2025 TRDFP 2026
ANNUAL REPORT

Thompson Region
Division of Family Practice
An FPSC initiative

2025 TRDFP 2026

ANNUAL REPORT

We acknowledge that the land upon which we live, work and play is located within the unceded traditional lands of the Secwépemc Nation.

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Left: Daniel Lloyd Blunk Fernandez | Unsplash
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FRONT & BACK PHOTO CREDIT:
Dr. Graham Dodd

Definitions

ALARM - Advances in Labour & Risk Management
CHC - Community Health Centre
CHOC - Care Home On Call
CRAC - Community and Recruitment Advisory Committee
CRM - Customer Relationship Management
CSH - Cultural Safety & Humility
EPACT - Early Pregnancy Access to Care & Triage Clinic
FTE - Full Time Equivalent
HCR - Health Connect Registry
IMG - International Medical Graduate
LTCI - Long Term Care Initiative
NTP - New to Practice
PAS - Provincial Attachment System
PCN - Primary Care Network
PMH - Patient Medical Home
PRA - Practice Ready Assessment
RIH - Royal Inland Hospital
STEPS - Supporting Team Excellence with Patients Society

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PHOTO CREDIT:
Dr. Graham Dodd

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Your Division

Our Vision, Purpose, and History

The Thompson Region Division of Family Practice was established to strengthen primary care by bringing family physicians and primary care providers together to address local challenges through collaboration, shared leadership, and innovation. As a membership-based, nonprofit organization, the Division exists to support providers in delivering high-quality, sustainable, and person-centred care to the communities they serve.

Our vision is to lead a transformative movement in primary care where members come together to improve patient outcomes through a health care system rooted in provider wellness, continuous professional growth, and meaningful collaboration. We strive to support a sustainable primary care system where both patients and practitioners can thrive.

Our purpose is grounded in support, advocacy, and leadership. The Division serves as a place where primary care providers identify shared challenges, develop local solutions, and participate in collective improvement. We champion member-led initiatives, amplify provider voices in system planning, and act as a trusted partner to health authorities, municipalities, specialist physicians, and community organizations.

What We Do

The Division supports members through a range of interconnected activities that strengthen both practice-level sustainability and system-level coordination. This includes facilitating collaboration among physicians and partners, supporting professional development and wellness, advancing practice supports, and leading or participating in initiatives that improve access and continuity of care. A core part of our work involves enabling engagement with health system partners and influencing health care delivery and policy through structured dialogue and collective planning.

The Division also plays a central role in Primary Care Network (PCN) development and implementation within the Thompson Region, helping advance team-based care models that respond to local community needs. Through innovation, coordination, and shared leadership, we support the evolution of primary care toward more integrated and responsive models.

PHOTO CREDIT:
Dr. Graham Dodd

Our Place in the Provincial Context

The Thompson Region Division of Family Practice operates within a province-wide network of Divisions supported by the Family Practice Services Committee (FPSC), a partnership between the Ministry of Health and Doctors of BC. The FPSC was established to enable family physicians to collaborate, improve care delivery, and support system change at both local and provincial levels. Divisions of Family Practice are a cornerstone of this model, providing community-based governance and leadership that reflects local realities while contributing to broader provincial priorities.

Our History

Since its early years, the Division has focused on recruitment and retention, provider wellness, system integration, and interdisciplinary collaboration. Over time, its work has evolved in response to changing community needs, increasing system complexity, and the growing importance of team-based care. The Division has consistently emphasized relationship-building, trust, and shared problem-solving as the foundation of sustainable primary care.

Today, the Division continues to act as a connector, linking providers with one another, with community partners, and with decision-makers, to support a primary care system that is resilient, adaptive, and rooted in local leadership. As the health care landscape continues to change, the Division remains committed to learning, innovation, and collaboration in pursuit of strong primary care for the Thompson Region.

PHOTO CREDIT:
Dr. Graham Dodd

Board Chair's Report

I've enjoyed another productive and challenging year serving as Board Chair for the Thompson Region Division of Family Practice. We are fortunate to have a highly committed and collaborative Board that continues to provide strong leadership and governance for our organization.

At our last AGM, we welcomed two new Directors, Dr. Steven Broadbent and Dr. Jeevyn Chahal, who have brought fresh perspectives and energy to the Board. Dr. Graham Dodd, our Vice-Chair, continues to provide exceptional mentorship and represents the Board at numerous advocacy tables and initiatives. Dr. Ben Anders, our Secretary, contributes invaluable wisdom and experience, particularly in the areas of policy and governance.

Natalie Manhard, my colleague in the FPSC Leadership and Management Training program last year, remains a dedicated and valued Board member. As a nurse practitioner with extensive clinical and leadership experience in the Thompson Region, she brings important insight and expertise to our discussions and decision-making. Dr. Shaun Davis has continued to keep us informed on maternity care challenges across the region, and his knowledge and perspective remain invaluable. Dr. Yomi Adetola, who is completing the FPSC Leadership and Management Training this year, brings tremendous energy, creativity, and leadership to multiple roles within the Division, including the Board and the Community and Recruitment Advisory Committee. He also spearheaded our International Nigerian Night event, which was a wonderful success and enjoyed by many of our members. Michele Logan, our Treasurer, is a Certified Professional Accountant and Associate Investment Advisor at Feistmann Wealth Management. She continues to be an exceptional asset to both our Board and organization through her extensive financial knowledge and experience.

Over the coming year, the Board will be focusing on leadership development and succession planning. We encourage ongoing, meaningful resident participation in governance and welcome more members stepping into leadership roles within the Division. We are also looking forward to developing our 2027-2030 Strategic Plan this fall to ensure our work remains aligned with the evolving goals and priorities of our members.

I am grateful to work closely with our Executive Director, Katherine Brown, whose leadership continues to guide and strengthen our exceptional Division team. Together, our organization remains deeply committed to supporting members while addressing the many challenges and opportunities facing primary care in our region.

We continue to advance Primary Care Network (PCN) implementation, including the launch of the new Health Hub, and we have seen meaningful progress in patient attachment and team-based care throughout the Thompson Region. While there is still important work ahead, we are encouraged by the momentum we are building. Shared Care initiatives also remain a key priority, supporting local clinician leadership and improving coordination between primary care providers and specialists.

In addition, we continue to support maternity care planning and stabilization efforts across the region, with the goal of improving access and creating more sustainable solutions for both patients and providers in the coming year.

Our Division has also continued to create valuable opportunities for members to connect and build community. This year included several well-attended events such as the Internal Medicine Table Talks event, the 10-Year UBC Residency Program Celebration, last year's AGM and the Division Winter Networking Event, among others. Building and sustaining a strong, connected community of primary care providers in the Thompson Region remains one of our core priorities. We are encouraged by the growing interest from providers across the province and beyond, which reflects the strength of our members and the Division's ongoing commitment to recruitment and retention.

I am looking forward to another productive and exciting year ahead. Katherine and I are eager to connect more closely with members and ensure the work of the Division continues to reflect your priorities and needs. We also look forward to exploring additional opportunities for members to engage with one another and with the Division.

Please continue to reach out to us with the challenges you are facing, ideas for improving primary care in our region, or questions about Division events and opportunities. I would like to close by sincerely thanking all of you — our members — for your engagement, collegiality, and unwavering dedication to patient care.

Let's make 2026/2027 the best year yet for primary care in the Thompson Region!

