South Island Division of Family Practice

Annual Report 2024-2025

South Island Division of Family Practice
An FPSC initiative

South Island Primary Care Network

South Island
Division of Family Practice
An FPSC initiative

South Island
Primary Care Network

The South Island Division of Family Practice acknowledges that we work on the traditional, ancestral, and unceded territories of the Pacheedaht, T'sou-ke, Scia'new, Songhees, Esquimalt, Tsawout, Tsartlip, Tseycum and Pauquachin First Nations, and home to the Métis and many diverse Indigenous communities.

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Message from the Executive Director

Paul Gudaitis

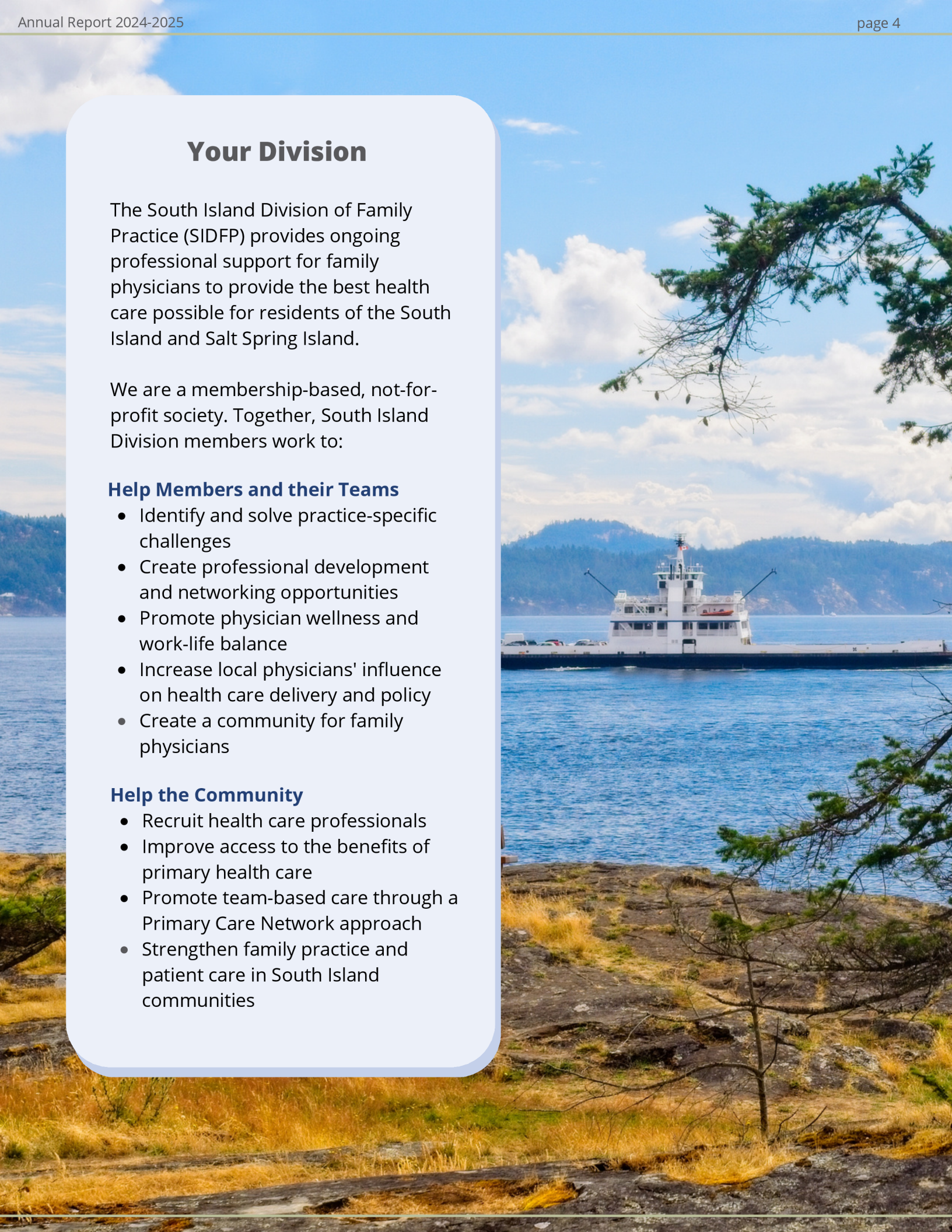
Looking back on my first months as Executive Director, beginning in October 2024, I can say with confidence that 2024/25 has been both exciting and engaging. From the outset, the SIDFP team and Board of Directors have been welcoming, collaborative and empowering.

Much of our work in the latter part of 2024/25 has focused on strengthening the Division's organizational structure and better meeting member needs. Notably, we have broken down internal silos and progressed toward fully integrating the Division and the Primary Care Network into one cohesive unit. We have also advanced implementation of the SIDFP Strategic Plan, including reporting on key performance indicators (KPIs). This work has required us to formalize roles and responsibilities and to address resourcing gaps to ensure we are set up for success.

Recruitment, retention, and membership engagement have also been central to our work. We surpassed a major milestone this year, reaching over 300 primary members and more than 400 total members. Equally important, we listened closely to members who told us we need to improve communication, messaging, and how we demonstrate the value of being part of the Division. These insights will shape our priorities in the year ahead.

