

2025-2026 Impact Report

From Connection to Impact in Richmond



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Land Acknowledgment

We acknowledge and thank the Musqueam, Stz'uminus, Kwantlen, Stó:lō, Tsawwassen, Səlilwəta? (Tseil-Waututh), and Coast Salish First Peoples on whose traditional and unceded territories we live, work, and play. Acknowledging that we are on the traditional territories of Indigenous communities is an expression of cultural humility, and involves recognizing our duty and desire to support the provision of culturally safe care to Indigenous, Inuit, and Métis people.



The team behind the work, here to support Richmond family physicians every step of the way.

About RDFP

We are a member-driven, non-profit organization that champions Richmond's Family Physicians.

We amplify the family physicians' voice, strengthen their community, and support them in leading initiatives that improve our local health system.



Our Mission

To support and advocate for Richmond Family Physicians



Our Vision

A vibrant community of connected and engaged Family Physicians



Our Values

Impactful:

adding value for our members and their patients

Influential:

leading health care improvements

Innovative:

being better and doing better

Advocacy

We advocate on behalf of our members at key decision-making tables that result in tangible improvements for our health system.

This year, we strengthened our relationship with Vancouver Coastal Health as co-leads of the Richmond Primary Care Network. As partners on the Collaborative Services Committee, we have taken great strides in tandem with leaders from our Health Authority to effect change.

The impact of our work extends across the province, as we share our members' voices with the Ministry of Health, Doctors of BC, the Family Practice Services Committee, and the First Nations Health Authority to develop local solutions that can serve as models for other communities.



Our Membership

Our membership grew by 10% since last year.

+7%
280 Full Members

+15%
104 Associate Members

+10%
384 Total Members

Do you know **Richmond Family Physicians** who are not yet members? Encourage them to join!



Board News: Welcoming Dr. David Li to the RDFP Board!

Please join us in extending a warm welcome to Dr. David Li as he joins the Richmond Division of Family Practice Board of Directors. He brings valuable experience as a family physician and a hospitalist at the Richmond Hospital, along with a strong dedication to collaboration and advancing community care in Richmond. We are thrilled to welcome his perspective and leadership as we continue building a more connected, communicative, and integrated healthcare system for our community.



Left to right: Jennifer West (Executive Director), Dr. David Li (RDFP Board of Directors Member)



RDFP Staff and Dr. Lu welcoming Dr. Li after the onboarding meeting.

Message from the Board Chair

Dear members, partners,
and the Richmond community,

This year's theme, From Connection to Impact in Richmond, reflects the purpose that guides the Richmond Division of Family Practice in all that we do: connecting family physicians to the supports they need so they can continue providing exceptional care to the people of Richmond.

Over the past year, we have focused on creating meaningful value for family physicians through connection, collaboration, and practical support. We know that strong relationships among physicians are the foundation of a healthy and resilient medical community. Through networking opportunities, peer connection, and educational events, we have worked to bring physicians together, strengthen professional relationships, and create spaces to learn from one another.

We have also continued to deepen collaboration with valued partners, including Vancouver Coastal Health and the Richmond Hospital Medical Staff Association. By working together across organizations, we are better able to respond to local needs, align efforts, and support a stronger health system for physicians, patients, and our community.

Most importantly, we remain committed to listening. The Division exists to serve Richmond family physicians, and your voices continue to shape our work. We are grateful for the feedback, ideas, and engagement you share with us. By listening closely, we can better understand what family physicians want and need more of, and ensure that our efforts remain relevant, practical, and impactful.

Our vision is a vibrant community of connected and engaged family physicians, and that vision continues to guide us into the year ahead. Together, we will continue making valuable impact in Richmond. Sincerely,



Dr. T. Lisa Nakajima
Board Chair
Richmond Division of Family Practice



The Division exists to serve Richmond family physicians, and your voices continue to shape our work.

2025-2026 Board Members

Dr. Lisa Nakajima,
Board Chair

Dr. Christina Sun,
Vice Chair

Christine Brodie,
Secretary

Dr. James Lu,
Treasurer

Dr. Angela Shen,
Knowledge Keeper

Dr. Michael Frey,
Director at Large

Dr. Cheryl Nagle,
Director at Large

Message from the Executive Director

As Executive Director of the Richmond Division of Family Practice, it is my privilege to reflect on another year of meaningful collaboration, innovation, and commitment to strengthening primary care in our community.

This year has continued to demonstrate what is possible when family physicians, partners, and health system leaders come together around a shared purpose: improving care for patients and supporting the sustainability of family practice in Richmond. In a healthcare environment that remains increasingly complex and demanding, I continue to be inspired by the dedication, compassion, and resilience of our physician community.

At the Division, we recognize that meaningful progress is built through relationships, trust, and practical action. Whether advancing Primary Care Network initiatives, supporting physician wellness and engagement, improving access to community resources, strengthening partnerships with and regional partners, or creating tools that make day-to-day practice easier, our work remains grounded in supporting physicians to provide exceptional patient care.

Over the past year, our RDFP team has focused on building stronger connections across sectors and creating opportunities for shared learning, strategic dialogue, and collaborative problem solving. We know that healthcare transformation cannot happen in silos. Growth requires aligned leadership, courageous conversations, and a willingness to innovate together.

Did You Know?

RDFP has recently updated the member portal with new tools and features. From learning opportunities to the new PCN Wait Times Dashboard, we are constantly developing ways to help your practice.




We have also integrated a new event registration and payment system to streamline the process. Scan the QR code to visit the member portal.



I am incredibly proud of what we have accomplished as a Division, and even more optimistic about where we are headed. Our strength lies not only in the programs and initiatives we deliver, but also in the relationships we continue to build across our community. Richmond is uniquely positioned to lead through collaboration, and I remain deeply grateful to our physicians, Board of Directors, community partners, and staff for the passion, leadership, and commitment they bring to this work every day.

Thank you for being part of this journey with us. Warm regards,



Jennifer West
Executive Director
Richmond Division of Family Practice

Meet Our Team



The Richmond Division of Family Practice is a member-driven, non-profit organization dedicated to strengthening primary care and supporting the evolving needs of family physicians in our community.

We provide advocacy and operational support through collaborative programs, physician leadership, education, physician wellness initiatives, and partnerships across the healthcare system. RDFP empowers physicians to deliver high-quality patient care, influence local health priorities, and build meaningful and lasting professional connections.

RDFP adds value to physicians at every stage of their career by advocating for members, reducing administrative burdens, supporting practice innovation, creating opportunities for collaboration and learning, and helping build a more connected and sustainable local healthcare system.