Dr. Meghan MacDonald, Chair

Executive Director's Report

This past year has been both challenging and deeply rewarding. As primary care across the Thompson Region continued to experience significant system pressures, I am proud of what we were able to achieve together. This Annual Report reflects the collective commitment of our members, staff, Board, and partners, and the momentum we continue to build through strong relationships, local leadership, and a shared focus on supporting primary care.

Our work remains firmly member-driven and responsive to local challenges. The Division now represents 229 members across 38 primary care practices, with 23 new members joining in FY 2025/26. These numbers reflect both growth and trust—trust in the Division as a vehicle for collaboration, advocacy, and practical support.

Guided by our 2024–2026 Strategic Plan, we made meaningful progress across our three areas of focus:

member-driven initiatives and primary care system support; enhancing and sustaining our community of providers; and building a strong organization that is both responsive and resilient.

Through the Primary Care Network, we achieved tangible outcomes that directly improved access and system coordination. Over the past year, 31 FTE PCN-funded positions were hired, strengthening team-based care across the region. The PCN Health Hub supported 819 referrals, helping patients navigate care and connect to appropriate services. Attachment efforts continued to deliver significant impact, with 10,803 patients attached from the Health Connect Registry (HCR) to primary care providers in FY 2025/26, bringing the total number of patients attached from the waitlist in the Thompson Region to 19,200 since the use of the HCR began.

Physician leadership remained a central driver of our work. Shared Care initiatives advanced across multiple areas, demonstrating the value of local clinical leadership and strong partnerships. These projects contributed to improved coordination between primary and specialty care, reduced fragmentation, and better support for family physicians caring for complex patients. While diverse in scope, all Shared Care work aligns with our commitment to practical solutions that strengthen the system and support providers.

Equally important has been our investment in community, connection, and engagement. During FY 2025/26, the Division hosted 28 member engagement and education events, fostering dialogue, learning, and relationship-building. We supported 1,697 hours of sessional time, enabling members to participate in leadership, planning, and improvement work while remaining supported in their practices. These efforts reinforce a connected and engaged medical community—critical to sustainability, recruitment, and retention.

As our scope of work has grown, we have remained focused on building a strong organizational foundation. Thoughtful financial stewardship and operational discipline ensured that resources were directed toward member services, primary care network implementation, and member driven initiatives, while maintaining accountability and stability. Ongoing attention to internal systems and processes supports our ability to remain nimble and responsive in a rapidly changing environment.

Looking ahead, the challenges facing primary care remain significant, but so do the opportunities. Physician recruitment and retention, access to care, and system integration will continue to require focus and collaboration. As we move into the final year of our current strategic plan, we will prioritize deepening member engagement, strengthening partnerships, and laying the groundwork for the next phase of strategic planning—guided by what we have learned and grounded in member-identified priorities.

I extend my sincere appreciation to our Board of Directors for their leadership, thoughtful governance, and commitment to strengthening primary care in the Thompson Region. Thank you to our funders and partners for your trust, collaboration, and continued support. Most importantly, thank you to our members for your leadership, engagement, and dedication to caring for patients and communities across the region.

Finally, I want to acknowledge our staff for their professionalism, adaptability, and dedication throughout a year of continued change. Your work underpins every achievement highlighted in this report.

This has been a meaningful and productive year for the Division, and I look forward to continuing this work together as we strengthen the foundation for primary care in our communities.

Katherine Brown, Executive Director

Thompson Region Members & Communities

Become a Member

Joining the Division is a great way to connect with other physicians and primary care providers and feel part of a supportive medical community. It offers helpful resources, opportunities to get involved, and a chance to have a voice in local healthcare. Being a member helps strengthen your practice while also contributing to better care for patients across the community.

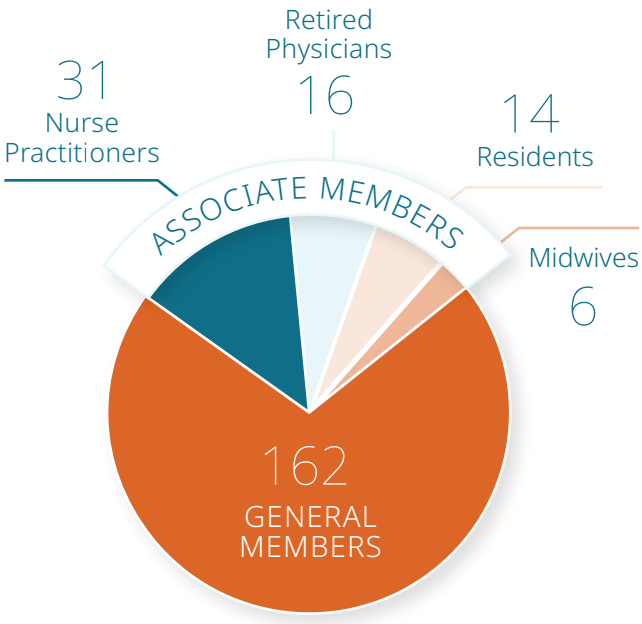
Membership Benefits

- An opportunity to influence the delivery of health care in our community.
- Build relationships amongst a group of dynamic, engaged physicians and primary care providers.
- Opportunities to connect and collaborate with colleagues.
- A voice representing primary care provider needs and priorities.
- Continuing Medical Education.
- Supporting physician wellness.
- A free UpToDate subscription.
- Free access to Pathways, a database of specialists and physician resources.
- Opportunities to participate in our exciting line-up of year-round educational and networking member events.
- Stay up to date with local, regional and provincial events and health information with access to the Xpress e-newsletter.
- MOA Network: providing engagement, education opportunities, and support to your Medical Office Assistants and Office Managers.

23 NEW DIVISION MEMBERS THIS FY 25/26

The Division consists of:

MEMBERS **229**



Members provide care across a broad range of clinical areas, including:

New Members

Dr. Shima Afhami (G)
Dr. Mark Akangoziri (G)
Dr. Adeolu Akinboro (Steve) (G)
Dr. Memoona Akram, FP (A)
Dr. Adeyinka Alabi (G)
Dr. Danica Avery (G)
Sarah Boughton, NP (A)
Shannon Campbell, NP (A)
Eileen Cleveland, NP (A)
Dr. Laura Egolf, Resident (A)
Dr. Mitchell Figura (G)
Shawna Glassel, NP (A)
Rhiannon Hall, NP (A)
Dr. Katie Jee (G)
Dr. David Jerome (G)
Dr. Parneet Kaur Grover, Resident (A)
Dr. Jacques Laniece, Resident (A)
Dr. Kelly Mathews, Resident (A)
Dr. Geordon Omand, Resident (A)
Megan Pierobon, NP (A)
Dr. Indeevari Ratnayake, Resident (A)
Shavonne Rock, NP (A)
Nicole Schott, NP (A)
Dr. Rachel Silverberg, Resident (A)
Dr. Donovan Sneddon (G)
Dr. Xing Yi Wang (Miya), Resident (A)
Dr. Lianne Wong (G)

TOP: Dr. Oluwasola Ayosanmi and Dr. Adeyinka Alabi

LEFT: R1 Residents Dr. Rachel Silverberg and Dr. Miya Wang

RIGHT: Dr. Shima Afhami

LEGEND
(A) - Associate
(G) - General

Communities in the Thompson Region

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Primary care practices across the region:

The Thompson Region's primary care system extends across a diverse network of communities. While Kamloops plays an important role as a regional centre, primary care is delivered throughout rural and Indigenous communities where many local providers, partners, and teams are leading the advancement of interdisciplinary, community-based care.