Looking forward, we recognize the challenges of a shifting environment: provincial government austerity measures, health system reviews, and mounting clinic space pressures. Despite these realities, our commitment remains strong. By leveraging our team's strengths, resources, and engagement strategies, we will continue to advocate for members and drive positive change—ensuring patients across the South Island receive the care they need.

I would like to sincerely thank our members for their trust, the Board for their guidance, and our staff team for their dedication and collaboration. Together, we are building a stronger Division and supporting a healthier future for our community.



Your Division

The South Island Division of Family Practice (SIDFP) provides ongoing professional support for family physicians to provide the best health care possible for residents of the South Island and Salt Spring Island.

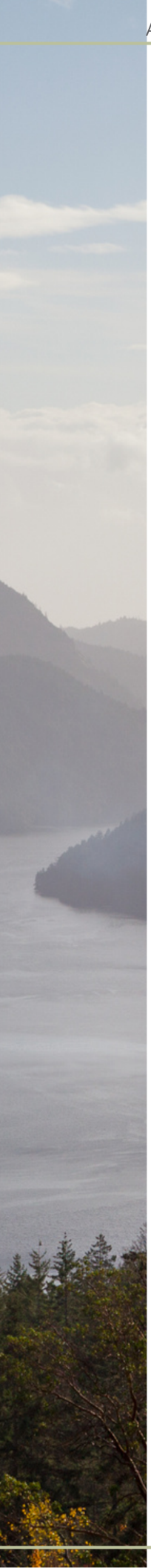
We are a membership-based, not-for-profit society. Together, South Island Division members work to:

Help Members and their Teams

- Identify and solve practice-specific challenges
- Create professional development and networking opportunities
- Promote physician wellness and work-life balance
- Increase local physicians' influence on health care delivery and policy
- Create a community for family physicians

Help the Community

- Recruit health care professionals
- Improve access to the benefits of primary health care
- Promote team-based care through a Primary Care Network approach
- Strengthen family practice and patient care in South Island communities



Your Division

Our Vision

Empowered Family Physicians engaged in meaningful change to health care delivery, resulting in improved health, well-being and satisfaction for physicians, individuals and communities. All our work is informed by principles of equity, diversity and inclusion.

Our Mission

The Division provides strategic leadership that influences and advocates for cultures and systems to improve patient care delivery, improve physician satisfaction and wellbeing, and support sustainability.

The Values We Live

- **Collaboration**
  We believe in respectful, mutually beneficial and effective relationships and partnerships.

- **Strategic Leadership**
  We work strategically, and in an effective and efficient manner, to shift cultures and systems to improve patient care and physician satisfaction. We lift our physicians to lead and advocate for primary care system change.

- **Physician Health**
  We believe that physician health and well-being are necessary foundations for the provision of quality health care.

- **Accountability**
  We believe in being fully accountable to members, partners and funders.

- **Organizational Culture**
  We value the unique contributions of individuals, welcome diversity of opinion in the best interest of the whole organization and believe that action arising out of consensus is most likely to lead to achievement of our mission. We model a simple, effective organizational structure.

Strategic Priorities

Strengthen our FP community (by increasing member support and engagement)

- Prioritize physician health and wellness
- Facilitate member access to practice support opportunities
- Actively recruit family physicians

Effect primary care system change

- Articulate a clear Division position on issues that are critical to patient care and well-being, physician health, wellness and satisfaction and primary health care sustainability
- Ensure the Division's interests are represented at key decision tables
- Strengthen partnerships with other health care system partners
- Promote and support the development of physician leadership and management skills training

Support FPs to provide culturally safe primary care

- Develop an understanding of health inequities experienced by Indigenous community members and determine how the Division and physician members can prioritize improvements in care and consider our role in reconciliation
- Address health inequities experienced by racialized and LGBTQ2S+ community members by embedding equity, diversity and inclusion practices in all our work
- Attend to the needs of vulnerable populations in our community, with a particular focus on mental health and substance use (MHSU)

Build organizational capacity (to better serve members and enhance the work environment for staff)

- Build out a robust operational infrastructure to enable the Division to pursue and achieve its priorities
- Build out a Board succession plan to ensure continuity of leadership
- Strengthen the relationship between Board, staff and members

Your Primary Care Network

The South Island Primary Care Network (PCN) is a clinical network of primary care providers who offer expanded, comprehensive team-based care and improved access for patients.

The South Island was one of the province's first regions to adopt the team-based Primary Care Network (PCN) health care model. Team-based care puts patients at the centre of care, with multiple health care providers from different professional backgrounds working together with patients/clients, families, caregivers, and communities to deliver comprehensive health services across care settings. Each PCN is a geographic area with a dedicated clinical team of allied health professionals to support the family physicians (FPs) and nurse practitioners (NPs) within that region.

The South Island PCN is made up of many smaller, unique neighbourhoods, each with its own socioeconomic, cultural, and health care needs. Three Primary Care Networks exist to address these needs: the Saanich Peninsula (Royal Oak/Cordova Bay, Prospect Lake, Central Saanich, North Saanich, Sidney, and four First Nations communities); the Western Communities (Colwood, Langford/Highland, Esquimalt/View Royal, Metchosin, Sooke, Juan de Fuca Coast, and five First Nations communities); and Salt Spring Island.

