project provider survey, 17% of providers (15 of 86) rated their confidence in maintaining gender-affirming care as 4 or 5 on a scale of 1-5.

The project's education sessions resulted in an **increased proportion of primary care providers who were confident in maintaining and monitoring gender-affirming hormone therapy** (see Figure 11 below).

27% of primary care providers before the second session (8 of 30) and 26% before the third session (5 of 19) rated their confidence in maintaining/monitoring hormone therapy as a 4 or 5 out of 5.

Following the sessions, this increased to 52% (post-session 2, 13 of 25) and 50% (post-session 3, 9 of 18), respectively. Session 3 did not focus on initiating and maintaining gender-affirming hormone therapy as much as session 2 did.

Figure 11. Percentage of primary care providers* reporting level of confidence at 4 or 5 out of 5 to maintain/monitor gender-affirming hormone therapy**



***Note:** Because surveys were anonymous, it is not possible to determine if the same primary care providers took the surveys for both the second and third session.

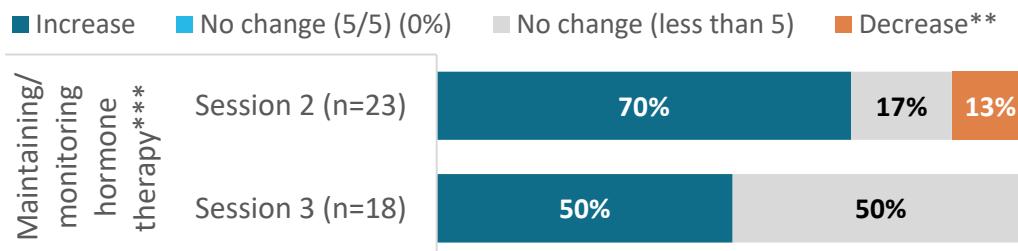
****Note:** In the pre- and post-event surveys for session 2, the question item was worded as "Monitoring of pharmacotherapy." In the surveys for session 3, the question item was worded as "Maintaining gender-affirming hormone therapy", as this event was directed towards a broader audience (including non-medical healthcare providers).

70% of primary care providers had a higher level of confidence in initiating gender-affirming hormone therapy following the second session, and 50% following the third session, compared to before the sessions (16 of 23 who answered both surveys for session 2, and 9 of 18 who answered both surveys for session 3). See Figure 12 below.

3 primary care providers had a lower level of confidence in maintaining/monitoring hormone therapy after session 2, compared to before. This may be due to these respondents becoming more aware of what they need to continue learning. **After the second session, 9 respondents** provided their contact information to hear about future learning opportunities related to hormone readiness assessments.

Maintaining and monitoring gender-affirming hormone therapy (continued)

Figure 12. Changes in primary care providers' self-reported level of confidence to maintain/monitor gender-affirming hormone therapy, scale of 1-5 (n=29)*



***Note:** Session 3's content did not focus on initiating and maintaining gender-affirming hormone therapy as much as session 2 did. This can explain the smaller percentage of participants who had an increased level of confidence in these areas.

****Note:** A decrease in the level of confidence may be due to respondents becoming more aware of what they still need to learn.

*****Note:** In the pre- and post-event surveys for session 2, the question item was worded as "Monitoring of pharmacotherapy." In the surveys for session 3, the question item was worded as "Maintaining gender-affirming hormone therapy", as this event was directed towards a broader audience (including non-medical healthcare providers).

Participant story: Using learnings to support patient care

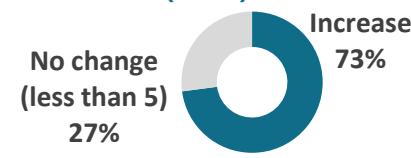
Three months after the second session, one provider shared that **they adjusted a patient's medication** due to the information they learned through the project.

Mitigating clinical conundrums

Through the project, participants also gained confidence in navigating complex cases and clinical conundrums. The proportion of respondents who rated their confidence as 4 or 5 out of 5 for mitigating clinical conundrums increased from **10%** (pre-session, 3 of 30) to **38%** (post-session, 10 of 26).

73% of primary care provider survey respondents (16 of 22 who answered both surveys) had an **increased level of confidence in mitigating clinical conundrums after the session** compared to their self-reported rating before (Figure 13).

Figure 13. Changes in self-reported level of confidence to mitigate clinical conundrums, scale of 1-5 (n=22)



From learnings to practice

Following the education sessions, survey respondents reported that they planned to **learn more** about providing gender-affirming care, **offer gender-affirming care with more confidence**, and **use the resources shared** during the sessions.

In follow-up surveys, one respondent noted that following the second education session, they offered **comprehensive support services to patients** to improve patient satisfaction. Another respondent shared that

they plan to continue accessing support and consultations at least once for hormone initiation but that they feel comfortable following patients for hormone therapy.