Chase
2 PCN FUNDED FTE
1 Primary Care Site

Logan Lake
2 PCN FUNDED FTE
1 Primary Care Site

North Shuswap
1 Primary Care Site

Barriere
2 PCN FUNDED FTE
2 Primary Care Sites

Sun Peaks
1 PCN FUNDED FTE
1 Primary Care Site

Kamloops
24 PCN FUNDED FTE
26 Primary Care Sites
2 Urgent Primary Care Centres
1 PCN Health Hub

Tk'emlúps te Secwépemc, Skítsesten, Stil'qw / Pelltíq't supported by Q'wemtsín Health Society
2 Primary Care Sites
4 PCN FUNDED FTE

Simpcw
5 PCN FUNDED FTE
1 Primary Care Site

Sexqeltqín / Sk'atsin / Skwlāx te Secwepemcúlecw
4 PCN FUNDED FTE
3 Primary Care Sites

Strategic Plan

Our 2024-2026 refreshed Strategic Plan reflects an organization that puts our member priorities first with the recognition that if they feel supported, connected and valued by their community, we all benefit.

Participation and leadership of quality improvement projects, system transformation initiatives, and system advocacy work provides members with a sense of control, purpose and satisfaction within their work.

Our core Strategic Areas of Focus include supporting Family Physicians and primary care providers to make a difference in the local system, work alongside other partners, and network with their colleagues. We support recruitment, retention and meaningful relationship building at a variety of in-person and virtual events. We have implemented a series of organizational improvements to better support our members through the use of technology, improved processes and innovation.

This past year we completed the development of our Strategic Areas of Focus evaluation framework which will support a fulsome evaluation of how we did against our goals as well as inform our next Strategic Plan for 2027-2030.

PHOTO CREDIT:
Dr. Graham Dodd

Strategic Plan Evaluation Framework

Recognizing the importance of accountability and learning, the Board committed to pairing the refreshed Strategic Plan with a clear and practical evaluation framework. In 2025, the Division engaged Reichert and Associates to support the development of a Strategic Plan Evaluation Framework that translates strategic priorities into measurable indicators, identifies feasible data sources, and establishes a consistent evaluation cycle.

Strategic Areas of Focus and Key Measures

1. SUPPORT MEMBER PRIORITIES AND THE PRIMARY CARE SYSTEM

This priority focuses on enabling member-driven initiatives and advancing system-level change. Key measures include the number of member-led projects aligned with strategic priorities; the number of members engaged in projects, including first-time participants; interprofessional team members hired through the Primary Care Network; and Shared Care outcomes achieved. Member-reported satisfaction and perceived access to leadership support, along with tracking representation at local, regional, and provincial decision-making tables, provide insight into impact and advocacy effectiveness.

2. EXPANDING AND SUSTAINING THE COMMUNITY OF PRIMARY CARE PROVIDERS

Measures for this priority reflect recruitment, connection, and wellbeing. Indicators include total membership and new members joining the Division; the number of engagement, education, and recruitment events hosted; participation levels at Division-led activities; and the number of new physicians recruited to the region. Member-reported work satisfaction and burnout, collected through standardized surveys, help assess sustainability and the experience of practicing primary care in the Thompson Region.

3. ENHANCING ORGANIZATIONAL CAPACITY

The third priority focuses on governance, resilience, and organizational culture. Measures include Board-reported satisfaction with governance practices and organizational culture; continuity and representation across Board membership; staff-reported organizational culture, autonomy, productivity, and wellbeing; operational efficiency improvements and integration of enabling technologies; and core financial indicators such as sessional payments and cost ratios.

Data Sources and Evaluation Cycle

The framework draws on multiple data sources, including member and staff surveys, Division administrative data, Primary Care Network data, and Ministry of Health attachment data. A structured timeline, from survey development and data collection through analysis and reporting, supports regular Board review, with a summarized findings report produced annually.

By strengthening the link between strategy and measurement, the Division is better positioned to demonstrate impact, support continuous improvement, and remain accountable to its members, partners, and funders, while keeping its focus on sustaining strong, member-driven primary care.

Strategic Area 1

Support Member Priorities and Primary Care System

Primary Care Network (PCN)

BUILDING TEAM-BASED CARE AND ACCESS

During 2025/26, the Thompson Region Primary Care Network (PCN) moved decisively from planning into active service delivery, strengthening team-based care while improving access and attachment for patients across the region.

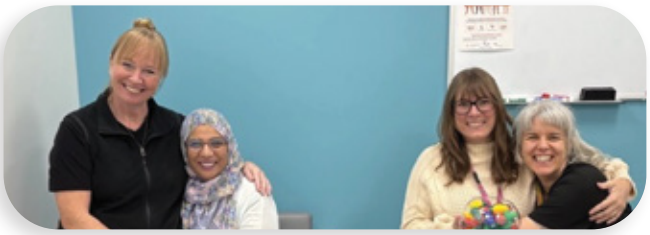
A major focus this year was growing and stabilizing the interdisciplinary workforce.

A total of **31 FTE** of PCN-funded clinical team members were onboarded, including 13 FTE hired by Indigenous partners to support services with Simpcw First Nation, Q'wemtsín Health Society, Adams Lake Indian Band, and the communities they serve.

In parallel, multiple new family physician and nurse practitioner contracts were established in both Kamloops and rural communities, expanding local access to longitudinal primary care. The PCN also expanded care delivery through key service partnerships. Additional registered nurses and social workers funded through PCN investments strengthened services at STEPS, while continued PCN-funded nurse practitioner and nursing support sustained the EPACT maternity team. These investments helped stabilize essential services and extend team-based supports around primary care providers.

> What I value about our PCN Health Hub is how everyone brings their unique strengths together around the patient. That's primary care at its best; everyone is on Team Patient. I'm grateful to work alongside an excellent group.
>
> – Nurse Practitioner

> The PCN hub team has been incredibly valuable in my practice..., especially for my older patients navigating chronic illness, new diagnoses, and difficult life transitions such as loss of independence, housing challenges, and moves to long-term care. Many have also faced long-standing challenges with access to care. I've seen firsthand how counselling and social work support provide patients with practical tools to cope, and I've noticed clear positive changes in follow-up visits. Their involvement has made a meaningful difference in my patients' well-being and supports more comprehensive, team-based care.
>
> – Physician



PCN Health Hub Employees: Colarado Krbyla, Saima Farooqi, Jennifer Eshpeter, Jennifer Werkman

A major milestone was the opening of the **PCN Health Hub**, bringing together social workers, clinical counsellors, registered nurses, a registered dietitian, and a clinical pharmacist in a shared, community-based setting. Alongside the launch of the Hub, referral forms, service guides, and educational materials were streamlined, and connection sessions were held to introduce Hub team members to community providers.

In its first four months of operation, the PCN Health Hub received over **800** referrals across multiple disciplines.

Initial numbers demonstrate both system demand and strong provider engagement. Together, these advancements reflect a year of tangible progress, building capacity, strengthening partnerships, and expanding access to coordinated, team-based primary care across the Thompson Region.