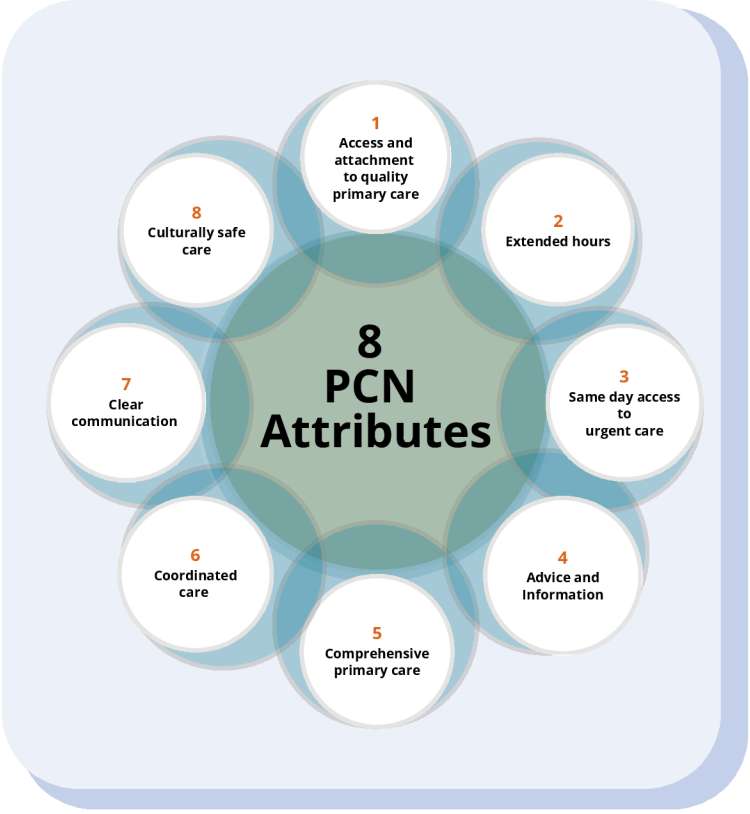
Primary Care Networks

PCNs were created in response to ongoing pressures on the primary care system. These networks allow primary care providers (FPs and NPs) to connect various members of a patient's Care Team in a coordinated way so that everyone works together toward the patient's health goals.

Team-Based Care

Team-based care allows the members of each Care Team to:

- Focus more resources on preventive care
- Provide disease management and counselling while arranging for follow-up services in the community
- Increase support for patients with complex and chronic health conditions
- Leverage their abilities while supporting and relying on each other to provide the best care for patients
- Expand the South Island's capacity to attach patients to a primary care provider (FP or NP)



The PCN Care Team offers patients:

- Free and timely access to the Care Team
- Improved health, independence and safety
- Better access to community services and social supports

Your Division by the Numbers

450+
Physician Members

3
Primary Care Networks

41
Clinics

3
Hospitals

1
Community Health Centres

3
Urgent Primary Care Centres

The Communities We Serve

We represent family physicians practicing in the Western Communities, Saanich Peninsula and Salt Spring Island, situated on the traditional territories of the Pacheedaht, T'sou-ke, Scia'new, Songhees, Esquimalt, Tsawout, Tsartlip, Tseycum, and Pauquachin First Nations.

A Year in Highlights

2024-2025

South Island Division of Family Practice

- Received approval of Salt Spring Island PCN and WC PCN 2 (with allocation of new resources per geography)
- Recruited new Executive Director
- Finalized new Strategic Plan
- Launched PCN Refresh
- Co-hosted the South Island Family Physicians' BBQ
- Offered BCALM education, an 8-week mindfulness course
- Co-hosted Welcome and Thank You Event
- Launched Wellbeing Index
- Supported Dips for Docs and other community building events for members
- Offered CME events to members
- Facilitated workplan and space mapping engagement event on Salt Spring Island
- Hosted Physician Wellness – Meaning in Medicine series

Recruitment and Retention

- Recruited 26 physicians to the South Island
- Obtained 453 leads from 5 national conferences
- Arranged multiple clinical site visits
- Made multiple calls for discovery with interested physicians
- Attended the Family Medicine Resident Graduation
- Co-hosted the Family Medicine Resident welcome event
- Hosted the 1st Annual PRA-BC dinner for 13 physicians
- Hosted and collaborated on 2 community healthcare round tables with South Island Prosperity Partnership
- Developed and increased community partnerships and relations

In Practice Consulting

- Participated in initiatives through Health Emergency Management BC to enhance emergency preparedness across primary care settings
- Produced survey and report re: verbal abuse contributing to clinic staff turnover
- Funded two "Verbal Defense" workshops focused on de-escalation, communication and building a culture of respect
- Collaborated with Island Health and Medical Affairs to develop administrative toolkit for physicians
- Contributed to improvements in Medical Office Assistant (MOA) curriculum
- Supported three independent practices to successfully merge to form a single, collaborative clinic
- Supported two local societies in merging into new organizational structure