Top row, left to right:
Nicole Carlin (HR Business Partner & Special Projects), **Katherina Kwok** (Admin Coordinator, PCN), **Wayne Hui** (Attachment Coordinator, PCN), **Sheila Chang** (Admin Coordinator, PCN), **Mann Chalermwat** (Communications & Design Coordinator), **Jorge Hernandez** (Program Manager, PCN & Recruitment), **Diana Yang** (Admin Coordinator, PCN), **Peter Leung** (Attachment Coordinator, PCN)

Middle row, left to right:
Anetta Stankowski (Program Manager, Clinical & Practice Supports), **Natalia Moreno-Succi** (Program & Operations Coordinator), **Sean Canasa** (Community Link Worker, PCN), **Kerri Creamer** (Program Coordinator, Recruitment), **Jenni Uitto-Cardoso** (Program Coordinator, Member Support & LTCI), **Ailin Chen** (Program Coordinator, MOA Network & Pathways), **Beatrice Cheung** (Program Coordinator, PCN), **Allie Cheng** (Admin Coordinator, PCN)

Bottom row, left to right:
Jennifer West (Executive Director), **Rufus** (Treats Distribution Coordinator), **Monica Kumar** (Operations Supervisor), **Ayo Supangco** (Communications Lead), **Stephen Mah** (Project Coordinator, Practice & Technical Support), *Not in Picture: **Katie Van Nguyen** (Finance Manager)



Left to right:
Ayo Supangco (Communications Lead), **Beatrice Cheung** (Program Coordinator, PCN), **Sean Canasa** (Community Link Worker, PCN), **Kerri Creamer** (Program Coordinator, Recruitment), **Mann Chalermwat** (Communications & Design Coordinator), **Jorge Hernandez** (Program Manager, PCN & Recruitment)



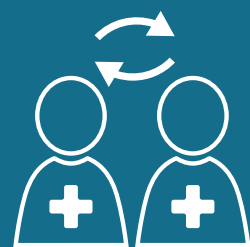
Left to right:
Allie Cheng (Admin Coordinator, PCN), **Katherina Kwok** (Admin Coordinator, PCN), **Wayne Hui** (Attachment Coordinator, PCN), **Sheila Chang** (Admin Coordinator, PCN), **Diana Yang** (Admin Coordinator, PCN), **Peter Leung** (Attachment Coordinator, PCN)



Left to right:
Ailin Chen (Program Coordinator, MOA Network & Pathways), **Anetta Stankowski** (Program Manager, Clinical & Practice Supports), **Natalia Moreno-Succi** (Program & Operations Coordinator), **Jenni Uitto-Cardoso** (Program Coordinator, Member Support & LTCI), **Stephen Mah** (Project Coordinator, Practice & Technical Support)

Connecting Great Minds to Engage Great Challenges

Committees Highlights



Across all committees, several shared priorities emerged, including modernizing engagement systems, expanding physician education infrastructure, advancing digital transformation, strengthening clinic workforce supports, improving coordinated care pathways, and enhancing safety and emergency preparedness. Together, these efforts demonstrate a mature and effective governance structure in which physician leadership actively drives operational improvements and system-level progress for Richmond's primary care community.

Strengthening collaboration and amplifying physician voices to ensure engagement initiatives reflect the real needs of Richmond family physicians.

Physician Engagement Committee

The Physician Engagement Committee focused on strengthening connection, professionalism, and wellness within the membership.

Key achievements include:

- Launch of **Eventbrite** to modernize event registration and tracking
- Implementation of the **Well-Being Index Assessment** to monitor physician wellness
- Development and implementation of a **Physician Code of Conduct**
- Launch of **CBT Skills sessions** and continued Journal Club programming
- Revamping the **new member onboarding experience**

In-person and clinical topic events were the most highly attended formats this year, demonstrating strong demand for practical, peer-driven learning. While new member event attendance remains modest, engagement with targeted groups (e.g., LTCI physicians) has been notably strong.

Dr. Amundee Sandhu, Chair
Dr. Iman Abou-Gareeb
Dr. Dhvani Dhaduk
Dr. David Deng

Dr. David Li
Dr. Teri Tien
Dr. Tracy Lee

Nicole Carlin
Juliana Mafforte
Jennifer West

Physician Education Committee Launched in November 2025

Recognizing the need for coordinated physician education planning, RDFP launched a dedicated Physician Education Committee.

This year the committee:

- Established Terms of Reference, membership, and Chairs
- Facilitated its first strategic brainstorming session
- Began formalizing a structured approach to physician learning and clinical programming

The launch of this committee strengthens RDFP's long-term education governance model.

Dr. Michael Mann, Chair
Dr. Dhvani Dhaduk

Dr. Jie Bai
Dr. David Li

Jennifer West

Fostering collaboration and shared learning to enhance the professionalism and effectiveness of MOAs across Richmond practices.

MOA Network Steering Committee

The MOA Network Steering Committee significantly expanded office staff engagement and peer support infrastructure.

Key advancements:

- Launch of a Richmond-wide MOA WhatsApp Network with a formal terms-of-use framework
- Delivery of MOA First Aid Training and networking events
- Development of a physician onboarding checklist for clinic managers
- Subsidized "Security in Low Doses" certification for MOAs
- Continued refinement of the MOA website portal and resource supports

Hoda Abougareeb
Emma Chatel
Nicole Huang

Maria Matsumura
Jessy Flores
Karin MacInnis

Carling Zheng
Anetta Stankowski
Ailin Chen

Creating a collegial space for Richmond family physicians to engage with emerging evidence and apply research to everyday primary care.

Physician Journal Club

The Journal Club created a dedicated, collegial space for family physicians in Richmond to engage with current medical research and discuss emerging evidence relevant to everyday primary care. By bringing forward academic journals and papers, the sessions supported shared learning, critical reflection, and the translation of new evidence into local clinical practice.

Key initiatives:

- Kept family physicians current on emerging evidence relevant to primary care
- Fostered peer learning and clinical dialogue through shared review of academic research
- Supported evidence-informed practice by connecting research findings to real-world care in Richmond

Dr. Amundee Sandhu, Chair
Dr. Lisa Nakajima
Dr. Dhvani Dhaduk

Dr. Grace Kwok
Dr. Erica Luong
Dr. Jie Bai

Dr. Angela Shen
Dr. David Fung
Jennifer West

Strengthening the future of family practice by linking learners, physicians, and community partners through education.



Journal Club brings Richmond family physicians together to explore clinical insights and the latest breakthroughs.

Championing physician-led improvements to ensure long-term care residents receive proactive, high-quality medical care that reduces unnecessary hospital transfers, and improves patient and provider experience.

Long-Term Care Initiative (LTCI)

The LTCI physician network continued to meet for structured knowledge exchange and quality improvement.

Activities included:

- Knowledge Night and physician meetings focused on care home updates and QI initiatives
- Presentation to FPSC and Division on recruitment and retention strategies
- On-going collaboration to reduce ED transfers and strengthen LTC coordination

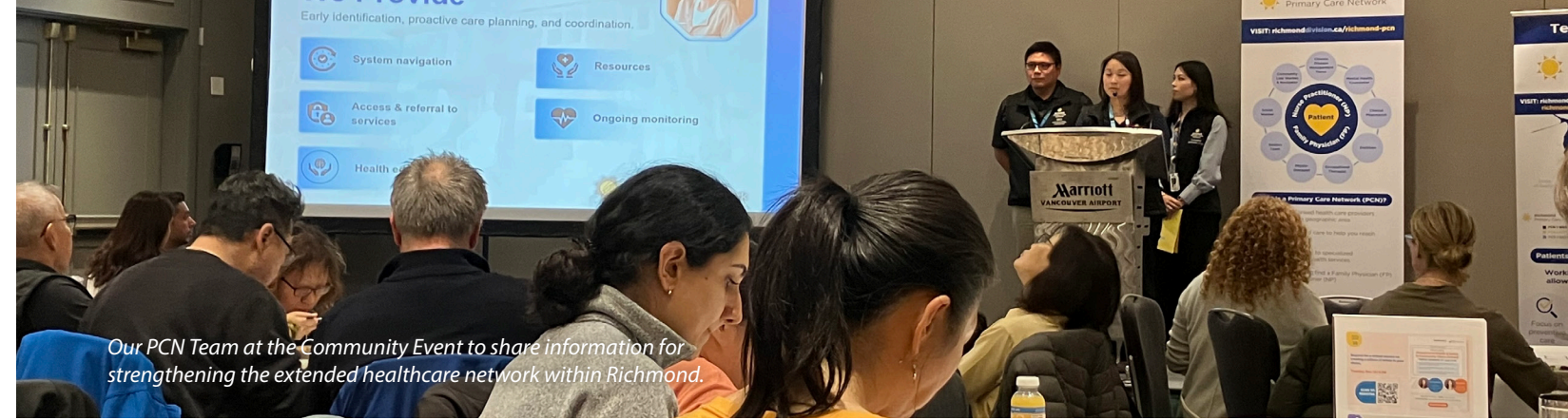
This committee model continues to demonstrate how physician-led networks can drive measurable system improvement.