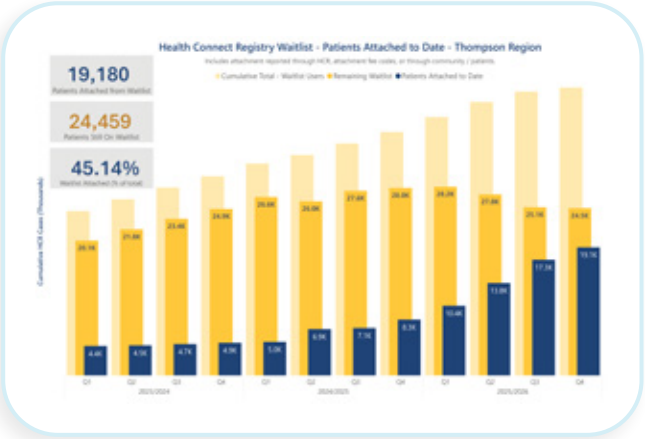
ATTACHMENT, ENGAGEMENT & PARTNERSHIP, AND SYSTEM LEARNING

Attachment

Alongside building team-based care and improving access, 2025/26 was a year of deep systems work for the Thompson Region PCN—focused on attachment, engagement & partnership, and continuous learning.

Attachment to primary care providers remained a central priority. The Division's Attachment Coordinator led extensive outreach to clinics and care teams, working shoulder-to-shoulder to support adoption of the Provincial Attachment System (PAS) and improve panel data accuracy. This hands-on support more than **doubled the number of providers registered on PAS,** and along with new MRPs beginning to build their panels, unlocked additional capacity for patient attachment each month.

As a result of coordinated regional efforts, **10,803 patients on the Health Connect Registry (HCR) waitlist were attached to primary care providers during 2025/26**, bringing the total number of patients attached from the waitlist in the Thompson Region to **19,200**. For the first time, the region is now seeing a sustained decrease in the overall HCR waitlist, as monthly attachments consistently exceed new registrations—an important system milestone.



10,803
PATIENTS ATTACHED FROM THE WAITLIST IN 2025/26

19,200
TOTAL PATIENTS ATTACHED IN THE THOMPSON REGION

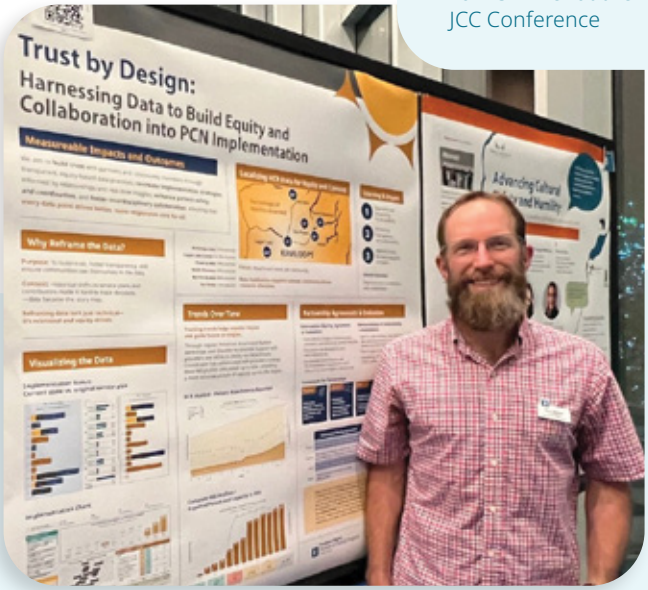
Members at the Pain Engagement event featuring Dr. Sean Ebert

Engagement & Partnership

Service development throughout the year was deliberately informed by provider input. The Division led extensive engagement through in-person clinic visits, webinars, and structured data collection to validate which disciplines and services would provide the greatest value. This feedback directly informed PCN hiring priorities, Health Hub service design, and refinements to referral pathways—ensuring investments aligned with real-world practice needs.

PCN implementation was also guided by a strong commitment to partnership and accountability. **Information Sharing Agreements and Memorandums of Understanding** were developed with organizations hosting PCN-funded roles, incorporating **OCAP principles** and aligning reporting approaches with the BC Office of the Human Rights Commissioner's Grandmother Perspective report around the use of disaggregated data in a way that supports equity and justice in evaluating population health without reinforcing marginalization. Work is now underway to establish and support community and patient advisory tables to continue shaping the PCN.

Members attending a Nurse Practitioner Community of Practice event



Tom Skinner at the JCC Conference

System Learning

Learning and quality improvement were embedded across PCN work. A draft evaluation framework was developed, drawing on leading PCN and primary care evaluations from across Canada. Quality improvement initiatives included an **RN-supported hypertension project** exploring effective integration of nursing roles in chronic disease management, alongside refinements to chronic and interventional pain referral pathways to increase interdisciplinary supports for patients living with chronic pain.

To support shared learning, the PCN established a **Community of Practice,** creating space for PCN-funded clinicians across settings to share experiences, align practices, and continuously improve care delivery.

Together, these efforts reflect a PCN that is not only expanding, but maturing—connecting providers, partners, and communities to improve access, attachment, and the sustainability of primary care across the Thompson Region.

Member Driven Projects and Initiatives

The Division enables member driven projects and initiatives through pursuing funding opportunities to address challenges and explore new opportunities in the primary care system to enhance patient and provider experience.

Project work is made possible through key funders, including the **Family Practice Services Committee and the Shared Care Committee**.

NEW PROJECTS

1. Discharge Stabilization Service
2. Medical Assistance in Dying
3. Addictions Medicine

CLOSED PROJECTS

4. Youth Eating Disorder Management
5. Cancer Care

ONGOING PROJECTS

6. Maternity Care
7. Long-term Care

FPSC
Family Practice Services Committee

SharedCare
Partners for Patients

1. DISCHARGE STABILIZATION SERVICE

Physician Leads: Dr. Brennan Arduini & Dr. Graham Dodd
Nurse Practitioner Lead: Natalie Manhard
Funder: Shared Care

Proposal aimed at strengthening transitions from hospital to community care for unattached patients with medical complexity. The initiative is exploring the development of a coordinated discharge stabilization service that would provide short-term follow-up and structured support for patients who are medically ready for discharge but do not yet have longitudinal primary care. The goal is to improve continuity and medical stability during this period to reduce avoidable hospital readmissions, and support pathways to community attachment.

2. ADDICTIONS MEDICINE

Physician Leads: Dr. Ruth Farren & Dr. Rob Baker
Funder: Shared Care

A collaborative group of addiction medicine providers, primary care professionals, ASK Wellness Society, Interior Health, and BC Housing professionals committed to the success of a mid-stream treatment option. The initiative aims to support individuals who may not be ready for or interested in an abstinence-based treatment program but are motivated to improve their health and move along the continuum of care through a contingency management pilot. Foundational work to move the pilot to a sustainable program will be the focus of the next phase of this work.

Spero Open House with Addictions Medicine project members

LEFT TO RIGHT: Bob Hughes, Tamara Montgomery, Claire Wilson, and Ania Zubrowska

3. YOUTH EATING DISORDER MANAGEMENT

Physician Leads: Dr. Shirley Sze, Dr. Bamidele Olabiyi, & Dr. Karenza Van Leeve
Funder: Shared Care

> The screening is done better. Whereas before, I felt alone and kids were presenting in emergency states. Less of that and more on the earlier stage.
>
> – Physician

Project Outcomes

- Increased public awareness of and ability to intervene and support children and youth who may be experiencing eating disorders.
- Increased appropriateness and efficiency of referrals:
  - Clinic is receiving more referrals overall.
  - Referrals are more appropriate to clinic referral criteria.
- Increased FP/NP and community pediatrician ability to provide care:
  - Overall severity and medical instability of patients presenting to the clinic has decreased.

4. MEDICAL ASSISTANCE IN DYING

Physician Leads: Dr. Janet Kusler & Dr. Rob Baker
Funder: Shared Care

Exploratory initiative to assess the current landscape of MAiD service delivery in the region by conducting a comprehensive needs assessment and environmental scan. The project will examine provider-specific gaps, available supports, and effective practices that can strengthen confidence, competence, and sustainability in MAiD care.