Indigenous Cultural Safety

- Hired PCN Indigenous Wellness Provider (Nov 2024) to support patients and providers navigate care for Indigenous patients.
- Hired a PCN Indigenous Manager to the Division and PCN team
- Funded and hosted Indigenous Cultural Safety events, including Resident Blanket Exercise
- Supported First Nations communities in establishing independent clinics
- Worked with T'Sou-ke First Nation Health Director to setup new health centre
- Supported opening of Tsartlip Primary Care Clinic in WSANEC
- Supported Tsartlip community in accessing an NP resource for their Primary Care Clinic and partnered with FNHA

Salt Spring Island PCN

- Established Salt Spring Island PCN (April 2024)
- Facilitated PCN Planning Day with Island Health, First Nations Health Authority, local physicians, community partners, patient partners on Salt Spring Island (June 7/24)
- Submitted Service Plan to Ministry of Health (July 31/24)
- Secured funding for 11 FTE (including FP, NP, RN, SW, MHSU, Indigenous traditional healer)
- Hired local Salt Spring Island Project Manager
- Established monthly working group
- Supported establishment of physician-led non-profit, Island Community Clinic Society (ICCS)
- Contracted HIVE Business Solutions to work with ICCS to develop three scenario business plans
- Completed space analysis

South Island Primary Care Network

- Formed second PCN in Western Communities (WC 2) and new PCN on Salt Spring Island to support growing population
- Supported 13 FP and NP providers in new NTP contracts – 7 in SP and 6 in WC
- Increased team-based care with the integration of RNs at Marigold
- Added more provider and clinical resources to the community through the proposals and approvals of two new PCNS
- Facilitated attachment support for new providers to PCN, helping them build and balance their panels
- Visited clinics to help ease attachment burden for clinic staff
- Collaborated with West Coast Family Medical physicians to strengthen network between Sooke Family resource Centre and their new counselling services, the Shelter and Foodbank
- Helped Sooke Outreach Service expand to 2 NPs and 1 RN providing episodic care
- Completed patient survey as part of PCN Evaluation
- Finalized shared process manual between Divisions and Island Health with operational policies, workflows, and key roles
- Supported opening of new Walk-In Clinic
- Worked with Colwood and Langford to explore potential clinic spaces and partnerships
- Supported the opening of Marigold Clinic
- Secured funding to support the establishment of Cordova Bay Medical Clinic and Birch Medical Clinic
- Supported the establishment of Colwood Family Medical including access to tenant improvement funding, clinic establishment and integration of clinical resources including MHSU and adding funding for a WIC and agreements to include NPs
- Completed pharmacy review and implemented the model in 5-6 clinics
- Completed governance refresh review and created new Terms of Reference (TOR)
- Created Terms of Reference (TOR) for Community Advisory group

Celebrating 15 Years!

For 15 years, SIDFP has helped shape primary care in the South Island.

Board members, past and present, have kindly shared with us their perspectives on working in primary care, the Division, and what they hope to see in the future of longitudinal healthcare.

15 Years of SIDFP!

Dr. Michele Fretz

I was a board member of the South Island Division of Family Practice (SIDFP) from its inception in 2010 and served for seven years. Ours was one of the first Divisions in the province, which meant we had no precedent to follow—just a small budget, no physical office, one executive director, one administrator, and five other enthusiastic but admittedly naive family doctors. We were united by a shared goal: to improve the delivery of primary care for our patients.

I was "volunteered" at the very meeting where the concept of Divisions was being introduced. While most of the GPs in the room were initially skeptical, by the end of that meeting, six of us had stepped forward—and with that, the SIDFP was born.

Despite limited resources, we achieved a number of quick and meaningful successes. One of our first initiatives was launching the Doctor of the Day program at Saanich Peninsula, which not only ensured payment for hospital and ER work but also helped with recruitment and retention of GPs for those roles.

I also chaired the "Partners in Care" subcommittee, which focused on re-establishing strong relationships between family doctors and specialists. Through well-attended events and close collaboration, we developed centralized referral processes for several specialties (e.g. Rebalance, GI, Neurology). These models became templates for others and helped streamline patient care.

We contributed to the creation and eventual provincial adoption of tools like Pathways and the RACE Line, which greatly enhanced coordination and access.

Much of our early progress was possible because we were nimble. There was little red tape, and we had the freedom to be imaginative with our budget. We hired a few carefully chosen consultants, shared knowledge openly with other Divisions, and moved quickly on good ideas.

As we expanded, however, growth brought complexity. Increasing staff and budget requirements added layers of bureaucracy and reduced our flexibility. The shift from a board composed solely of GPs to one that included non-physician members also changed the dynamics.

continued...

15 Years of SIDFP!

Dr. Michele Fretz *continued*

With growth came growing pains—particularly around staffing, governance, and cost. We had to learn how to navigate these changes while staying true to our mission.

One of the most important lessons I've learned—and one I would pass on—is this: never lose sight of your mandate. SIDFP exists to improve primary care and enhance the lives of both GPs and patients. Listening to your constituents—always—is critical to that mission.

Looking back, I truly believe we have made care more accessible, coordinated, and effective. Patients benefit from better connections to specialists and allied health providers. Recruitment and locum support have improved physicians' lives. And perhaps most importantly, the Division has become the central hub for family practice in our region—a one-stop resource for doctors, recruits, and patients alike.