Participant story: Enhanced confidence for queer-affirming and gender-affirming approaches

One allied health provider connected to the project has seen an increase in referrals of queer and trans patients to their organization. This person has felt an increased competence and confidence since their involvement in the project, which allowed them to take on some new queer and trans patients.

The evaluation did not find an increased number of primary care providers who are listed on Pathways BC as actively providing gender-affirming care. However, other sources of data show that there are **potentially 6-8 additional primary care providers in the community who are providing or are confident to actively provide gender-affirming care** (see Table 2 below).

Table 2. Overview of providers actively offering gender-affirming care in Surrey-North Delta

Measure	Before the project	During/after the project*
Primary care providers known to be providing gender-affirming care	3	3, plus 2 who completed hormone readiness assessments, according to endocrinologist referral data** Potentially 6 Division members who reported being able to attach gender diverse patients, according to the Division's annual member survey in March 2025 (see page 32)
Providers listed on Pathways BC as providing gender-affirming care	0	0. The Division plans to follow up with providers who were interested in learning more, to assess their comfort level with accepting trans patients.
Clinics and specialist physicians offering gender-affirming care services ⁷	4 clinics (one for hormone prescription renewal only, one for only patients with complex medical/mental health needs, two serve marginalized and underserved populations) 4 specialists	Unchanged

*Trans Care BC is not aware of any additional clinics or physicians who are actively providing gender-affirming care after the project. Trans Care BC plays an important role in connecting patients to resources and providers who are competent in gender-affirming care, so there is **an opportunity for connection and communication between providers in Surrey-North Delta and Trans Care BC**.

The specialist physician lead, an endocrinologist who sees many trans patients for hormone therapy, has received two referrals with the hormone readiness assessment completed by a family physician. **She highlighted that this was not the case before the project, and that this is likely a result of the project.

⁷ According to data from Trans Care BC and the project working group.

Increased awareness of gender-affirming care pathways and resources

Across the education sessions, survey feedback indicates that participants gained a better awareness of the care pathways for gender-affirming care, how to navigate these pathways, and resources for providers and patients. Specifically, evaluation data show that participants gained an increased awareness and confidence in:

- **Resources and navigation for hormone therapy:** how to find resources to have a hormone readiness assessment, supporting patients to access the hormone readiness assessment process, appropriate referrals to endocrinologists
- **Navigating gender-affirming care processes with patients and their families:** navigating affordability challenges, supporting family members, supporting patients to access gender-affirming surgery
- **Finding resources about gender-affirming care**

Resources and navigation for hormone therapy

The EOI project survey results showed that 30% of provider respondents were not at all confident in referring a patient for a hormone readiness assessment (26 of 87), while 29% had high confidence (i.e., selected 4 or 5 out of 5) (25 of 87). 9% of respondents felt confident to conduct a hormone readiness assessment (8 of 88), and 66% were not at all confident in this area (58 of 88).

How to find resources for a hormone readiness assessment (HRA)

23% → 62%
feel confident

23% before the session (7 of 30) rated their confidence in finding hormone readiness assessment resources as a 4 or 5 out of 5. 62% after the session (16 of 26) rated their confidence in this area as 4 or 5 out of 5.

67% of respondents (16 of 24 who answered both the pre- and post-session surveys) reported a **higher level of confidence after the session**, compared to their rating before the session (Figure 14 below).

Figure 14. Changes in self-reported level of confidence to find HRA resources, scale of 1-5 (n=24)



Supporting patients to navigate the hormone readiness assessment process

The proportion of survey respondents who were confident in supporting patients to navigate the hormone readiness assessment process (i.e., rated their confidence at a 4 or 5 out of 5) **increased from 24% before the session** (9 of 38), **to 63% after** (25 of 40).

24% → 63%
feel confident

Resources and navigation for hormone therapy (continued)

Figure 15. Changes in self-reported level of confidence to support navigation through HRA process, scale of 1-5 (n=28)

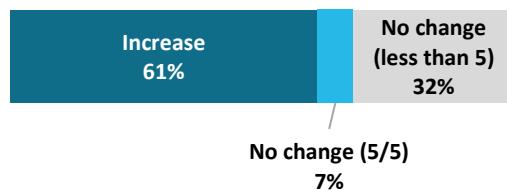
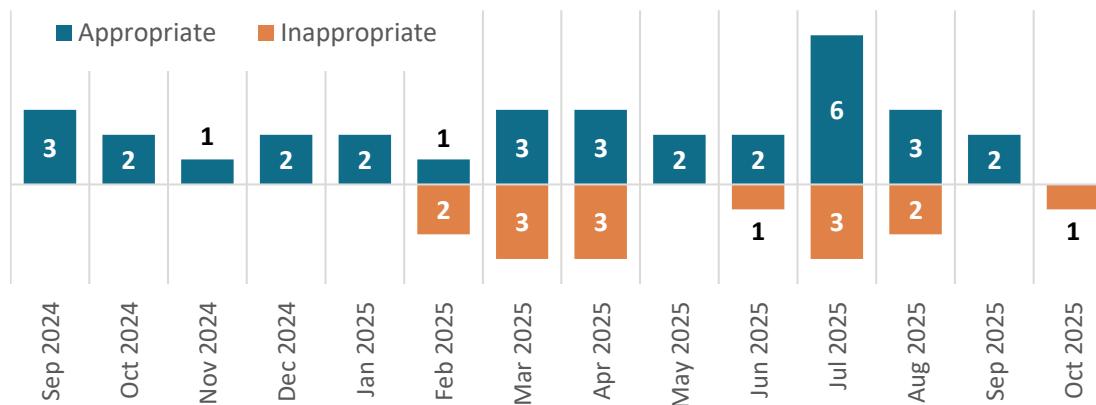