PHOTO CREDIT:
Dr. Graham Dodd

5. CANCER CARE

Physician Leads: Dr. Meghan MacDonald, GPO & Dr. Alexandra Gabriel
Funder: Shared Care

Project Deliverables

a. The Pain and Symptom Management Clinic was successfully established in the community.

b. Integral role in increasing awareness of supportive cancer care services in the Thompson Region.

Project Outcomes

IMPROVED:

- Relationships & Coordination Across Providers
- Patient Care & Health Outcomes
- Provider Awareness of Community Supports & Resources
- Access to Specialist Physician Care
- Provider Overall Satisfaction

> The pain and symptom management clinic has made an indelible impression on both myself and my cancer clinic patients... In my practice, virtually every patient with metastatic disease... gets immediately referred to pain and symptom management. This has freed up an incredible amount of my time and skill sets in relation to be able to concentrate on helping my patients with the unique things/expertise that only I can do.
>
> – Physician

The project supported advocacy for an InspireHealth Centre in Kamloops

> ...patients are now more informed about the range of supportive resources available to them...this awareness helps them feel more supported...and can help provide guidance on when to seek help...
>
> – Physician

PHOTO CREDIT:
Dr. Graham Dodd

6. MATERNITY CARE

Provider Leads: Dr. Shaun Davis, Dr. Hilary Baikie, & Elaine Barnes
Funder: Shared Care

The Division is an invested partner in maternity care stability and sustainability. We supported members in the following areas:

a. **Training and information:** Hosted a Maternity Care Refresh CME session for members, in addition to coordinating the ALARM course for maternity care providers.

b. **Referral processes and awareness of pathways:** Partnering in the co-creation of an integrated maternity care model with providers, the Health Authority, and STEPS. Supported a primary and community care mapping session with perinatal partners.

c. **Regional and Provincial advocacy:** Working with the health authority, Shared Care Committee and the Family Practice Services Committee to escalate local challenges and support system change. Presented local and regional challenges at the 2025 Perinatal Care Forum.

d. **Recruitment and Retention:** Continue to work collaboratively with Interior Health and maternity care providers and partners to recruit locums and providers to the Thompson region, in addition to actively supporting providers who do provide maternity care to remove barriers and advance their priorities.

7. LONG-TERM CARE

Physician Lead: Dr. Phil Sigalet
Nurse Practitioner Lead: Natalie Manhard
Funder: Family Practice Services Committee

The Thompson Region Division of Family Practice coordinates the Family Practice Services Committee Long-term Care Initiative (LTCI) for Kamloops, with an emphasis on improving patient care, engaging and supporting physicians to meet the Best Practice Expectations, and facilitating collaborative system change with long-term care sites and Interior Health.

The LTCI supports physicians to achieve all the best practice expectations where there are barriers. We coordinated and facilitated regular learning and networking opportunities amongst providers and partners to support them in meeting the best practices. Specific work is outlined for some of the best practices below.

- **24/7 availability and on-site attendance, when required.**
  - Supported the implementation of call funding and call group structure.
- **Proactive visits to residents.**
  - Facilitated provider orientation to care home's and initiative requirements.
- **Meaningful medication reviews**
  - Implemented an antipsychotic deprescribing quality improvement project.
- **Completed documentation.**
- **Attendance at case conferences.**

Members at the Maternity Care Refresh CME event in January 2026

LTC providers, care homes, IH, and Division staff at a LTCI event in February 2026

PHOTO CREDIT:
Dr. Graham Dodd

Strategic Area 2

Expanding & Sustaining Community of Primary Care Providers

Member Connection & Member Wellness

WHAT PEOPLE VALUE MOST

This past year underscored how strongly members value meaningful connection, relevant learning, and collegiality across the Thompson Region. It was a busy and energizing year, shaped largely by member input. Members asked for opportunities to strengthen relationships and support sustainable primary care, and the Division worked intentionally to deliver these priorities.

Connecting in-person and virtually

28 Division-hosted member engagement and education events

1,697 hours of sessional time supported

95 unique event attendees (FP / NP / RM / Specialists)

Connecting through our Xpress newsletter

25 Xpress newsletters

AVERAGE OF **195** unique readers each newsletter (78% open rate)

AVERAGE OF **41** clicks per newsletter (17% click through rate)

IN COMMUNITY WITH MEMBERS

Dr. Julie Anderson, Dr. Selena Lawrie, and Dr. Abayomi Adetola

Nigerian Night

The Division hosted "Nigerian Night" which saw over 50 people attend. Focusing on Nigeria helped foster a stronger sense of belonging for newcomers in the Thompson Region by recognizing shared cultural connections and creating opportunities for community, support, and inclusion. Providers, spouses and children all found joy in meeting one another and learning more about this wonderful country.

Table Talks and Tastings

An Evening with General Internal Medicine and Primary Care

Developed in collaboration with Dr. Montalbetti (DFP) and Dr. Cindrich (GIM), the collaborative event created an open forum for clinical dialogue and relationship building between specialists and primary care providers. We were joined by **56 attendees** and received overwhelmingly positive feedback, with 100% of participants agreeing it was a **valuable use of their time**, and 93% who felt the **content was highly relevant to their work**.

Dr. Kiley Cindrich & Marcy Matthew

> I loved this-more of it, please! It would be great to do this with other specialties, too! Well, done.
>
> – Table Talks Participants

Members attending the Table Talks event

Maternity Care Refresh CME Event

Dr. Jennifer Olsen and Keltie Everett, NP, with accreditation support from Dr. Shirley Sze, delivered two Maternity Care Refresh CME accredited events attended by over **43 primary care providers**, designed to support them in delivering first, second, and third trimester prenatal care. Attendees expressed their gratitude for the learning opportunity.

> Thank you for this CME event, it is great to have accredited learning opportunities so close to home.
>
> – CME Maternity Refresh Participant

Melanie Todd, Dr. Jennifer Olsen, Keltie Everett, NP hosting the maternity CME event

"Let's Start a Clinic"

A patio networking event led by the Division and the RIH Foundation brought together family physicians, new graduates, and residents to foster connection and collaboration around opening a new clinic. Attendees also learned about available business supports, including resources for planning, startup processes, and navigating financial pathways.

Dr. Vanessa Montagliani and partner, and Dr. Meghan MacDonald at the Winter Networking Event

Winter Networking Event

The 2025 Winter Networkig Event brought together over **35 attendees**, including family physicians, residents, Division staff, Board members, and community partners, for an evening of connection and celebration. The event offered a festive setting for networking, holiday activities, and acknowledging the contributions made throughout the year, while reinforcing the importance of building community within the Division.

Michele Logan, Sarah Broadbent, Dr. Steven Broadbent and Dr. Peter Loland at the Winter Networking Event

ALARM Course for Maternity Care Providers

Funded by the Afternoon Auxiliary at RIH, and coordinated by the Division along with Elaine Barnes, Midwifery Department Head at Royal Inland Hospital (RIH), and the RIH Foundation, this two-day training program brought together a total of **27 healthcare providers**, including Registered Midwives, Registered Nurses and Family Physicians, to strengthen both knowledge and hands-on skills in maternity care.

ALARM course attendees with the Afternoon Auxiliary Sponsor

SUPPORTING THOMPSON REGION FAMILY PRACTICE RESIDENTS

Fall Pumpkin Patch Gathering

We welcomed new residents by hosting a fall pumpkin patch gathering to help establish early relationships and foster a sense of belonging within the residency program.