One of the biggest challenges for SIDFP moving forward will be maintaining the ability to improve care in a nimble, cost-effective way—without becoming bogged down by a top-heavy bureaucracy. The spirit of creativity and flexibility that defined our early years must not be lost in the pursuit of structure.

15 Years of SIDFP!

Dr. Robin Saunders

Along with several other family physicians from the Western Communities and Saanich Peninsula, we formed SIDFP in 2010. We were one of the first communities in the province to do so. This is a not-for-profit society led by and for family physicians. The Division provides strategic leadership designed to shift cultures and systems to improve patient care delivery and improve physician satisfaction and wellbeing. The Division was incorporated in 2011 and started with 160 physician members with a 6-member Board. It was approved for a "GP for Me" infrastructure funding. We hired Andrew Hulme as our first Executive Director who was the main catalyst for developing our Strategic Plan in 2012. On his departure, he was granted the first non-physician lifetime membership in the Division. He handed over the reins to Clay Barber who moved operations from the conference room at the Howard Johnson Hotel to premises in the Royal Oak Shopping Centre.

I served on the Board from 2011 to 2019 and Chair from 2013-2019. Subsequently, I have co-chaired Partners for Better Health (our Collaborative Services Committee) and the South Island Primary Care Network (PCN).

I believe the formation of Divisions and their subsequent maturation has been largely responsible for preventing the further erosion and demise of family medicine in this province. Family medicine is now regarded as a specialty in its own right.

In my tenure with the Division, many things motivated me in the work, including:

- Forming the Division, building membership to over 400 and welcoming associate members
- Actively engaging the membership in primary care reform
- Actively engaging the membership with physician health initiatives
- Attracting many new family physicians to the South Island with a coordinated approach to recruitment through the Division office and support from the "GP for Me" initiative
- Enacting the COVID Response Task Force that set the benchmark for COVID management in the community for the province
- Developing an Indigenous Cultural Safety and Wellness Safety Strategy for the Division and in the introduction of Cultural Safety training
- Enacting the long-term care initiative that demonstrated how the two Divisions on the South Island can successfully collaborate to provide exemplary residential care

continued...

15 Years of SIDFP!

Dr. Robin Saunders *continued*

- Implementing the Walk-In Clinic Stabilization agreement for the provision of community-based urgent care
- Forming the South Island Primary Care Network in 2019 with 2 PCN communities: Western Communities and Saanich Peninsula; the subsequent development of the third PCN (Western Communities 2) and fourth PCN (Salt Spring Island)
- Engaging municipalities in building primary care capacity
- Improving the trust and relationship between the Division, Health Authority, and the Ministry with open lines of communication at all levels

Based on my experience, I would advise that the Division focus its work on:

- Developing a sense of community on the South Island
- Promoting and developing team-based care
- Actively engaging patient participation in the continuing development of the PCN
- Continuing to advocate for improved collaboration between the two Divisions on the South Island and possible amalgamation of the South Island PCN and the Victoria CSC
- Greater collaboration with municipalities over innovative solutions to the provision of medical office space

Over the past 15 years, I think the most meaningful changes in primary care are that:

- Patient care has improved with the formation of multi-disciplinary medical clinics, the adoption of team-based care and better collaboration with specialist services
- Although there is still a significant shortage or primary care providers on the South Island, recruitment has been largely successful in replacing FP retirement
- The general public is now fully aware of the importance of supporting a robust primary care system that serves as the gateway to secondary and tertiary services. Unfortunately, access remains problematic
- The introduction of Longitudinal Care funding as an alternative to the traditional fee for service model has improved quality of care for patients and increased FP job satisfaction
- FPs have been able to further develop expertise in subspecialities such as maternity care, sports medicine, dermatology, seniors care, addiction medicine and mental health that have helped to relieve the pressure on secondary care services

Personally, I would like to see a system where patients are rostered to a primary care provider in the area in which they live. The provider would be part of a multidisciplinary care

continued...

15 Years of SIDFP!

Dr. Robin Saunders *continued*

team working and operating under the same roof. Every patient would be attached to a primary care provider (FP or NP) and it would be expected that the majority of care would be provided by that individual. The clinics would have a strong connection to their community.

Other improvements I'd like to see in the future of primary care are:

- Family practices would be incentivized to offer extended hours of practice with the addition of weekend clinics to help alleviate overcrowding in ERs
- There would be one EMR for the whole province. AI would be integrated into the EMR
- FPs would be encouraged to take six weeks holiday a year with locum coverage provided through FPSC funding
- FPs would be entitled to a six-month leave of absence from their practice every ten years with locum coverage provided
- Group practice visits would be encouraged for the management of certain chronic illnesses
- Every practice would have an attached Social Worker and Mental Health Worker/Counsellor

15 Years of SIDFP

Dr. Mark Sherman

This is my third year with the SIDFP Board. First as a director and now as co-chair of the Board. I have been a general member of SIDFP since **2015**. I joined the Board in order to be more involved in improving primary care in our region.

In my time at the Division, we've had so many wins!