Figure 15 shows that **61% of all survey respondents had an increased level of confidence** with supporting patients to navigate the hormone readiness assessment process (17 of 28). **61% of primary care provider respondents had an increased level of confidence**, compared to their rating before the session (11 of 18 who answered both surveys).

When to refer to endocrinology vs. others who can initiate/monitor hormone therapy

The specialist physician lead, a local endocrinologist who sees many trans patients for hormone therapy, received an **increase in referrals** after the clinically focused education session in February 2025. She also received **more appropriate referrals** after the third and final education session in June 2025 (Figure 16).

Figure 16. Local endocrinologist gender-affirming care referrals, Sept. 2024 - Oct. 2025



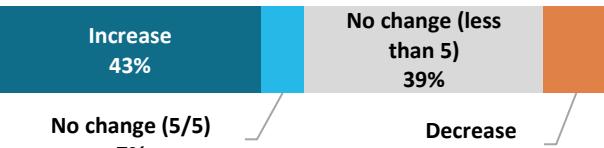
Source: Specialist physician lead

As mentioned in the previous section, the specialist physician lead reported that after the project, she received **two referrals with hormone readiness assessments that had been filled by family physicians**. She noted this was very rarely the case prior the project.

Survey data also reflects participants' improved understanding of appropriate endocrinology referrals. Before the education session, 37% of respondents (11 of 30) indicated a high level of confidence (i.e., 4 or 5 out of 5) in knowing when to refer to an endocrinologist versus others who can initiate and monitor hormone therapy. This increased to 73% of respondents (19 of 26) after the session.

37% → 73%
feel confident

After the session, 63% of respondents (15 of 24 who answered both surveys) had a higher level of confidence compared to their rating before the session (Figure 17). 33% (8 of 24) had the same rating, and one person chose a lower rating after the session.

<p>Resources and navigation for hormone therapy (continued)</p>	<p>Figure 17. Changes in self-reported level of confidence to know who to refer to, scale of 1-5 (n=24)</p>  <table border="1"> <thead> <tr> <th>Change in Confidence</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Increase</td> <td>63%</td> </tr> <tr> <td>No change (5/5)</td> <td>17%</td> </tr> <tr> <td>No change (less than 5)</td> <td>17%</td> </tr> <tr> <td>Decrease*</td> <td>4%</td> </tr> </tbody> </table> <p>*Note: A decrease in the level of confidence may be due to respondents becoming more aware of what they still need to learn.</p>	Change in Confidence	Percentage	Increase	63%	No change (5/5)	17%	No change (less than 5)	17%	Decrease*	4%
Change in Confidence	Percentage										
Increase	63%										
No change (5/5)	17%										
No change (less than 5)	17%										
Decrease*	4%										
<p>Navigating gender-affirming care processes with patients and their families</p>	<p>Navigating challenges with affordability for gender-affirming care</p> <p>10% → 50% feel confident</p> <p>Before the session, 10% of respondents rated their confidence in navigating affordability challenges as a 4 or 5 out of 5 (3 of 30). After the session, this proportion increased to 50% (13 of 26).</p> <p>71% of survey respondents (17 of 24, all of whom were primary care providers for the pre- and post-session 2 survey) had an increased level of confidence after the session, compared to their self-reported rating before the session (Figure 18 below).</p> <p>Figure 18. Changes in self-reported level of confidence to navigate affordability challenges, scale of 1-5 (n=24)</p>  <table border="1"> <thead> <tr> <th>Change in Confidence</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Increase</td> <td>71%</td> </tr> <tr> <td>No change (less than 5)</td> <td>25%</td> </tr> <tr> <td>Decrease*</td> <td>4%</td> </tr> </tbody> </table> <p>*Note: A decrease in the level of confidence may be due to respondents becoming more aware of what they still need to learn.</p>	Change in Confidence	Percentage	Increase	71%	No change (less than 5)	25%	Decrease*	4%		
Change in Confidence	Percentage										
Increase	71%										
No change (less than 5)	25%										
Decrease*	4%										
	<p>Supporting patients' family members</p> <p>Education session participants noted that one of the most valuable learnings was about how to approach and counsel patients and their families. Following the session, 68% of survey respondents were confident at a level of 4 or 5 out of 5 to support family members of patients (27 of 40, compared to 37%, or 14 of 38, before the session).</p> <p>37% → 68% feel confident</p> <p>Figure 19. Changes in self-reported level of confidence to support patients' family members, scale of 1-5 (n=28)</p>  <table border="1"> <thead> <tr> <th>Change in Confidence</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Increase</td> <td>43%</td> </tr> <tr> <td>No change (less than 5)</td> <td>39%</td> </tr> <tr> <td>No change (5/5)</td> <td>7%</td> </tr> <tr> <td>Decrease</td> <td>11%</td> </tr> </tbody> </table> <p>Figure 19 shows that 43% of respondents had a higher level of confidence after the session in supporting family members, compared to before the session (12 of 28 who answered both pre- and post-session surveys). Three respondents selected a lower level of confidence</p>	Change in Confidence	Percentage	Increase	43%	No change (less than 5)	39%	No change (5/5)	7%	Decrease	11%
Change in Confidence	Percentage										
Increase	43%										
No change (less than 5)	39%										
No change (5/5)	7%										
Decrease	11%										