Shelley Sim along with FP Residents at Pumpkin Patch gathering at Privato

Dr. Thomas Rapaport and Dr. Katrina Koehn

> This is how I thought Kamloops would feel. I love the crowd and being here with my fellow residents.
>
> – **Resident** (Ask me anything event)

"ASK ME ANYTHING" Event

In collaboration with the RIH Foundation and Acres Enterprises, Residents were invited to an event with six local family physicians in attendance to answer questions about family practice, while a financial team provided guidance on financial planning and services.

Family Practice Residents at the "Ask me anything" event at the Blazers game

Dr. Jennifer Evancio and Dr. Signy Frank

UBC Family Practice Residency 10-Year Anniversary Celebration

A major highlight of the year was the celebration of **A Decade of Impact,** marking ten years of the **UBC Family Practice Residency Program in Kamloops**. This milestone event brought together **current residents, alumni, preceptors, TRDFP members, and community partners,** with over **60 attendees** reflecting on the program's growth, community impact, and vital role in strengthening primary care capacity in the region. It served as both a celebration and a reaffirmation of the program's enduring value.

R1 Residents Dr. Parneet Grover and Dr. Nicole Watt

Dr. Alina Cribb, Diana Jensen, and Dr. Parneet Grover

Attendees at the UBC Family Practice Residency Celebration

Annual General Meeting

We hosted our 15th Annual General Meeting (AGM), where we celebrated our region's Primary Care leaders! The night was full of laughter, connection, and learning. During the event, we highlighted the past year's achievements, financial performance, and strategic vision for the future. Plus, we had a lively trivia session, three outstanding panels from healthcare providers and a fun Q&A session to end the night.

Celebrating Our Primary Care Leaders

Rhiannon Hall, NP and Lisa Creelman, NP

Dr. Cornel Barnard and Dr. Shaun Davis

Christine Matuschewski, Dr. Shima Afhami and partner

Tonya Becenko, NP

Dr. Paul Farrell, Dr. Phillip Sigalet and Natalie Manhard, NP

ON THE ROAD WITH MEMBERS

Recruitment Roadshows

A new initiative for the Division was joining with all Divisions in Interior Health and attending the **St. Paul's CME conference** which was held in Vancouver in **November 2025.** This was a very creative approach that was extremely collaborative. Tradeshows are the long game and require continuity. Attending the November conference was positive as it built on the success of having attended the **Rural Health Care Conference in May 2025** and partnering with Central Interior Rural Division. This conference was an excellent show that resulted in students considering Kamloops for their residency and new physicians considering options in the region. Having local physician attendance at both trade shows was positive, as it connected interest with local physicians who provided on the ground information.

Dr. Shaun Davis and Melanie Todd presenting at the Perinatal Care Forum

Perinatal Care Forum

On November 14, Dr. Shaun Davis and Melanie Todd, Senior Manager, represented the Division at the 2025 Perinatal Care Forum in Vancouver. Dr. Davis and Melanie presented on what they learned at the Division hosted Maternity Care Event in October 2024 with FP-OBs across IH. This forum provided another opportunity to escalate the persistent and perpetual system-level issues that have influenced the imminent service disruptions in Kamloops. It was an inspiring opportunity to connect with colleagues, exchange ideas, and explore innovative ways to support maternity care across British Columbia.

Kamloops Family Practice residents at the St. Paul's CME Conference

Joint Collaborative Committees Conference

Dr. Meghan MacDonald, Dr. Robert Baker, and Dr. Shirley Sze along with Division staff represented the Division at the Joint Collaborative Committees Conference in Vancouver in October 2025. The Division was selected to showcase five projects through storyboards, with Physician Lead, Dr. Baker, and Project Manager, Ania Zubrowska, winning the People's Choice award for their storyboard on 'Incentivizing Engagement and Recovery: Contingency Management Pilot'. The JCC Conference included an FPSC workshop and a day of learning from colleagues across the Joint Collaborative Committees.

Division staff with Dr. Meghan MacDonald and Dr. Robert Baker at the JCC Conference

Ania Zubrowska and Dr. Robert Baker with their People's Choice Award Storyboard

MOA NETWORK

Key Pillars of the MOA Network

PILLAR 1:
CONNECTION, ENGAGEMENT, AND LEADERSHIP

PILLAR 2:
PRACTICE INTEGRATION AND SYSTEM SUPPORT

PILLAR 3:
REFERRAL NAVIGATION AND WORKFLOW IMPROVEMENT

Focusing on these key pillars ensures MOAs are well-supported as essential members of the primary care team, which in turn strengthens practice-level success for Division members.

Over the past year, the MOA Network focused on exploring new approaches to delivering education, including structured, scheduled sessions and selected lunchtime learning opportunities to increase accessibility and participation to support Primary Care Networks (PCN) and attachment efforts.

Communication strategies were strengthened through the development of a more coordinated MOA distribution schedule, while continuing to highlight and support the community MOA created Newsletter that reflects frontline experiences and shared learning.

Engagement across the network increased through collaborative events. The Spring into Connection Trivia event, hosted in partnership with Attachment and PCN teams, saw increased MOA participation and strong engagement. The Division hosted a Winter Appreciation Event that acknowledged MOA years of service, proudly highlighting the long-service milestones of Marisa Lentz (50 years), Lee Frocklage (49 years), Denyse Bodor (45 years) and Linda Brown (44 years).

MOAs attending Winter Appreciation Event

Spring MOA Appreciation Event

14 MOA newsletters

OVER **1300** email opens annually

AVERAGE OF **100** unique readers (72% open rate)

PHOTO CREDIT:
Dr. Graham Dodd

COMMUNITY & RECRUITMENT

Through 2025-2026, the Division received several leads from Health Match and Interior Health recruitment. The BC government recruitment efforts are making a difference for our region!

Building Connections Near and Far

The Division supported several successful physician recruitment efforts through targeted engagement and relationship-building.

International recruitment success (UK):

We have three physicians relocating from the UK to hospitalist, and family practice work in Kamloops.

Expanding U.S. interest: Engagement with physicians from Washington State and California has led to exploratory visits and ongoing recruitment conversations, demonstrating growing cross-border interest.

Increasing national interest and spousal recruitment trends: A prospective recruit from Ontario is exploring relocation following a positive spousal locum experience, highlighting the growing importance of dual-career considerations in recruitment.

Innovative recruitment approaches yielding results: The introduction of a "fireside chat" model during PRA IMG ROS interviews improved candidate engagement and contributed to a confirmed upcoming physician placement in Chase (summer 2026).

Sustained recruitment pipeline: Continued outreach, site visits, and relationship management are maintaining a strong pipeline of prospective physicians at various stages of exploration and commitment.

Shelley Sim and Heidi Coleman, RIH Foundation CEO

Gratitude for the recruitment partnership between the Division and the RIH Foundation

Prioritizing Integration of New Physicians

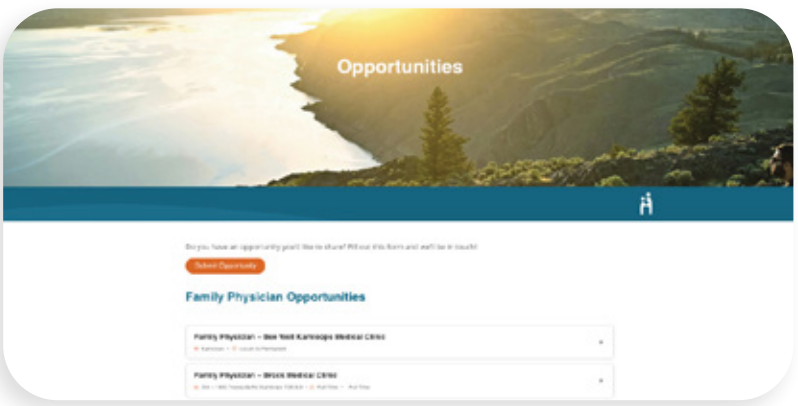
Dedicated integration support: The Division provides early, hands-on support to help new physicians and families transition into rural communities.