2025-2026 LTCI Steering Committee

Dr. Justin Hsu, Lead	Angie Martinez	Anetta Stankowski
Dr. Howard Chang	Lisa Stewart	Jennifer West
Dr. William Mak		

2025 to 2026 LTC QI Working Group

Angie Martinez, Lead	Karima Kassam	John Con
Dr. Justin Hsu, Lead	Kimberly Lardizabal	Kunye Hu
Dr. Adam Chang	Jacqueline Corona	Lisette Montessori
Dr. Edward Fang	Dominique Bulmer	Jennifer West
Dr. Mandeep Saran	Alice Chan	Anetta Stankowski
Dr. Luke Tse	Frencille Tabaloc	Jenni Uitto-Cardoso
Dr. Parm Brar	Lori Sidjak	Juliana Mafforte
Dr. Howard Chang	Niamh Buckley	
Dr. William Mak	Navpreet Sandhu	
	Aman Nahal	



Our PCN Team at the Community Event to share information for strengthening the extended healthcare network within Richmond.

Primary Care Network (PCN)

The Primary Care Network Steering Committee provided physician leadership and strategic oversight to guide the development and implementation of PCN initiatives in Richmond.

The committee brought together family physicians, VCH, Doctors of BC and other partners to support collaborative decision-making, strengthen team-based care, and ensure PCN activities aligned with the needs of local practices and patients.

PCN Steering Committee

Dr. Angela Shen, Lead	Fran Hopkins	Dr. Alexandros Alexiadis
Andrew Day	Dr. Meena Dawar	Anetta Stankowski
Nikko Asistio	Richard Sison	Jorge Hernandez
Dr. Cheryl Nagle	JoAnn Tait	Jennifer West
Dr. Angela Jennings	Deborah Turner	
Michelle Poon	NP Michelle Sims	

PCN Working Group

Dr. Cheryl Nagle	Dr. Lidya Sanjaqli	Anetta Stankowski
Dr. Angela Jennings	NP Mark Ventura	Sheila Rooney
Dr. Angela Shen	NP Paul Padda	Jennifer West
Dr. Pavandeep Badh	Michelle Poon	
Dr. Linda Cabrera	Jorge Hernandez	

IT Committee

The IT Committee advanced digital modernization efforts across Richmond clinics.

Key initiatives:

- Informed events such as AI scribe webinars and the RDFP Tech Fair
- Curated standardized lab and imaging eForms within the RDFP member portal
- Supported with strategic planning and setting priorities for technology support for Richmond family physicians, MOAs, and clinics

Dr. Angela Jennings, Co-Chair	Dr. Yuan Shen Hu	Anetta Stankowski
Dr. Christina Sun, Co-Chair	Dr. Ki-Sun Kim	Stephen Mah
Dr. Allan Horii	Dr. David Li	Jennifer West
Dr. Brenda Tan	Dr. Cheryl Nagle	

Providing leadership and advocacy to drive quality improvement and align PCN services with clinic workflows and patient needs across Richmond's primary care community.

Supporting clinics by sharing emerging challenges and innovative IT solutions to improve technology performance and readiness.



LTCI Team gathering in the boardroom for Knowledge Night to discuss strategies to improve long-term care practices.

| Pathways Committee

The Pathways Committee focused on enhancing care coordination across the Richmond community.

Major work includes:

- **New Member Onboarding:** Supported new physicians in accessing Pathways, improving workflow efficiency and care coordination.
- **Contributing Care Pathways:** Identified and pursued collaborative opportunities to strengthen clinical care through initiating development of a Post-Traumatic Stress Disorder (PTSD) care pathway and contributing to the redevelopment of the migraine care pathway.
- **Community Engagement and Resource Promotion:** Strengthened connections with the community by building the community services directory, participating in local events, and distributing patient resources to improve awareness and access to services.

The Pathways Committee continues to support integrated, accessible, and coordinated care across the Richmond community.

Dr. Allan Horii, Co-Chair
Dr. Lisa Nakajima, Co-Chair
Dr. Angela Jennings

Dr. Tanya Fairweather
Jennifer West
Anetta Stankowski

Sean Canasa
Ailin Chen

| Health Emergency & Safety Management Committee

The Health Emergency & Safety Management (HESM) Committee focused on frontline clinic safety and preparedness.

Key advancements:

- SWITCH BC partnership and safety-focused education events
- Launch of "Getting Started" clinic safety resource campaign
- Development of HESM binders for clinics
- Exploration of emergency preparedness kits
- Identification of violence prevention and de-escalation as top member concerns
- This committee is building practical safety infrastructure in response to evolving clinic risk environments

Dr. Teri Tien, Chair
Dr. Angela Jennings
Dr. James Lu

Dr. Daniel Chao
Jennifer West

Anetta Stankowski
Monica Kumar

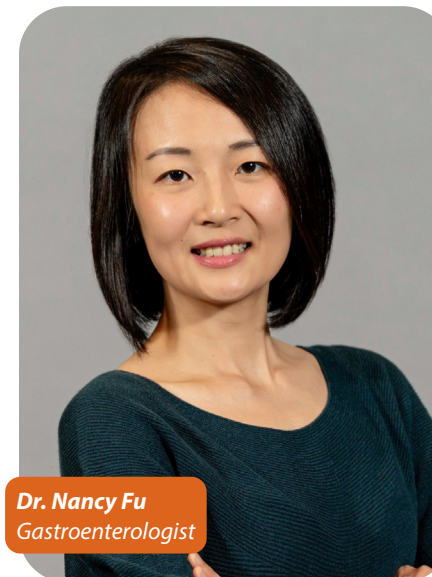
Driving improved care coordination through strengthened primary – specialist collaboration.

Supporting clinic readiness through emergency planning, education, and clear operational guidance for safe, effective response.



SharedCare supports funded collaboration among family physicians, specialists, and partners to address gaps in care. With project management support from the Divisions of Family Practice, these initiatives promote more coordinated and integrated care for patients across British Columbia.

| The Seeds for Better Hepatitis B Care: A SharedCare Story from Richmond



Dr. Nancy Fu
Gastroenterologist

I am grateful for the opportunity to lead and plan the SharedCare Hepatitis B project together with Dr. Dhaduk. This collaborative initiative aims to build and pilot a shared-care pathway for patients with chronic hepatitis B.

We have held engaging meetings with key stakeholders, including specialist experts and the BC Centre for Disease Control. It is exciting to see how this project is developing and how it has the potential to lead to improved patient care.

Without early screening, Hepatitis B can silently become chronic, increasing the risk of cirrhosis, liver cancer, and more.



Dr. Dhwani Dhaduk
Family Physician

I often saw uncertainty around hepatitis B screening, monitoring, and referral both for patients and providers. In Richmond, where hepatitis B prevalence is among the highest in Canada, improving early

detection and creating clearer care pathways can make meaningful difference for patients.

SharedCare has created an opportunity for open dialogue and shared learning, while working towards solutions grounded in real clinical workflows.

Every SharedCare project starts with a question or a gap noticed in practice.

If you have an idea that could improve care through collaboration, SharedCare can help you explore it and how to start your own project.



Scan the QR code to learn more about **SharedCare** and how to start your own project.



Interested in Joining a Committee? Act now!

Being part of an RDFP committee is a great way to work on something you are passionate about, become a leading voice in Richmond healthcare, and meet amazing physicians in your community.