Navigating gender-affirming care processes with patients and their families (continued)

after the session, which may be due to a greater awareness of what they can continue to learn.

50% of the primary care providers who answered both surveys (9 of 18) selected a **higher level of confidence in supporting patients' family members**, compared to their response before the session.

Supporting patients to access gender-affirming surgery

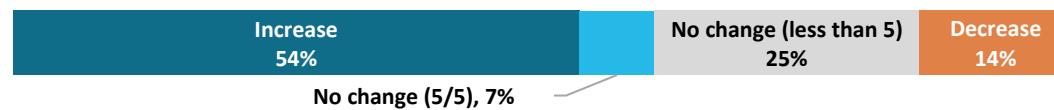
During the EOI project provider survey, 36% were not at all confident in referring a patient for gender-affirming surgery (31 of 87). 27% indicated having high confidence (i.e., selected 4 or 5 out of 5) (23 of 87).

29% → 63%
feel confident

After the session, **63% of respondents felt confident to support patients to access gender-affirming surgery** (25 of 40, compared to 29%, 11 of 38, before the session).

Following the session, the level of confidence reported by 54% of survey respondents (15 of 28 who answered both the pre- and post-session survey) was higher than the level they reported before the session (Figure 20).

Figure 20. Changes in self-reported level of confidence to support patients to access gender-affirming surgery, scale of 1-5 (n=28)



Finding resources on gender-affirming care

Education session participants shared that it was valuable to learn about how to **access resources and supports for navigating gender-affirming care processes** (e.g., Trans Care BC, patient resources, and referral pathways).

Knowing where to find resources on gender-affirming care

The proportion of survey respondents who were confident (i.e., selected 4 or 5 on a scale of 1-5) in knowing where to find resources on gender-affirming care increased from 39% before the session (15 of 38) to 83% after the session (33 of 40).

39% → 83%
feel confident

After the session, **54% of survey respondents had a higher level of confidence to find resources** on gender-affirming care, compared to before the session (15 of 28 who answered both the pre- and post-session survey). Among primary care providers specifically, **61% had an increased level of confidence** (11 of 18).

Figure 21. Changes in self-reported level of confidence to know where to find resources on gender-affirming care, scale of 1-5 (n=28)

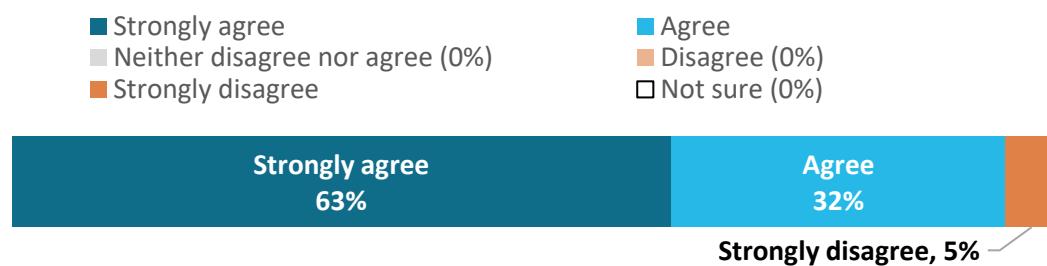


**Finding
resources on
gender-
affirming
care
(continued)**

Awareness of community supports and resources

As well, 95% of primary care provider survey respondents agreed or strongly agreed that the second session improved their awareness of community supports and resources (see Figure 22 below).⁸ The person who selected 'Strongly disagree' had positive responses throughout the rest of the survey, and did not provide any suggestions on how the event could have improved their awareness of community supports and resources.