Building connection and belonging: In Barriere, community engagement (e.g., Nigerian Night) helped foster social inclusion and a sense of belonging.

Practical support for retention: Assistance such as transportation for a spouse to obtain a driver's licence improved mobility, independence, and employment opportunities.

1:1 Connection: In Logan Lake, close support by the Division ensured a new IMG ROS physician felt welcomed, connected, and well-supported.

Small actions, meaningful impact: Personalized supports contribute significantly to successful integration and long-term retention.



Strategic Area 3

Enhance Organizational Capacity

Strong Governance | Innovation | Great Culture

Strengthening our organizational capacity remained a core focus this year, with investments across governance, innovation, and team culture to ensure the Division is well positioned to support members now and into the future.

STRONG GOVERNANCE

The Division welcomed new and returning leaders to the Board. Drs. Steven Broadbent and Jeevyn Chahal joined as new Board members, bringing valuable clinical perspectives and community experience, while Dr. Shaun Davis returned for a new three-year term. Structured onboarding and ongoing training supported both new and returning Directors to engage confidently and effectively in their roles.

Strong governance is foundational to the Division's ability to support members, steward public resources, and respond effectively to a complex and evolving primary care environment. In FY 2025/26, the Board of Directors remained focused on its core responsibilities: providing strategic oversight, strengthening organizational resilience, managing risk, and ensuring accountability to members, funders, and partners.

Throughout the year, the Board worked closely with the Executive Director to monitor organizational risk and ensure appropriate mitigation strategies were in place. Regular review of financial, operational, and strategic risks supported informed decision-making amid ongoing system uncertainty. This included oversight of funding agreements, Primary Care Network implementation, workforce capacity, and compliance obligations. By maintaining a proactive approach to risk management, the Board provided organizational stability while allowing the Division to remain nimble and responsive to emerging challenges.

Compliance and accountability continued to be key areas of attention. The Board ensured that governance practices aligned with relevant bylaws, policies, funding agreements, and legislative requirements. Financial oversight was supported through regular reporting, budget monitoring, and review of financial controls to ensure responsible stewardship of resources. This work reinforces confidence among members, funders, and partners, while supporting the Division's credibility and long-term sustainability.

Recognizing the importance of continuous improvement, the Board undertook a formal self-evaluation during the year. This process provided an opportunity for reflection on Board effectiveness, decision-making, and governance practices, and helped identify areas of strength as well as opportunities for growth. The results of the self-evaluation informed discussions about Board development priorities, committee structure, and future governance focus areas. This commitment to reflection and learning supports a high-functioning Board capable of meeting both current and future demands.

Dr. Meghan MacDonald and Katherine Brown at a Board meeting

In-person Board sessions played an important role in strengthening governance culture during FY 2025/26. These sessions allowed Directors to move beyond routine business and engage more deeply in strategic dialogue, relationship-building, and shared understanding of the Division's operating context. Time spent together fostered trust, strengthened collaboration, and supported alignment around the Division's strategic priorities. This investment in Board team-building enhances the quality of governance and supports more effective leadership.

The Board also remained attentive to succession planning and continuity. Maintaining a balance of experience, local perspective, and leadership capacity is essential to effective governance, particularly in a period of ongoing change within the health care system. The Board's commitment to thoughtful recruitment and orientation supports governance stability while ensuring fresh perspectives are welcomed.

Equally important was the Board's focus on supporting strong staff leadership. Clear role distinction between governance and operations enabled the Executive Director and staff team to carry out their work effectively, while ensuring appropriate oversight and accountability. This clarity supports both timely decision making and strong organizational performance.

Dr. Graham Dodd and Dr. Jeevyn Chahal at a Board meeting

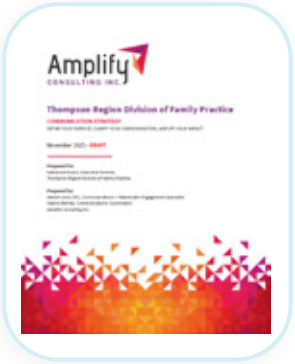
As the Division enters the final year of its current strategic plan, the Board remains focused on positioning the organization for the future. This includes preparing for the next phase of strategic planning, continuing to strengthen governance practices, and ensuring the Division remains resilient in the face of external pressures affecting primary care.

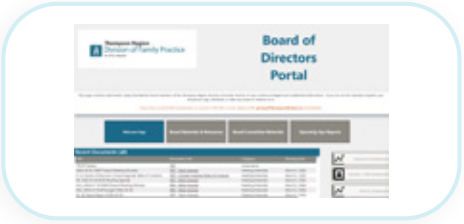
The Division is grateful for the dedication, time, and leadership of its Board of Directors. Their commitment to principled governance, risk management, and continuous improvement plays a critical role in the Division's ability to fulfill its mandate and support primary care providers and communities across the Thompson Region.

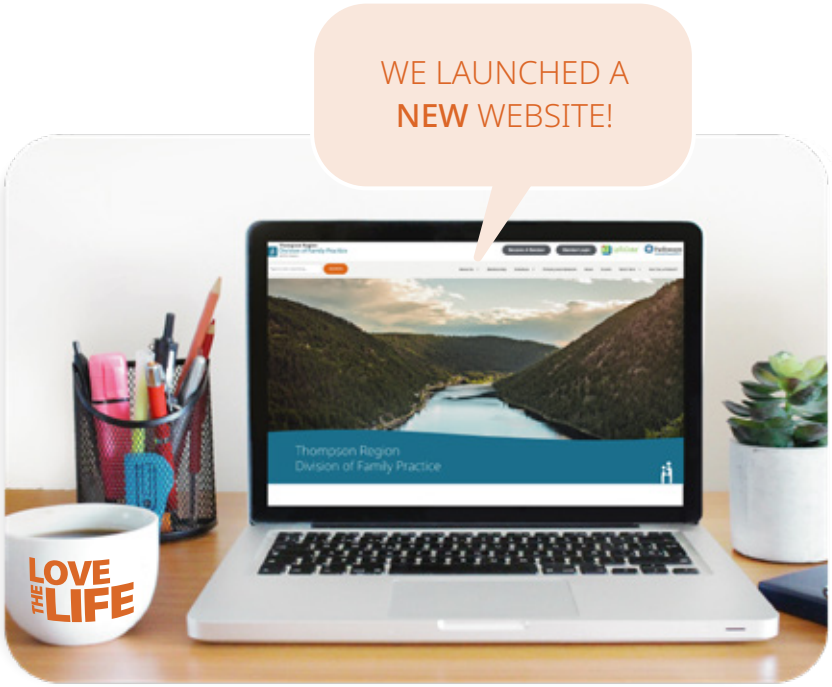
Division Board of Directors at the 2025 AGM

INNOVATION

Investments in digital infrastructure further strengthened organizational capacity. The Division developed and launched a new customer relationship management (CRM) system and website to improve how we understand, engage, and communicate with our members. This work was supported by the development of a new Communications Strategy, including a refreshed look and more intentional approach to our Xpress newsletter, and a new website. In parallel, the Board approved a Strategic Plan Evaluation Framework to support ongoing learning, accountability, and evidence informed decision making. The Division also piloted digital tools including OceanMD for eReferrals and patient intake questionnaires, laying the groundwork for broader technology adoption aimed at reducing administrative burden for providers.