Email our Executive Director **Jennifer West** at jwest@rdfp.ca to get started.

Connecting Clinicians with Practical, Ongoing Learning Professional Development Highlights



Physician Learning and Professional Development

This fiscal year, the Division significantly scaled up its educational and social offerings with 22 events that generated 705 total member attendances. Our focus on delivering high-quality, relevant content resulted in a major surge in member participation, most notably at our Winter Networking & Insights event, which saw an increase of 105% in attendees.

Driving Impact & Connection

By diversifying our outreach and tailoring topics to the current needs of primary care, we successfully moved the needle on three key fronts:

- **Expanded Learning:** Increased access to accredited, primary-care-focused education, directly enhancing clinical confidence.
- **Strengthened Networking:** Created vital touchpoints for family physicians to connect with specialists and community resources, breaking down professional silos.



RDFP regularly hosts opportunities for shared learning and networking.

- **Member Engagement:** While navigating the ongoing challenge of physician time constraints, our increased attendance figures signal a growing reliance on the Division as a hub for professional growth.

Despite the hurdles of busy schedules, this year's growth underscores our commitment to fostering a more connected and informed medical community.

Clinical Pearls: High-Impact Learning for the Realities of Family Practice

The Clinical Pearls education series offered family physicians in Richmond a welcoming space to learn, connect, and gain practical insights that directly support everyday clinical care. Built around concise, specialist-led "pearls," the sessions focused on sharing actionable knowledge that family physicians could confidently apply in their practices.

274 members came together in five Clinical Pearls events (Clinical Pearls 28–32) to learn from specialists spanning Emergency Medicine, Ophthalmology, Rheumatology, Internal Medicine, WorkSafeBC and Disability Management, Respiriology, Plastic Surgery, Psychiatry, Palliative Care, MAiD, and Vascular Surgery. The breadth of topics reflected the diverse and complex needs faced in family practice.



Dr. Fidel Vila-Rodriguez guides physicians in exploring innovative tools to improve patient mental health outcomes.

Participants consistently valued the succinct, tip-focused format, noting that it respected their time while delivering meaningful, practice-ready learning. The opportunity to ask questions, discuss common challenges, and hear directly from specialists was a highlight, helping physicians navigate difficult clinical scenarios with greater clarity and confidence.

Beyond education, the series fostered a strong sense of connection and collegiality, bringing family physicians together to strengthen professional relationships within the Richmond Division.

Building Resilient Physicians for Better Patient Care

A cohort of 15 Richmond family physicians successfully completed an 8-week Cognitive Behaviour Therapy (CBT) program delivered in partnership with MindSpace, designed to strengthen physician wellbeing, leadership, and clinical capacity.

Through weekly online sessions, participants gained practical, evidence-based CBT tools to manage stress, navigate clinical and workplace challenges, and support patients more effectively. The program supported both personal resilience and professional growth, helping physicians integrate structured mental health approaches into everyday practice.

Let's Talk: Training for Clinics

The Let's Talk Series is an RDFP educational initiative designed to support family physicians with professional, workplace, and system-navigation topics beyond direct clinical care.

During this period, RDFP hosted two virtual Let's Talk sessions, attended by a total of 76 family physicians, reflecting strong interest in practical, practice-relevant learning. Sessions focused on Occupational Health & Safety (OHS) in Community Clinics and WorkSafeBC, offering physicians access to free and confidential OHS support, tools to build customized clinic safety programs, strategies for de-escalating patient interactions, clear guidance on recognizing work-related health conditions, billing considerations, and completing WorkSafeBC forms.

Strengthening Family Physician Wellness to Support Patient Care

Family physician wellness is essential to sustaining compassionate, high-quality care for patients and communities. To support physician well-being and resilience, a two-part wellness series featuring Dr. Nicole Legg was delivered for family physicians in Richmond.

Drawing on Dr. Legg's extensive clinical experience in mental health care and her rigorous training in evidence-based interventions, the sessions offered practical, reflective, and immediately applicable strategies to support physician mental health and well-being.

Participants consistently described the sessions as engaging, meaningful, and highly applicable, highlighting the value of gaining concrete skills alongside time for reflection and discussion with colleagues. These sessions showcased tools and techniques that family physicians can apply in their own practices to reduce professional isolation, improve capacity, and deliver patient-centred care.



Dr. Nicole Legg shares practical, evidence-based strategies to support physician mental health: fostering reflection, connection, and well-being.

Connecting Physician to Opportunities Recruitment Highlights

Physician recruitment in Richmond, BC has evolved into a strategic, relationship-driven function that supports clinic stability and long-term community care. RDFP's high-touch, concierge-style approach bridges the gap between complex candidate streams and the immediate, practical needs of Richmond clinics.

Recruitment efforts prioritize long-term fit, professional integration, retention and sustainability ensuring physicians and clinics are well-positioned for lasting success.

Recruitment Improvements Implemented

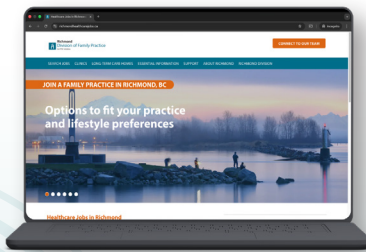
Dedicated Recruitment Coordinator facilitates information transparency and professional integration, streamlining the recruitment pathway for applicants

Clinic Data-Gathering
Gathering and maintaining clinic data (structure, staffing, amenities, photos, etc.) to identify and promote community family practice needs and opportunities.

Partner Collaboration
Recruitment coordination and program management with community partners (VCH, Health Match BC, PRA-BC, UBC, etc.)

Physician Outreach
Engagement with clinic owners and incoming physicians (residents, IMGs, other) to identify recruitment needs and workflows.

Updated Digital Tools that Improved Recruitment Transparency and Reduced Process Friction



Updated website with job postings, clinic profiles, and other essential community information



CLINIC PULSE TOOL

An e-form to enable timely push of information from recruiting clinics to the RDFP and physicians seeking work.

91% of clinics introduced to the program have engaged or submitted data

www.richmondhealthcarejobs.ca

Navigating Complexity and Overcoming Challenges

Recruitment in Richmond involves navigating high volumes of candidates across multiple pathways, each with distinct regulatory, licensing, and contractual requirements such as Return of Service obligations for UBC residents or provisional registration processes for internationally trained physicians.

To address these challenges, a comprehensive, multi-stage engagement framework was implemented.

This structured approach guides candidates through:

- Initial outreach and exploratory Meet & Greets
- Interview facilitation and clinic matching
- Contract negotiation and system navigation
- Licensing, immigration, and clinical onboarding

The Streamlined Recruitment Concierge Model

Highlighting the journey and early outcomes of our first new graduate supported through the Concierge Model's **locum-to-permanent** option since July 2025.

- **100% Placement Success:** From initial contact in July 2025, four clinic locum placements secured (via signed AOPs) in one recruitment cycle.
- **Full Early-Career Capacity:** Flexible onboarding option filled 100% of the new graduates available time from August 2025 to January 2026, securing 6-months of coverage to mitigate provider burnout across the medical community.
- **Strong Early Retention:** Positive onboarding allowed the new graduate to focus fully on patient care, contributing to an additional 6-month part-time locum commitment through June 2026.
- **Expanding Early-Career Exposure:** Access to part-time locum commitments allow new graduates to trial practice settings prior to determining their clinical home and beginning to build a patient panel.