Figure 22. Shared Care Shared Measure M0031: Did this event improve your awareness of community supports and resources? (n=19) – Session 2



From learnings to practice

As noted in the section above on participants' increased knowledge of how to create a gender-affirming clinical space ([page 15](#)), from July-September 2025, follow-up survey respondents shared the **changes they planned to make to their work** going forward:

- Enhance communication by using inclusive language, asking for and consistently using patients' correct names and pronouns, and ensuring that forms and documentation reflect diverse gender identities
- **Advocate for more inclusive resources** and educational materials within the workplace
- Keep in mind the discussion on **offering resources and client autonomy**
- Ensure the work environment is inclusive of all genders equally

Facilitated relationship-building and ongoing collaborations

Evaluation findings indicate that the project had unintended impacts, which are outlined in this section. Working group members highlighted that these impacts could enable sustainable capacity in the community to provide gender-affirming care.

Through their involvement in the project, working group members **gained knowledge** to support their own work, **learned about the processes and resources** that are available, and built **connections with other working group members** to embed gender-affirming care more fully in their work. For example:

- Participation of one of the physician members in a **Trans Care BC public education campaign**. Videos produced as part of this campaign were integrated into the project's education sessions.

⁸ Shared Care Shared Measure M0031: Improved physician awareness of community supports and resources

- At Foundry Surrey, ensuring the **hiring of primary care providers** who are competent in gender-affirming care, and **choosing an Electronic Medical Record** system that prominently displays a patient's pronouns.
- Supporting **Urgent and Primary Care (UPCC) providers** to be more involved and confident in providing gender-affirming care.
- A Trans Care BC representative met with **UPCC Medical Directors** to discuss changes to **referral processes** for patients seeking gender-affirming care.
- Ongoing work related to how **PCN allied health providers** (i.e., counsellors and social workers) can be involved in gender-affirming care through providing hormone readiness assessments. Two working group members collaborated to host an education session for the Surrey-North Delta PCN clinical counselling team (approximately 25 people).
- Connections between working group members and the Division to explore **patient attachment mechanisms**, to facilitate the attachment of patients needing gender-affirming care to providers who are competent in gender-affirming care.
- Connecting providers, including 3 PCN staff, with **Trans Care BC education courses**.

“I remember I reflected at the beginning of the project that if there were just 5 new providers who put up their hand in the region, who were able to take patients to provide gender-affirming care, that would be transformative. Looking at possibly 20 [who have indicated interest in continuing to learn] plus some other stuff, I think speaks to **energy created in the region from this project** that could do a lot of good, especially in a region that's been so historically underserved”

– Working group member

Working group member story: Spreading awareness

Working group members also spread the word to their colleagues.

- One of the members created a resource list to support trans patients, shared among the PCN clinical counselling team.
- One member gave a talk on gender-affirming care to their MOAs and primary care provider colleagues. This person noted that one of their colleagues is resistant to learning about gender-affirming care and does not practice with a gender-affirming approach.

Lessons Learned

What worked well?

Evaluation findings indicate that the following were facilitators of project progress and success:

 <p>Effective project management and coordination</p>	<p>Working group members highlighted that effective project management and coordination by the project leads supported the project to go well. For example, one person shared that the project leads gave space for the working group to make decisions, while keeping the group on track during meetings. Another working group member noted that the project had realistic goals, budget, and timelines, which was helpful for the project to progress smoothly. One of the project leads also took notes and shared meeting minutes after each meeting, which one working group member noted was helpful, especially if a member missed a meeting.</p>
 <p>Engagement with a variety of partners</p>	<p>Working group representation was multifaceted from various areas of the healthcare system, including physicians, Fraser Health representatives (one of whom had an Indigenous-focused advisory lens), Trans Care BC, Foundry, and PCN staff. One working group member highlighted that having a working group with a variety of organizations showed that there was an intentional effort to make the project work for as many partners as possible. As well, the breadth of representation on the working group <i>“surfaced not only opportunities within the Shared Care project, but also opportunities that could continue beyond the Shared Care project and outside of it”</i> (Working group member) and support relationship-building across different domains of the healthcare system.</p>
 <p>Meaningful engagement with the working group and patient partners</p>	<p>According to working group members, all members' perspectives were respected and valued throughout the project. There was camaraderie, open-mindedness, and a sense of equality during the working group meetings, according to interviewees. Working group feedback reflects the grace-based approach that the project intended to take (as noted in the Project Implementation and Operation section). One project team member shared that the working group members' curiosity and willingness to learn was a key factor of success.</p> <p>Two members noted that it was helpful to provide dinner during the evening meetings, and that this showed the Division's appreciation of the working group. Working group members' feedback indicated that they felt meaningfully engaged in the project, and that they were committed to the project. Having largely the same members of the working group from the start to the end of the project also facilitated the project's success.</p> <p>Patient partners noted that they felt safe and comfortable during their participation in the education sessions, and they felt the project team valued their input and expertise. One partner expressed their nervousness before the education session, but that they knew the project team would support them. Patient partners found it helpful that project</p>