- Co-organizing 2 cultural safety events drawing up to 50 FP members
- Working with the Joint Wellness Commitee towards:
    - Meaning in Medicine workshop series
    - Adopting and purchasing the Well Being Index for use by all SIDFP members
    - Doctor Dippers as a social engagement for our members
- Developing our new Strategic Plan, priorities and KPIs
- Developing renewed values for our Division
- Advocating for a stronger provincial Division voice and challenging the current FPSC/DoBC oversight role
- Enacting the PCN Refresh, including strategic alliance, new terms of reference and membership as well as advocating for a new co-chair
- Advocating for a new PCN Indigenous Lead with the Ministry
- Advocating for a 3rd (SSI) and 4th (WC #2) PCN with the Ministry
- Interviewing and hiring our new ED
- Developing a Primary Care capacity strategy for the PBH
- Increasing our partnership with PSP
- Advocating for a new Board Indigenous representative
- Developing and contributing to The Pulse as a member engagement and information sharing avenue
- Engaging municipalities in the primary care capacity and physician R+R strategies

I feel that our Strategic Plan is dictating our priorities. Generally, I would like to see our staff focus on member engagement, particularly around having a comprehensive communication strategy re: "What can your Division do for you". The website should ideally be organized to answer these questions and to have clarity as to who to go to on our staff for different member physician needs. More specifically:

continued...

15 Years of SIDFP!

Dr. Mark Sherman *continued*

- Recruitment and Retention
  - Work with South Island Prosperity Partnership and municipalities towards a community-based R+R strategy working with existing Dave Saunders initiatives
  - Develop a short video around working on the South Island featuring local physicians and why they love it here, as well as Division reps discussing how we support our physicians
  - Advocate with the Ministry/FPSC for direct physician wellness funding. We should have flexible funding opportunity to create a sense of community and a variety of wellness opportunities for our doctors

- Patient attachment
  - Work with HCR and Ministry to develop more accurate numbers for attachment.
  - Focus resources on SIDFP/PSP/PBH initiative towards increasing FPs office efficiency and advanced access

- Patient access
  - As above
  - Community education/health care resource literacy (i.e. right care/right place)

- Cultural Safety
  - Now that we have gathered the people in our organization representing Indigenous communities, we need to begin creating a multitude of educational, but also relationship building, opportunities with Indigenous communities.

Primary Care has changed drastically in the past 15 years. We are currently entrenched in a primary care crisis with a paucity of patient attachment and a pandemic of mental health challenges. Our medical education systems are not adequately preparing our doctors for the increasing complexity of our patient population, and the way of delivering care has not sufficiently adapted (still one on one visits) to the changing needs of our population.

Positive changes have included the wide introduction of virtual health alongside in-person care, the (slow) development of team-based care models and, of course, the introduction of

continued...

15 Years of SIDFP!

Dr. Mark Sherman *continued*

payment models (e.g. LFP) that more accurately compensate FPs for the complex work that they do.

The barriers that prevent us from meeting the challenges we are facing are an increasing bureaucracy of health care that diverts resources towards managers, pilot projects and working groups rather than frontline funding of health professionals and patient care. We still have a tertiary care focus with the preponderance of our monies poured into specialist and hospital-based care over primary care, prevention and health promotion.

Divisions have been instrumental in advocating for payment model changes and creating a better sense of community amongst FPs in our geographical regions. Divisions have allowed FPs on the frontline to have a voice as to the challenges and potential solutions that can create effective and sustainable change to the health care landscape of our communities and our province.

The future of health care rests in our ability to re-create a person-centered model of care that gives agency and resources to all facets of community to identify unique challenges, and to recommend solutions. We need frontline health care leaders, municipalities, business leaders, community activists and indigenous leaders to be involved in this collaboration.

Team based primary care needs to be recognized and resourced as the foundation of the entire health care system and we need to look globally for examples of positive implementation of novel primary care reform strategies. Finite financial resources will require a shift from administrative bureaucracy to a focus upon direct health care investment. Fewer managers and directors and more funding of social determinants of health, public health/promotion strategies, health care teams, and education.

Divisions/PCN is well positioned to implement these changes through advocacy, engagement and collaboration. We need to listen to our members, respond to their needs and insight, and co-create with our partners a primary care system that is built upon compassion, efficiency, and sustainability.

15 Years of SIDFP!

Dr. Erik Haensel

I started with the Board as a first-year resident in 2022. My first big win was working with the division staff to organize a Blanket Exercise for the family practice residents. It has since become an annual event, which I am quite proud of.

I must say that in many ways the board itself is something I am proud of. It is a really great group of people who push and question each other but have such respect and care for each other at the same time. I think continuing the culture of this board, established by long-standing members like Randal Mason, Eric Holden, and Robert Wicks, is something that I am proud of.

I think the PCN is very much the largest challenge I have faced. It is an exciting organization with great staff who work very hard to achieve its goals. Yet, the way it is structured is undermining its purpose. I think we are going to be able to improve things in the PCN but I fear that the major barrier is going to be the health authority and the Ministry of Health.

My advice for the Division now? Big question! We need to sort out what the goals of the PCN are and assess if the way we are allocating resources is best aligned with those goals. All our previous evaluations have been about whether good work is being done in the given structure by its members – and it is. But we cannot lose site of the end goal: team-based patient care and attachment. Are we really utilizing our resources to the best of our ability to achieve these goals? I don't think we are.