Richmond Division of Family Practice
An FPSC Initiative

8 Distinct Recruitment Streams Managed

UBC SPH ROS residents, PRA-BC IMG candidates, Health Match BC (HMBC) applicants and referrals, RDFP portal referrals, RDFP Recruitment Website applicants, RDFP member & VCH referrals



100%

9 out of 9 Richmond host clinics matched to their top ranked ROS candidates

The RDFP Recruitment Team has coordinated and conducted 46 Meet & Greet Meetings (introductory calls with candidates) and formal interviews that facilitated connections between applicants and Richmond's recruiting clinics and providers

RDFP Directly Supported the Recruitment of 13 FPs in Total for 2025-2026 Fiscal Year

↓

- ✓ 3 UBC SPH ROS Residents
- ✓ 6 PRA-BC ROS IMGs
- ✓ 4 RDFP Referrals: Local + International

+ 16 Locums signed AOP Forms with clinics

Richmond Academic Day

The inaugural Richmond Academic Day in July 2025 introduced a clear integration pathway. Rather than positioning the community as a brief two-week elective, this initiative moves beyond a short-term experience, positioning Richmond as a compelling and sustainable long-term career destination for family physicians.



From Short-Term Exposure to Meaningful Integration

Residents transitioned from passive observation to active participation through community immersion, interdisciplinary networking, and hands-on clinical mentorship.

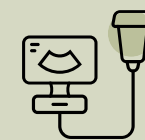


15 IMGs from St. Paul's Residency Site

5+ Clinical Departments Engaged

Maternity Care, Pediatrics, UPCCs, and more

Hands-on Training Modules Delivered



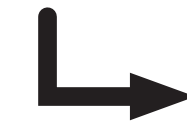
Ultrasound



Suturing



Professional Communications



System-level Outcomes Achieved



Catalyst for a new permanent core rotation at Noakes Maternity Clinic

Connecting Clinics and Physicians to the Support They Need

Clinic Support Highlights



This year, the Division focused on “boots-on-the-ground” outreach to strengthen connections with frontline members. In May 2025, the Division visited all member clinics in recognition of National Physicians’ Day and B.C. Family Doctor Day. Throughout the summer, outreach also prioritized physicians who were new to Richmond or early in their practice. In total, visits were completed at 23 clinics with new members.

This year the RDPF welcomed over 35 new members to the Division, most (60%) of whom work in longitudinal family practice clinics full-time or as locals. Other members (40%) joined the Division from Richmond hospital, UPCC, Noakes, WSBC, and more.

Building Trust Through Connection

These visits served as a vital feedback loop, allowing us to:

- **Foster relationships with New Members:** Directly sharing RDPF updates and support resources with new-to-practice physicians.
- **Empower Clinic Owners:** Encouraged owners to act as ambassadors, connecting their teams to RDPF engagements within the local physician network and clinical roles such as long-term care.
- **Listen & Observe:** Gained firsthand insights into supports sought by clinics to enhance day-to-day practice.

The RDPF also strengthened physician relationships at Richmond Hospital through the Medical Staff Association. In February, the RDPF co-hosted a networking event that brought together hospital and community physicians. The Division also ensures hospital physicians are informed about available supports, including access to decision-support tools such as PathwaysBC, UpToDate, and RxFiles.



Our team creating welcoming spaces for family physicians to connect and engage.

RDPF Clinical & Practice Supports include:

- Medical office staff recruitment, upskilling and peer networking
- Delivering access to tools such as PathwaysBC, UpToDate, and RxFiles
- Enhancing clinic access and application of technological solutions
- Supporting clinical operations through clinic safety and emergency planning, cold chain office orientation programs and administration of physician after-hours call groups
- Collaborating with health authority partners to provide immunizations, long-term care, and cervix screening programs for Richmond residents



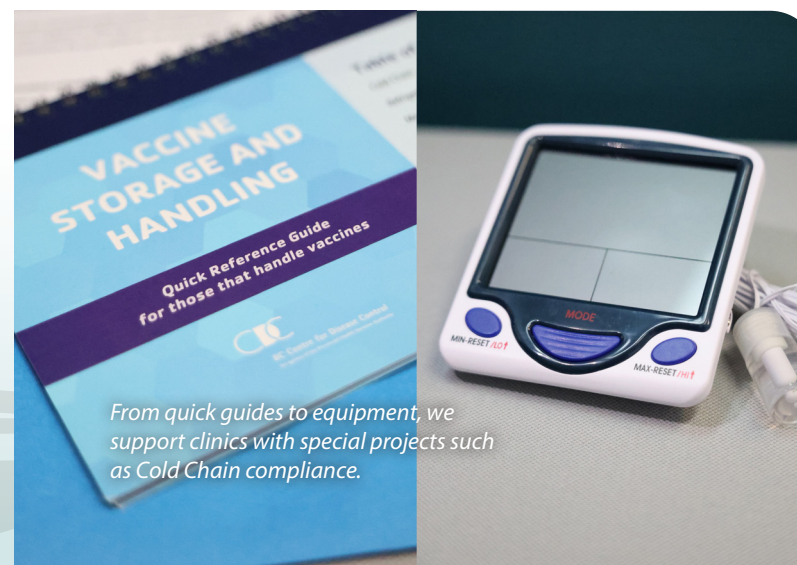
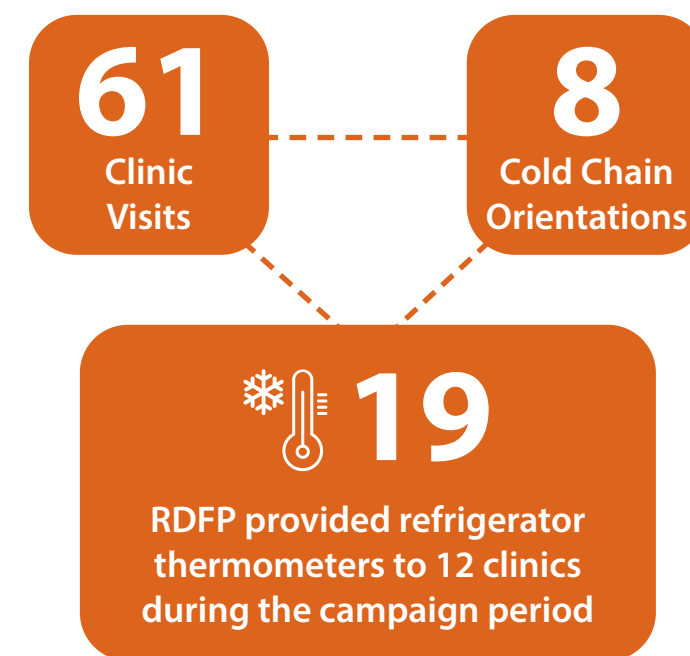
COOL

Cold Chain Orientation for Office Locations

Cold chain management is critical to vaccine safety and effectiveness. Even minor temperature deviations can reduce the vaccine’s effectiveness which can lead to vaccine waste. High-volume periods (e.g., flu season) increase operational pressure and risk of errors. RDPF and Richmond Public Health have partnered together to provide standardized, practical cold chain guidance to reduce vaccine waste.

Richmond Public Health Resource provided:

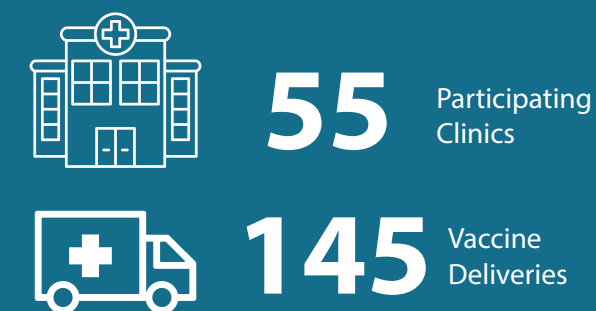
- Cold chain storage and handling guidelines
- Best-practice checklists
- Quick-reference tools for vaccine refrigerators
- Orientation materials for clinic teams



Influenza and COVID-19 Vaccination Campaign

Direct-to-clinic deliveries for Influenza and COVID-19 vaccines were provided in close collaboration with Richmond Public Health and MTS Logistics (Medi-Tran) to support 55 Richmond immunization clinics during the flu season. The initiative significantly reduced the administrative burden on clinic teams, allowing clinics to receive general vaccines alongside their influenza and COVID-19 vaccine deliveries. A total of 145 deliveries were completed.