GREAT CULTURE

The Division continued to invest in its team and culture. Quarterly staff work planning and engagement sessions created space for reflection, collaboration, and alignment, often coordinated alongside member events such as the AGM and networking opportunities.

Division team at events throughout the year

Division Partners

The Division works with many partners to pursue creative ways of supporting members and developing practice opportunities for longitudinal care with family practitioners.

We are fortunate to have innovative partners in our region who share our vision of a primary care system focusing on wellness, satisfaction, and sustainability for both patients and providers.

From innovative recruitment and retention activities, education and networking events, quality improvement initiatives, implementing new team-based care resources, to working together on system leadership, we are grateful to all partners for their continued commitment to excellence, innovation, sustainability and patient centred care.

Division staff along with Chelsey McKinney from the Practice Support Program visiting Barriere

Katherine Brown, ED, meeting with the City of Kamloops and Venture Kamloops representatives

Division in attendance at the Foundry Primary Care event

Interior Health long-term care leadership collaborating at a LTCI event

Representatives from the Division and Ministry of Health visiting STEPS North Shore Community Health Center with STEPS executives

Heidi Coleman, RIH Foundation CEO, and Shelley Sim at the UBC Residency Celebration Event

Treasurer's Report

In alignment with our strategic priorities—to support member priorities and the Primary Care system, expand and sustain a community of Primary Care providers and enhance organizational capacity—we close the year in a strong financial position.

Now that PCN funding has been received and implementation is underway, our focus has shifted to doing the work — including supporting patient attachment in the Thompson Region. Central to this is our continued commitment to recruitment and member engagement, working in collaboration with our partners and members to build a strong, connected network of primary care providers that reflects the values and priorities of our membership.

I am pleased to present, in summary form, the Statement of Financial Position and Statement of Operations. We have again received an unqualified clean audit opinion, confirming that the financial statements fairly present the Division's financial position as of March 31, 2026.

Both summarized statements are from our audited financial statements. Please refer to the accompanying notes and disclaimer for further context.

Thank you,

Michele Logan, Treasurer

Statement of Financial Position

For the year end March 31	**2026**	2025
Assets		
Current		
Cash	**$ 1,772,205**	$ 2,308,097
Accounts Receivable	**29,314**	18,321
Prepaid Expenses	**5,942**	13,592
	1,807,461	2,340,010
Capital Assets (Note 3)	**21,847**	20,656
	$ 1,829,308	$ 2,360,666
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities (Note 4)	**$ 371,335**	$ 467,070
Deferred revenue (Note 5)	**1,090,582**	1,565,517
	1,461,917	2,032,587
Net Assets		
Invested in capital assets	**21,846**	20,656
Internally restricted (Note 9)	**345,545**	307,423
	367,391	328,079
	$ 1,829,308	$ 2,360,666

Statement of Operations

These summarized financial statements do not contain the accompanying notes which are an integral part of these financial statements, as required by Canadian generally accepted accounting principles for not-for-profit enterprises. Readers are cautioned that these summarized statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete audited financial statements which are available from the society upon request.

For the year end March 31	2026	2025
Revenue		
Administration	**$ 195,758**	$ 172,384
FPSC Cultural Safety & Humility	**-**	10,000
FPSC Emergency Plan	**-**	220
FPSC Physician Engagement in PMH & PCN Development	**219,074**	282,240
FPSC Inpatient Care Transition Funding	**275,360**	275,361
FPSC Long Term Care Initiative	**316,140**	352,239
FPSC Long Term Care QI	**4,109**	-
FPSC PCN Admin	**492,300**	226,237
FPSC PCN Backbone	**-**	34,539
FPSC PCN Change Management	**455,213**	89,462
FPSC Attachment Mechanism	**92,051**	79,786
FPSC Physician Integration and Retention	**57,500**	57,500
FPSC Infrastructure	**603,501**	640,122
PCN Governance	**11,271**	7,488
Reimbursement	**-**	1,173
ALARM Course	**39,156**	-
SC Adult Mental Health and Substance Use	**20,558**	3,717
SC Emergency Preparedness	**-**	2,030
SC Addictions	**21,595**	7,376
SC Cancer	**38,436**	80,088
SC Chronic Pain	**20,000**	-
SC Discharge Clinic	**14,613**	1,649
SC Eating Disorders	**18,781**	32,731
SC Older Adults Sust Review	**692**	-
SC Maternity	**63,459**	83,055
SC MAiD	**10,343**	-
SC Palliative Care	**-**	65,471
SC Steering Committee	**23,997**	9,772
	2,993,907	2,514,640
Expenses		
Program Services		
Communications	**16,212**	24,801
Meetings and events	**133,663**	78,730
Physician	**618,965**	651,916
Professional support (Note 10)	**2,032,475**	1,552,127
Travel expenses	**43,142**	27,297
	2,844,457	2,334,871
Administration:		
Amortization	**9,984**	7,032
Insurance	**2,690**	2,717
Membership and licences	**90**	-
Office expenses	**11,678**	17,588
Professional fees	**20,826**	32,775
Rental	**3,488**	55,148
Small equipment purchases	**35,357**	46,987
Interest and bank charges	**498**	8,192
Other operating expenses	**25,277**	5,080
Indigenous partner engagement	**250**	-
	110,138	175,519
	2,954,595	2,510,390
Excess of revenue over expenses	**$ 39,312**	$ 4,250

Board of Directors

> We are fortunate to have a highly committed and collaborative Board that continues to provide strong leadership and governance for our organization.
>
> – Dr. Meghan MacDonald, Chair

Dr. Meghan MacDonald
Chair

Dr. Graham Dodd
Vice-Chair

Michele Logan
Treasurer

Dr. Ben Anders
Secretary

Dr. Abayomi Adetola
Director

Dr. Steven Broadbent
Director

Dr. Jeevyn Chahal
Director

Dr. Shaun Davis
Director

Natalie Manhard, NP (F)
Director

We said farewell and thank you to Dr. Cornel Barnard and Dr. Paul Mackey for their impactful time on the Board.

Dr. Cornel Barnard

Dr. Paul Mackey

Staff Team

Katherine Brown
Executive Director

Casey Donaldson
Administrative Assistant

Sarah Graham
PCN Manager

Makenzi Irwin
Attachment Coordinator

Marcy Matthew
Project Lead

Shelley Sim
Community &
Recruitment Lead

Tom Skinner
Program
Innovation Lead

Kelli Thompson
PCN Lead

Melanie Todd
Senior Manager,
Strategic Initiatives

Shawn Wenger
Project Coordinator

Andrea Windsor
Community
Partnership Lead

Ania Zubrowska
Project Manager

We said farewell to two team members. Thank you to Lindsay Kaluza and Mallory Gosse for their contributions to the Division team.

Lindsay Kaluza

Mallory Gosse

> I appreciate being part of a team that cares so much about the work we do and making a difference in the communities we serve.
> – TRDFP Team Member

We would like to thank our funders, including the Family Practice Services Committee, Shared Care Committee, Doctors of BC, and Ministry of Health for their contributions to the initiatives lead by the Division.

Contact Us

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thompsonregion@thompsondivision.ca

www.trdfp.ca

Thompson Region
Division of Family Practice
An FPSC initiative

2025 TRDFP 2026
ANNUAL REPORT