True team based care would mean physicians and clinic medical directors having influence over the provision of allied health resources in their clinics. They would have relationships with allied health that allowed them to best utilize those resources in a timely manner. There would be space allocated and funded for these positions. All patients at all clinics would have access to these providers.

On another note, we need to make the education of new doctors a prime issue. We are not graduating enough doctors, nor hosting enough residents in our region. We need to sustain our need for doctors from our own, well-educated and motivated people. We turn away thousands of applicants to medical school each year who have great grades, excellent MCAT scores, and copious volunteer experience: this is madness! When I tell unattached patients this, they absolutely can't believe it. I think it is an easy long-term campaign.

15 Years of SIDFP!

Dr Alex Kilpatrick

I have served as Co-Chair of the South Island Division of Family Practice since October 2023. My motivation for joining stemmed from a desire to advance meaningful change while the system was primed for transformation. Inspired by the foundational work of previous leaders—especially around securing the Longitudinal Family Physician (LFP) payment model—I felt it was essential to maintain momentum. One of the strengths of this Division is our collective refusal to accept the status quo; we remain deeply committed to continuous improvement.

One of the most impactful accomplishments has been shifting the narrative around Divisions of Family Practice (DFPs) among stakeholders, including the Ministry of Health, Island Health, and Doctors of BC. Historically, many concerns voiced by physicians were overlooked. Our Division played a key role in galvanizing efforts across Divisions to demand more transparency, responsiveness, and alignment with what truly supports family doctors. We also developed a 3–5-year strategic plan grounded in member feedback and welcomed a new Executive Director, whose leadership is helping to cultivate a stronger, values-aligned organizational culture.

One of the most significant challenges was navigating the complexity of the healthcare system to coordinate meaningful change. The scale and inertia of the system often made progress feel slow, and the number of meetings and decision layers could be daunting. However, perseverance, collaboration, and shared purpose among board members and staff kept the momentum alive. Their commitment and energy were contagious, and over time we turned obstacles into opportunities—aligning partners, streamlining processes, and ensuring greater accountability across the board.

Stay the course and resist the temptation to settle into comfort zones. The most meaningful improvements for family physicians—and by extension, patients—will come from doing the difficult work, even when others hesitate. I encourage members, board, and staff alike to stay laser-focused on two key goals: increasing patient attachment and improving access to care. These are the pillars of a stronger, more equitable primary care system and will have significant positive impact both within our communities and across the health system.

continued...

15 Years of SIDFP!

Dr. Alex Kilpatrick *continued*

While I wasn't practicing back in 2010, I can say that one of the most notable shifts in recent years has been the transition toward a more integrated team-based care model. There's also growing public recognition of the vital role family physicians play, though gaps in understanding still exist—especially regarding the full scope of our responsibilities both inside and outside the clinic. Patient expectations have evolved, often skewing toward immediate service, which isn't always realistic or reasonable. The Division and PCN are working hard to support patient education and promote timely, appropriate access to care.

In a perfect world, a family physician would be serving as Health Minister or even Premier—someone who truly understands the realities of patient care and can make informed decisions with real-world insight. Short of that, we must continue to elevate physician voices in system planning. The Division and PCN can play a pivotal role by continuing to advocate for evidence-based policies that prioritize patients, communities, and our physician members. With strong leadership and sustained advocacy, I believe we can move closer to that ideal future.

Financial Statements | 2024-2025

The financial statements of the South Island Division of Family Practice for the year ending March 31, 2025, were audited by KPMG, who issued a clean audit report.

In accordance with provincial funding guidelines, the South Island Division receives core infrastructure funding based on the registered membership. Additionally, the South Island Division receives supplementary funding from the Family Practice Services Committee and Ministry of Health to support cross-divisional and community collaboration work as well as funding for specific initiatives such as the Primary Care Network, After Hours Care Pilot Program, and other Shared Care initiatives.

Statement of Financial Position

March 31, 2025, with comparative information for 2024

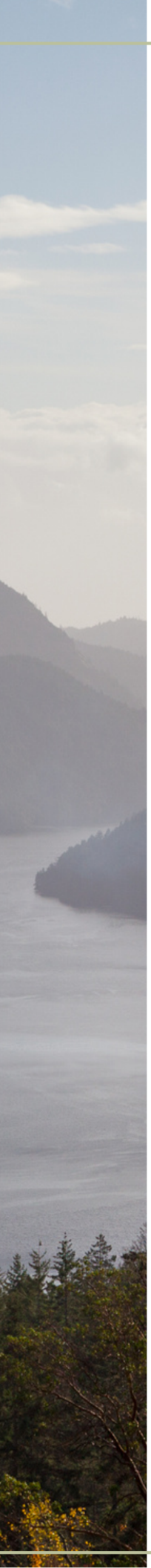
	2025	2024
Assets		
Current assets:		
Cash and cash equivalents	$ 2,511,934	$ 2,297,104
Receivables	45,369	13,052
Prepaid expenses	7,626	6,803
	2,564,929	2,316,959
Capital assets (note 2)	24,781	17,357
	$ 2,589,710	$ 2,334,316
Liabilities and Fund Balances		
Current liabilities:		
Accounts payable and accrued liabilities (note 3)	$ 681,854	$ 256,927
Due to Doctors of BC	818,747	57,052
Due to Ministry of Health	575,783	-
Deferred revenue (note 4)	344,431	1,880,281
	2,420,815	2,194,260
Unamortized deferred capital contributions (note 5)	24,781	17,357
	2,445,596	2,211,617
Fund balances:		
Operating	144,114	122,699
Programs	-	-
	144,114	122,699
Commitments (note 6)		
Economic dependence (note 9)		
	$ 2,589,710	$ 2,334,316