 <p>System-level and community-focused approach</p>	<p>team members moderated the question-and-answer portion during the education sessions, and the questions they received were appropriate. Patient partners also noted that they may have felt overwhelmed or not as comfortable if there was no moderation.</p> <p>Working group members noted their work with a Trans Care BC representative helped the project to be guided by community needs and system-level considerations, and supported the project to adapt existing resources, rather than duplicating work. This helped the project to operate efficiently.</p> <p>According to a working group member, one of the key lessons of the project was that it is important to build sustainable capacity within a provider community. This reflects one of the core guiding principles of the project, which was to normalize gender-affirming care within primary care. One working group member viewed this as an approach based in a community-wide responsibility to serve trans patients, with the understanding that serving trans patients is not a “special”, “unusual” form of healthcare.</p>
 <p>Format and content of the education sessions</p>	<p>Starting the education series with an introduction to creating a safer clinical space provided foundational learning that participants could build on. It was also helpful to host three sessions over the span of nine months, as this provided time for participants to reflect on their learnings between each session.</p> <p>Further, the project engaged patient partners to be involved in the first and last education sessions. In these sessions, patient partners shared stories and answered questions from participants. Working group members highlighted that patient stories helped increase the project's impact. The inclusion of patient stories “<i>was very impactful to allow us to have more empathy and to ground us in that journey more, give us more understanding of what people are going through</i>” (Working group member). Patient partners felt that the audience was very engaged with the content and the diversity in speakers – i.e., hearing from patients and physicians, as well as the diversity of experiences within the panel of patient partners.</p> <div style="border: 1px solid orange; padding: 10px; background-color: #fff; border-radius: 10px; width: fit-content; margin-left: 20px;"> <p>I loved how patient panel was introduced and we were able to listen to there [sic] point view, I found it to be very creative.</p> <p style="text-align: right;">– Survey respondent, session 1</p> </div> <p>Working group members also noted that having specialist physicians provide some of the education across the sessions was another facilitator of success. Throughout evaluation surveys, participants found it valuable to learn from specialists.</p> <p>According to working group interviewees, the education sessions were well-attended in part because they were in person, during the evening, and there were incentives (sessional payment, dinner, and CME credit).</p>

What were the challenges?

Evaluation findings indicate that the following challenges were experienced by the project team:

 <p>Societal context of transphobia and stigma</p>	<p>One of the challenges that the project faced was societal transphobia and stigma against gender-affirming care. Some working group members noted that it is difficult to overcome ingrained prejudices and misconceptions. Working group member interviewees expressed that this project represents the beginning steps of longer-term work to demystify and normalize gender-affirming care.</p> <p>One working group member noted that the participants of the education sessions were likely already open-minded to learning about the needs of Two-Spirit, trans, and gender diverse patients. Nonetheless, this member was still surprised by how many people participated in the education sessions, especially Medical Office Assistants. The project provided an opportunity to learn for those who were potentially open but not yet confident enough in gender-affirming care.</p>
 <p>Clarity of roles and responsibilities for working group members</p>	<p>Some working group members noted that it would be helpful to have more clarity on their roles and responsibilities, especially for those who are new to the working group. For example, a “beginner’s package” detailing the expected duration of the project, frequency of meetings, background on the project, and who else is involved. Having more background information about the other members would help members better understand everyone’s roles, further facilitate relationship-building, and support members to participate more frequently and more openly.</p> <p>According to interviews, there was some momentum lost when a few working group members left, but the project was able to find new members for two of those roles and catch up. One of the former members was a gynecologist, whose role was not replaced on the working group – an interviewee highlighted that it would have supported the project implementation to have another gynecologist on the group.</p> <p>Because of the project’s long timeline, three interviewees expressed that it was hard to keep all of the members engaged throughout the entire project, especially due to capacity constraints among members, and because much of the time was spent on planning without seeing results of the project. Another member also shared that it was challenging to attend when there were more meetings than expected in a short period of time (i.e., for post-session debriefs).</p>
 <p>Education sessions shared a lot of information</p>	<p>Some survey and interview participants felt the sessions included a large amount of information in a short period of time, and that this was sometimes difficult to follow. Participants also noted that it was helpful to have take-home resources from the education sessions to mitigate this challenge. In retrospect, project team members mentioned it may have been beneficial to split the second education session into two sessions, to permit more time to focus on the clinical aspects of gender-affirming care. As well, the project team noted that going forward, they plan to allow extra time for guest speakers to avoid events going over time.</p>

Sustainability

Working group members described what can support the sustainability of the project's outcomes, including what supports are currently in place and additional supports to enable sustainability.