On-Going Campaign Stats



During the Winter Outreach Week, our team helped coordinate vaccine delivery directly to clinics.

Health Emergency and Safety Management: Improving Clinic Preparedness

Clinic Emergency and Safety Preparedness spans emergencies localized to a clinic (attacker, gas leak, fire etc.) to emergencies that impact several clinics in a geographical area (flood, power outage, extreme weather, earthquake). The Health, Emergency, and Safety Committee (HESM) began to tackle the subject by separating clinic responses from community responses.

The committee identified a clinic's ability to be prepared and respond to an emergency as a foundation, as the saying goes "put your mask on first before assisting others." A clinic must be able to respond to its own needs before responding to the community. The committee advanced:

- SWITCH BC relationship development and virtual safety sessions for physicians and office staff
- "Getting Started" campaign resources for clinics, including development of clinic safety protocol binders
- An interdivisional network to learn from others
- Exploration of vendor discounts for clinic emergency kits and other supplies
- Identification of violence prevention and de-escalation as top clinic concerns

This committee hopes to begin collaborating on community responses together with the City of Richmond and VCH-Richmond. This work responds directly to frontline physician and MOA safety needs.

RDFP IT: Strengthening Tech Adoption Across Richmond



RDFP launched the TechNet Interdivisional Working Group, bringing together 12 Divisions and Doctors of BC to collaborate on AI, technology standards, and data

initiatives. This collaboration positions Richmond as a provincial leader in driving innovative, future-focused approaches to primary care technology.

Supporting Physician-Led Technology Transformation Through the RDFP Tech Fair

The RDFP Tech Fair was an event that provided a venue for Richmond family physicians to explore and navigate emerging medical technologies and leading technology transformation within their practices. By bringing together vendors, community champions, and subject matter experts, the event helped physicians stay informed about tools that strengthen care delivery and enhance the patient experience.

The Tech Fair focused on technologies most relevant to primary care, including Electronic Medical Records (EMRs), provincial digital health services, AI-enabled tools such as medical scribes, and local IT solutions. This targeted approach reduced the time and complexity physicians often face when evaluating new technologies.



Community Champions helped members navigate the Tech Fair.

Building Confidence Through Peer Learning and Collaboration

The event was shaped through collaboration between the RDFP team and the IT Committee, which helped identify priority technology areas and appropriate exhibitors.

The event was planned with input from the RDFP team and the IT Committee to focus on the most relevant technology needs. By bringing together physicians, clinic managers, and staff using similar tools, the event created space for shared learning and practical discussion, helping participants make informed choices.

Tech Fair Stats



The Pathways presentation was amazing, and even (I) a long time user learned something new!

Dr. Christina Sun

Impact of the Tech Fair

By reducing barriers to exploration and fostering informed discussion, the RDFP Tech Fair empowered family physicians to assess and adopt technologies that support efficient workflows, high-quality care, and improved patient experiences.



The Tech Fair allowed Richmond family physicians a chance to not only explore new technologies but also to connect with provincial health partners.

21 Survey Respondents

85% Interested in Trying New Technologies

50% Interested in AI Scribes

Incredibly useful to get hands-on time with the AI Scribes and be able to compare different systems side by side in the AI area.

Dr. Sandy Hu



Tech Fair participants were able to try out new technologies.

Stronger Health Outcomes Through Patient Connection



At the Richmond Division of Family Practice, patient access and physician well-being go hand in hand. Through coordinated, community-informed programs, we work to ensure patients receive timely, compassionate care while creating practice environments that allow family physicians to build fulfilling, sustainable careers.

From expanding preventive screening for unattached patients, to providing after-hours primary care access that reduces burnout, to strengthening medical support in long-term care facilities, these initiatives reflect our commitment to coordinated, patient-centred care across Richmond. Together, they demonstrate how

thoughtful system design can improve health outcomes, support physicians, and strengthen care for our entire community.

Cervix Screening Program for Unattached Patients

7 providers from 7 distinct family practice clinics within Richmond community continue to support the BC Cancer Cervix Screening Program for Unattached Patients for each of the 7 Richmond Community Health Service Areas.

This is coordinated by the RDFP together with the BC Cancer Screening Programs.

After Hours Call Group

The RDFP After Hours Call Group continues to provide coordinated after-hours coverage for solo and small group practices, strengthening continuity of care and reducing individual physician burden. This call group is composed of:

- 18 physicians
- 12 clinics (solo and small group practices)

Process Improvements

In May 2025, the group implemented a refined protocol for:

- Reaching group quorum for decisions via polls
- On-boarding new call group members
- Critical lab results are to contact ordering physicians directly, if unavailable, the on-call physician is contacted

The call group amended their call group agreement with the above as well as with a list of statutory holidays, code of conduct, scope of call group services.

These adjustments reduced unnecessary call burden while maintaining patient safety and clinical accountability.



12 Participating Clinics



18 Family Physicians Involved



36 Calls Received
between April 2025 to December 2025

60%
of calls originate from patients

40%
of calls are from laboratories

Average of 4 Calls per Month

After Hours Calls Peaked in May with 7 instances

Long-Term Care Initiative

The Long-Term Care Initiative had a stable and productive year, supported by a growing team of LTC physicians. The group expanded from 18 physicians in 2024 to 23 in 2025, now providing care across six homes: Rosewood Manor, Fraserview Retirement Community, Pinegrove Place, Richmond Lions Manor, Minoru Residence, and Hamilton Village Care Centre. This growth reflects the onboarding of Hamilton Village Care Centre and the recruitment of two new physicians.

Each care home is supported by a strong, collaborative group of LTC physicians and dedicated care-home staff committed to high-quality resident care.

Quality Improvement

This year's work centered on quality improvement projects developed in partnership with Vancouver Coastal Health LTC, including:

1. Streamlining pathways for return-of-service physicians to join LTC without delays.
2. Strengthening communication between LTC physicians and care-home operations teams.
3. Enabling after-hours PointClickCare access for all LTC physicians, supported by tutorial resources.
4. Establishing Richmond LTCI key performance indicators and a framework for monitoring and evaluation.
5. Sharing RDFP recruitment and KPI strategies with Doctors of BC and other Divisions.
6. Improving care coordination by inviting non-LTCL physicians to transfer residents to LTCL physicians or provide clear daytime and after-hours contact information for urgent issues.
7. Enhancing LTC physician recruitment by integrating LTC opportunities into richmondhealthcarejobs.ca, with postings also available on HealthMatchBC and VCH Physician Careers.

What's Next

Upcoming QI projects in collaboration with VCH Richmond LTC include continuing to reduce Emergency Department transfers from LTC, POCUS training for LTCL physicians, and enabling virtual health services in LTC with interpreting services, and more!



The Richmond LTCL committee regularly meet at the RDFP office to take stock of the state of the program, share ideas, and learn ways to improve long-term care.