Financial Statements | 2024-2025

Statement of Operations and Fund Balances

Year ended March 31, 2025, with comparative information for 2024

	Operating	Programs	2025 Total	2024 Total
Revenue:				
Primary Care Network ("PCN")	$ -	$ 1,339,696	$ 1,339,696	$ 1,103,036
Infrastructure	1,007,253	-	1,007,253	854,429
Physician Engagement in Change Management	-	214,269	214,269	127,832
GPSC Attachment Mechanism	-	131,750	131,750	71,046
Perinatal Substance Use	-	107,120	107,120	67,749
Physician Integration and Retention	-	65,000	65,000	65,000
Other income	26,976	-	26,976	14,213
Westshore CHC MHSU	-	12,465	12,465	22,337
After Hours Pilot Program	-	9,344	9,344	13,568
Peer Support Program	-	2,937	2,937	8,529
GP Psych Project	-	1,850	1,850	29,604
Health Emergency Management	-	6	6	315
Amortization of deferred capital contributions	9,913	7,964	17,877	15,685
	1,044,142	1,892,401	2,936,543	2,393,343
Expenditures:				
Salaries and benefits	362,951	1,172,248	1,535,199	1,352,843
Contracted fees	226,297	433,325	659,622	422,085
Physician costs	221,632	143,327	364,959	307,067
Meetings and events	75,890	48,171	124,061	85,915
Rent	21,247	48,890	70,137	65,542
Office operating costs	25,811	21,301	47,112	36,685
Professional fees	33,285	8,479	41,764	43,777
Travel	21,794	5,574	27,368	13,756
Professional development fees	23,907	3,122	27,029	23,389
Innovation	-	-	-	5,132
Amortization of capital assets	9,913	7,964	17,877	15,685
	1,022,727	1,892,401	2,915,128	2,371,876
Excess of revenues over expenditures	21,415	-	21,415	21,467
Fund balances, beginning of year	122,699	-	122,699	101,232
Fund balances, end of year	$ 144,114	$ -	$ 144,114	$ 122,699



Board of Directors

Thank you for your dedication and direction leading the Division through another year of growth, transition and change.

Dr. Mark Sherman
Dr. Alex Kilpatrick
Dr. Randal Mason
Dr. Erik Haensel
Dr. Manya Sadouski
Dr. Brianna Creelman
Dr. Jordyn Heal
Mr. Eric Holden
Mr. Robert Wicks

Staff

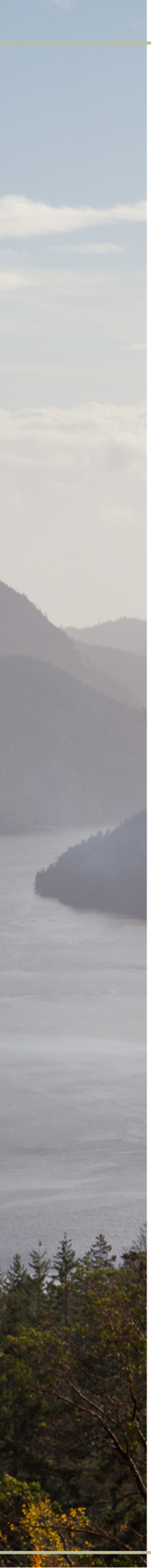
A big thank you to staff who work hard every day to support primary care in the South Island.

Paul Gudaitis
Leslie Keenan
Becca Zwicker
Sia Zabaras
Kelly Aucoin
Tina Dickson
Andrea Klok
Julie Lambert
Perry Lafortune
Merlyn Maleschuk
Tanis Wynn
Niki Bouchard
Kim Brown
Julia Hunter
Crystal Gibson
John Bayaca
Kim McGregor

Contractors

Thank you to our contractors for your steadfast work and support.

Sarah Bulmer
May Woodburn
Valerie Nicol
Kimberely Dieleman
Nichola Manning
Danny Henry
Myla Yeomans-Routledge



Committees and Working Groups

Thank you to all Committee and Working Group members for your guidance and hard work.

- Board of Directors
- Finance Committee
- Executive Committee
- Nominations Committee
- Joint Executive Committee
- Partners for Better Health
- Gathering of the Minds
- Joint Wellness Committee
- Resident Engagement Working Group
- Long-Term Care Initiative
- Primary Care Network Steering Committee
- Primary Care Network Evaluation Working Group
- Primary Care Network – Salt Spring Island Implementation Working Group
- Primary Care Network – Saanich Peninsula Operations Committee
- Primary Care Network – Western Communities Operations Committee

Dr. Thomas M. Bailey Award Winner

This award was created in honour of Tom Bailey and recognizes some of his greatest qualities: excellence in leadership, care, consideration, and kindness shown to all.

Dr. Spencer Cleave

South Island Division of Family Practice
An FPSC initiative

South Island Primary Care Network

Contact Us

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