Working group members mentioned that **transphobia is a barrier to sustainability**, and there is an ongoing need to continue combatting transphobic myths and stigma perpetuated in political discourse and on social media. As well, one working group member shared that **a potential barrier to sustainability is the need for increased primary care access in general**, regardless of gender. To ensure gender-affirming care is embedded sustainably in primary care, it is important that providers and health system leaders view it as a normal, necessary aspect of patient care. This reflects a comment by a follow-up survey respondent, who noted that **clear institutional policies** (within clinics, within health system organizations, etc.) on gender-inclusive care would help providers and staff feel confident to provide consistent gender-affirming care.

Supports in place:

- The **pathway** developed by the project team was launched on Pathways BC in November 2025. With the pathway being available, the project team aims to facilitate primary care providers' awareness of gender-affirming care resources to support ongoing improvements to the flow, coordination, communication, and quality of patient care.
 - Education session participants who answered the follow-up surveys indicated that a platform or resource for consulting mentors and/or peers would help them feel more confident offering gender-affirming care. The pathway may be a way to address this need.
 - The Division plans to regularly monitor usage of the pathway to assess reach and ongoing promotion needs.
- One primary care provider and 3 PCN allied health providers have been registered in **Trans Care BC's Project ECHO education course**⁹. The course aims to prepare providers to better support their patients and attract new patients who need gender-affirming care, with the first part of the course delivered during monthly 2-hour sessions over 6 months (September 2025 – February 2026).
 - When asked what would help them confidently provide gender-affirming care, education session participants who answered the follow-up surveys shared that they would need ongoing learning and training, as well as more clinical information related to hormone therapy monitoring and regular updates from Trans Care BC on services/offerings. Opportunities like this may support this need.

“This more fulsome ECHO training to continue that work, it then means that that **all the work gets to continue forward**, which I think is pretty cool and opens up some **great potential for further development moving forward from the project**, which is what you hope for with these things – they don't just happen and then die. You know that they're an **impetus for further development and systems change**”

– Working group member

“I want to continue to learn more. I feel like this is the tip of the iceberg.”

– Survey respondent, session 2

⁹ [Project ECHO | Trans Care BC](#) (accessed August 22, 2025).

- The project team indicated that it would have been helpful to begin promoting the ECHO training opportunity earlier, in order to increase registration.
- The project facilitated relationships among working group members to begin the process of educating **PCN allied health providers to offer gender-affirming care**. 3 PCN allied health providers will complete Trans Care BC's Project ECHO education course, where they will learn more about conducting hormone readiness assessments. Two working group members noted that if PCN providers were able to conduct hormone readiness assessments, this would streamline care. A working group member also highlighted that this could present **a roadmap for other communities to do the same**.
- There is an existing **WhatsApp group** for family physicians with 278 members, organized by the Division. Questions and topics related to gender-affirming care are encouraged to be openly asked and shared. The project team agreed not to isolate gender-affirming care conversations to a separate WhatsApp group, to broaden the reach of information related to gender-affirming care.
 - 5 education session participants signed up to join the group. The number and proportion of participants who had heard about the sessions through WhatsApp groups also increased throughout the project (12-13% in the first two sessions, to 23% for the last session).
 - Education session participants who answered follow-up surveys indicated that having a platform or resource for consulting experts and peers would make them feel more confident in providing gender-affirming care. The WhatsApp group presents an opportunity for providers to ask questions, discuss issues, and connect with others.
- The Division has posted **video recordings** of the second and third CME sessions on YouTube¹⁰ and plans to promote clips of the videos to members. As noted in the implementation section above, the project team plans to promote these videos via the Division newsletter and physician WhatsApp groups, in order to encourage ongoing exposure and learning retention.

Additional supports that would enable sustainability:

- An ongoing group/community of practice where providers/community members can connect and learn from each other
- Formalized conversations, events, and communications: newsletter, blog, quarterly meetings, measurement of impacts
- Additional funding, to provide honoraria to continue paying patient partners and continue hosting education opportunities for physicians
- Education sessions could be expanded to medical schools and/or undergraduate health programs
- Continued partnerships with Trans Care BC across the healthcare system
- Clarity of roles and responsibilities for ongoing work:
 - Ensuring that any ongoing work is “assigned” or has someone responsible for it

¹⁰ Session 2: [Gender-Affirming Care in SND: A Family Physician's Toolkit](#) (accessed August 22, 2025); Session 3: [Gender-Affirming Care in SND: Moving Forward Together](#) (accessed August 22, 2025)

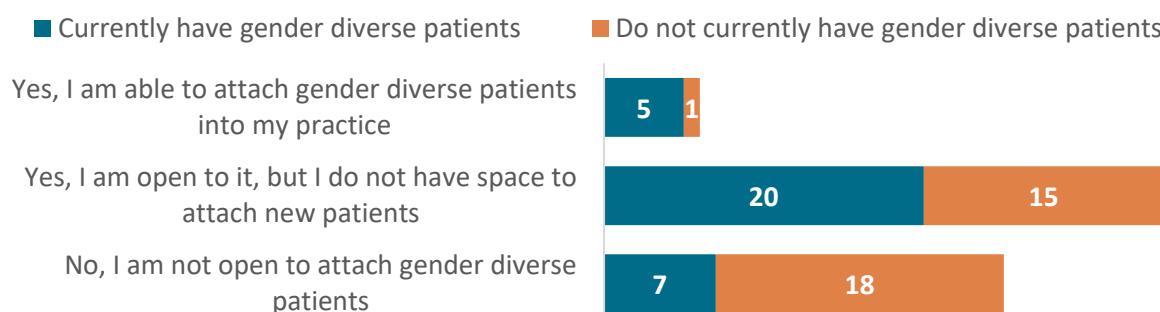
- Working group members would like to know more about how they can support going forward after the project has concluded (i.e., What are the takeaway lessons for their role? How can they support physicians and other healthcare providers?)