23 LTCL Physicians
+27%



6 Care Homes



6 LTCL Residents Transferred to 4 LTCL Physicians



2 Engagement Sessions on Various LTCL Topics



1 Learning Session on Vascular and Endovascular Health in LTCL



4 Video Tutorials for CSC Billing and More (New Initiative)

Connected MOAs, Stronger Support for Doctors

MOA Network Highlights



Since its launch in 2019, the MOA Network has grown into a vibrant community of over 188 medical office assistants and clinic managers. Guided by insights from physicians, MOAs, and the MOA Network Steering Committee, comprised of seven experienced clinic managers, the Network continues to foster collaboration, share best practices, and support excellence in primary care administration.

188 MOA Network Members

MOA Recruitment

In 2026, RDFP supported MOA recruitment for 15 community family clinics, including solo and group practices, successfully filling 73% of recruitment requests, with most positions filled by qualified RDFP candidates.

Continuing this effort, RDFP received over 100 qualified MOA applications in 2025-2026 from candidates interested in working in Richmond family clinics. These candidates were presented to physicians through the RDFP Rapid Read newsletter.

RDFP continues to support MOA recruitment through:

- Engagement with local colleges to promote MOA careers and opportunities.
- Recruitment postings on Indeed as well as RDFP launched a dedicated MOA recruitment webpage on the RDFP recruitment site, allowing clinics to showcase themselves and enhance candidate-clinic alignment.
- Pre-screening of candidates to ensure a good fit for clinic needs and to help reduce administrative burden.

15 Clinics Requested Recruitment Support in FY 2025-2026

63% Fulfilled by RDFP

MOA Continuing Education

RDFP recognizes the importance of ongoing learning for MOAs and is committed to providing opportunities for skill advancement.

In 2025-2026, five educational training sessions were offered:

- MOA First Aid Training - Year 2
- Privacy and Security in Clinical Practice
- Switch BC - Occupational Health & Safety in Community Clinics Virtual Webinar
- Finance 101 Introduction
- UBC CPD - Security in Low Dose: Safeguarding Patient Information in Private Practice



16 MOAs completed the patient information security course to-date. This e-learning program is being provided by UBC CPD.



13 MOAs participated in the First Aid Training Program



Do you have suggestions on what skills your MOAs can develop to better support your practice?

Email your ideas to **Ailin** at achen@rdfp.ca

7 Presentations

Made to Education Partners



Recruitment Platforms Available

RDFP Website

RDFP Candidate List

Indeed.com

NEW richmondhealthcarejobs.ca

If you're looking to place a recruitment ad for an MOA, contact moarecruitment@rdfp.ca for more support.

97

MOAs Expressed Interest in Working for Richmond Family Practices

MOA Engagement

RDFP launched a WhatsApp Chat Group in November 2025, providing MOAs with a platform to seek advice from peers on clinical operations, walk-in availability, and other practice-related topics.



RDFP MOA WhatsApp Group

Established in November 2025 to create a dedicated space for peer connection, resource sharing and more.



23 Members To-Date



Practical Support



New Physician Availability



Walk-in Availability

During **MOA Appreciation Day**, RDFP visited 62 clinics and delivered 200 Tokens of Appreciation to recognize the vital role Medical Office Assistants play in supporting family physicians through administrative and patient-scheduling tasks.



MOA Appreciation Day



62 Clinics Visited



200+ Tokens of Appreciations Delivered



Two networking-educational events were held in 2025/26, providing MOAs with the opportunity to connect with peers. Over 100 MOAs attended, built professional relationships and learned new skills.

In addition, RDFP's bi-weekly newsletter ensures MOAs are informed, engaged, and supported with the latest healthcare updates, resources, and professional opportunities.



The RDFP Team visiting various clinics in Richmond for MOA Appreciation Day to foster a strong sense of community and support.

Expanding Primary Care Network Connections



Dr. Kim Co

The PCN team was instrumental in the care and stabilization of one of my complex patients.

I referred a 50-year-old man with a history of Alcohol Use Disorder and a chronic right foot ulcer, further complicated by homelessness and a subsequent stress fracture on the same leg. His transient living situation had contributed to the chronicity of his wound and made ongoing medical management particularly challenging for me and his orthopaedic surgeon.

Through the coordinated efforts of the PCN team, the patient was able to access a range of essential supports, including HandyDART services, Canada Pension Plan Disability (CPP-D) benefits, Persons with Disabilities (PWD) benefits, and the Disability Tax Credit (DTC). The team also provided guidance with his My Service Canada Account (MSCA), allowing him to better manage his benefits independently.

Referrals to the PCN occupational therapist and community link worker were crucial in obtaining equipment and facilitating housing support. With their assistance, the patient successfully transitioned from the shelter system into stable rental housing and now remains on the BC Housing waitlist. He has also been approved for PharmaCare Plan C, providing full coverage for eligible medications.

This collaborative, multidisciplinary approach has resulted in remarkable progress—transforming a highly complex situation into one of safety, independence, and improved health management. The dedication and expertise of the PCN team not only changed the trajectory of this patient’s life but also greatly alleviated the burden on primary care. I am deeply grateful for their partnership and continued commitment to patient-centered, holistic care.

Since our inception in late 2019 as a wave-one PCN community, the Richmond Primary Care Network (PCN) has evolved from a foundational pilot into a sophisticated clinical engine. Our strength lies in the synergy between Vancouver Coastal Health (VCH), providing clinical supports, and the RDFP, providing operational strategy. As pioneers in the PCN landscape, we take our “wave-one” status seriously. We regularly engage with PCNs across BC to share lessons learned, fostering a province-wide environment of transparency and collaborative growth.

The catalyst for our 2025-2026 focus on efficiency was a trio of challenges: rising patient complexity, a steady increase in referral volumes, and a fixed resource pool. With an average of 4,000 referrals annually, we

recognized that we had to work smarter to maintain high-quality access.

Dynamic System Improvements for Richmond’s PCN

The Richmond Primary Care Network (PCN) underwent a significant transformation this year, shifting from a largely static operational model to a dynamic, data-informed ecosystem. After operating without a formal evaluation for five years, the PCN re-established a structured assessment process aligned with Ministry of Health Core Attributes. This marked a pivotal change in how priorities are set, resources are allocated, and progress is measured placing evidence and physician leadership at the centre of decision-making.

Making Evaluation and Accountability More Robust

By conducting the first comprehensive PCN evaluation in five years, the network addressed these gaps and created a foundation for continuous improvement. Provincial metrics now directly inform local outreach, service planning, and governance discussions, enabling timely, responsive adjustments that better reflect the realities of frontline care in Richmond.

PCN Supports Your Practice



The PCN is designed to ease workload pressures for family physicians while improving patient access to specialized, team-based care.

Contact **Jorge Hernandez** at jhernandez@rdfp.ca to learn more.



Richmond PCN Evaluation

Established a continuous improvement cycle where provincial metrics (Ministry of Health Core Attributes) now directly inform local outreach and governance, resulting in a measurable surge in provider utilization and community representation.



+22%
referral increase
in one month



+82.5%
residential attachment rate through
Health Connect Registry (HCR)



51
Family Physicians
Engaged with PCN Team



Strengthened the 8 PCN Clinical Disciplines



Community Advisory Group (7 local organizations)

DID YOU KNOW?

When you refer a patient to a PCN service, you’re helping translate care into action. Referrals enable patients to access targeted programs that can make a real difference in their care journey. The outcomes of which are regularly shared at PCN Connections events.

Start the conversation: rmdpcn@vch.ca

Measurable Gains in Engagement and Access

This shift toward data-driven action produced immediate and measurable results. Targeted outreach informed by evaluation findings led to a 22% increase in referrals in a single month, rising from an average of 303 to 369 referrals in July 2025. Progress was also made in reducing the attachment gap, with 82.5% of Richmond residents successfully connected to providers through the Health Connect Registry.