"I felt really, really privileged to be a part of this group and I see it as step one. [...] Now I have a bit more foundation and I know now I can go to the Division and I know that there's been some work done and maybe I can check in with [the project lead]. Or I can go to connect in with [another working group member] or I can go to some other folks if I have curiosities or as I go forward supporting gender affirming care within [my organization], I have a foundation now that I will use"

– Working group member

- Continued work on the Division's **patient attachment mechanism** to match Two-Spirit, trans, and gender diverse patients to providers who are competent in gender-affirming care
 - Documentation and communication of who would be open to attaching trans patients (through existing patient attachment mechanisms and Trans Care BC) would support this. For example, it would be helpful to follow up with providers who participate in Trans Care BC's Project ECHO course to *"understand under what circumstances they're taking patients so that there can be then a pathway forged to ensure that patients are actually connecting with providers poised to support them"* (Working group member).
 - According to the Division's annual member survey in March 2025, 48% of respondents (32 of 66) reported that they have gender-diverse patients on their panel who are attached, and 52% do not (34 of 66). 6 members indicated that they were able to attach gender diverse patients (see Figure 23 below).¹¹

Figure 23. 6 Division members are able to attach gender diverse patients (n=66)



Source: Surrey-North Delta Division of Family Practice Annual Member Survey, March 2025

¹¹ The response options were: "No, I am not open to attach gender diverse patients", "Yes, I am able to attach gender diverse patients into my practice", and "Yes, I am open to it, but I do not have space to attach new patients." It is possible that those who selected "not open to attach patients" did not read the full list of options and that the barrier is their capacity to attach new patients. However, anti-trans stigma and/or a lack of confidence in gender-affirming care can explain these responses as well.

Recommendations & Next Steps

The evaluation solicited recommendations for next steps from the project team and working group members. The following ideas are shared here for the consideration of the project team.

1

An **increased engagement with patient partners**, especially **Two-Spirit and Indigenous trans people**, would have further strengthened planning and the education session content by providing more guidance on the lived realities and barriers to gender-affirming care. Working group members suggested this could be accomplished by setting aside more time to engage more fully with Indigenous gender diverse people and communities earlier on in the project's timeline.

2

Further engaging other partners on the working group would have supported project planning, implementation, and reach. Specifically, engaging more **Fraser Health** representatives on the working group could have helped to further the efforts to improve health authority providers' capacity and confidence in gender-affirming care. As well, a gynecologist was formerly on the group, and it would have been helpful to have a **gynecologist and other specialties** on the working group.

3

The **continued measurement of key indicators** can support ongoing awareness of providers' capacity and competence to provide gender-affirming care over the long term, and what additional supports and learning opportunities are needed. One of the guest speakers at an education session noted that there are steps between primary care providers participating in education and being completely confident with providing gender-affirming care (especially for youth patients). They highlighted it would be helpful to gauge where providers' confidence is over the longer term. For example, periodically re-launching the provider survey from the Expression of Interest project would allow longer-term comparisons of the confidence of providers in the community at large.

Conclusion

The *Transforming Gender-Affirming Care in Surrey-North Delta* Shared Care project was successful in increasing primary care providers' (and others involved in patient care like MOAs' and allied health providers') knowledge of how to create a safe clinical space, knowledge of how to provide gender-affirming care, confidence to provide this care. Evaluation data also reveal an improvement in appropriate endocrinology referrals, increased awareness of how to navigate care pathways, and an appetite to learn more, which the project has begun to address by connecting Surrey-North Delta-based providers in a Trans Care BC education course.

For those involved, this project is a starting point for longer-term work to normalize and embed gender-affirming care in the Surrey-North Delta primary care community and beyond. Planning and implementation of the project took place around a collaborative table made up of a wide-ranging array of partners. The relationships forged between partners resulted in ongoing work to integrate gender-affirming practices more broadly and sustainably in the primary care system. This ongoing work (such as supporting PCN allied health providers to conduct hormone readiness assessments to streamline care, and facilitating patient attachment with providers competent in gender-affirming care) can support the growth of gender-affirming care services in the Surrey-North Delta community, to ensure Two-Spirit, trans, and gender diverse people have access to the care they need.