Strengthening Physician and Community-Led Governance

The PCN Working Group was reinforced with eight primary care providers, and a new Community Advisory Group was established, bringing together seven local organizations. These groups support shared accountability, improve representation, and ensure that strategic decisions are grounded in both clinical experience and community perspective.

Physician Champions as Catalysts for Impact

A critical enabler of this work has been the identification and empowerment of Physician Champions. Family physicians are more likely to engage with new initiatives when they are led by trusted peers who understand the realities of clinical practice. By partnering with these champions, the PCN promoted peer-led innovation, increased participation, and scaled successful ideas beyond individual clinics transforming them into community-wide standards of care.



RDFP-hosted PCN events bring partners together to strengthen collaboration and support local primary care.

Reducing Wait Times Through Data Transparency

A key efficiency achievement has been reducing patient wait times by up to two weeks through improved coordination and monitoring. The implementation of a centralized Wait Times Dashboard now tracks seven PCN services across three program areas and is accessible to family physicians, PCN partners, and coordinators through RDFP-hosted portals. Updated monthly on the first Monday, the dashboard increases transparency, supports informed clinical decision-making, and enables proactive service planning.

Administrative Backbone and Measurable Results

Equally critical to these efficiencies is the work of the PCN Administrative Team, whose collaboration with the Vancouver Coastal Health (VCH) PCN team provides the operational backbone of the network. Their efforts ensure programs meet system requirements, maintain data integrity, and scale effectively while upholding high standards of care.

In fiscal year 2025-26, the PCN streamlined its intake process, maintaining an average 39-day turnaround from initial referral to scheduled appointment, and processed over 4,000 service-specific referrals. (Multidisciplinary referrals are recorded separately for each clinical discipline requested.)



By building operational efficiencies across our network, we reduced patient wait times by **up to two weeks**, helping more Richmond residents connect to primary care sooner.

Wait Times Dashboard: Improving Referral Transparency

One of the efficiency improvement projects is the PCN Wait Times Dashboard.

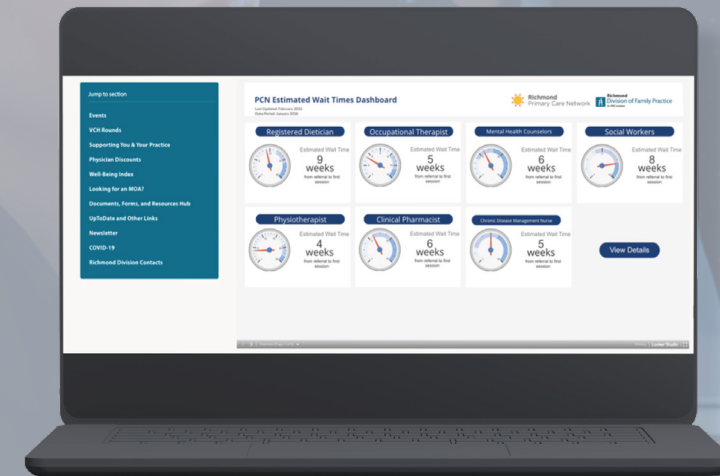
The PCN and RDFP teams collaborated to develop an interactive Wait Times Dashboard to help family physicians better understand the wait times patients can expect across seven Primary Care Network services. RDFP works closely with PCN administrative coordinators and service providers to collect and verify this data.

Updated monthly, the dashboard provides current staffing levels and verified wait times in one accessible platform. This enables physicians to set realistic expectations, process referrals more efficiently, and guide patients toward appropriate care. It also supports PCN leaders in identifying service gaps and capacity pressures.

The dashboard has already received positive feedback from physician partners and the PCN, strengthening referral conversations and improving transparency across the network.



Consolidated PCN Dashboard (Updated Monthly)



Available for Family Physicians and their MOAs through the RDFP Website
Scan QR Code to Log-In

Spotlight on the Social Prescribing Program in the Richmond Primary Care Network

The Social Prescribing Program within the Richmond Primary Care Network (PCN) plays a critical role in supporting family physicians and improving patient access to holistic, timely care. By integrating non-clinical, community-based supports into primary care, the program helps address patients' social and practical needs, factors that often significantly influence health outcomes but fall outside the scope of traditional medical care. In doing so, the program improves health outcomes, reduces non-clinical issues presented during medical visits, saves physician time, and alleviates pressure on already limited clinical capacity.

Social Prescribing in Practice

Social Prescribing connects patients to community resources that address social determinants of health, such as housing instability, social isolation, financial stress, employment challenges, and language barriers. Within the Richmond PCN, this work is primarily delivered by a Community Link Worker and a Community Navigator, who function as an extension of the primary care team.

Physicians refer patients through structured pathways, enabling social prescribers to provide care coordination, system navigation, and ongoing follow-up. This team-based approach supports continuity of care for complex and vulnerable populations, including seniors, individuals with chronic conditions, newcomers, and those experiencing psychosocial challenges. Patients benefit from increased engagement, improved self-efficacy, and greater satisfaction as their broader life context is acknowledged and addressed alongside their medical needs.



Sean (left) and Beatrice (right) work with patients to help them access services to help reduce non-clinical demands on family physicians.

Implementation of the Community Navigator Role

The Community Navigator role was introduced in response to a clear gap in service delivery. Addressing this gap offered a dual benefit: improving patient access to care while directly supporting family physicians and their practices. The role was intentionally designed to enhance timely access to services, reduce barriers such as language and system complexity, and increase the frequency and effectiveness of follow-up with patients.

Impact on Physicians and Patient Care

Physicians are able to rely on the Social Prescribing team to address patients' non-medical needs, confident that appropriate follow-up and coordination are in place.

The impact extends beyond referral numbers. Physicians report stronger doctor-patient relationships, as patients feel better supported and understood. By alleviating social stressors that often complicate medical care, the program contributes to improved patient outcomes and allows physicians to practice more holistic, patient-centred care.



Looking Ahead

By continuing to strengthen partnerships, refine evaluation methods, and align services with physician and patient needs, the Richmond PCN's Social Prescribing Program will remain a key contributor to improved health outcomes, reduced clinical burden, and more sustainable primary care delivery.

Rising: George's Return to Community and Connection

Before connecting with the Primary Care Network (PCN), George's life had become increasingly challenging. At 74, he had undergone open heart surgeries, had a pacemaker, and was taking medication for hypothyroidism. Over time, his energy levels declined, and he found himself feeling exhausted and less motivated to stay active or social.

Things came to a head after his wife suffered a serious fall and fracture. As her primary caregiver, George spent much of his time at home supporting her recovery. With his wife unable to manage stairs, he slept on a mat on the floor for several months so he could stay close by to help. Their children did not live nearby, which made day to day responsibilities more demanding. During this period, George also experienced the loss and illness of close friends, which added to his feelings of isolation. Gradually, both his physical activity and social connections faded, and his mental health declined. He began experiencing depression.

Support That Addressed the Whole Picture

George eventually reached out to his family physician, who referred him to PCN services. Through the PCN, George was connected with a mental health counsellor and a community navigator, who worked together to support both his emotional wellbeing and his connection to the community.

Through counselling, George learned practical ways to manage negative thinking and was encouraged to take small, realistic steps toward rebuilding routine and confidence. At the same time, the PCN community navigator helped him explore local recreation and social programs. George and his wife were supported with registration at Minoru Senior Centre, and George was encouraged to ease back into activities he once enjoyed.

At the centre, George reconnected with an old friend and resumed playing poker, a game he was very fond of, and it quickly became a regular and enjoyable part of his week. He also began swimming while his wife attended her exercise classes.



During the interview for this article at the Minoru Seniors Centre, George was warmly greeted by several regulars, further highlighting how he has reclaimed a sense of community.

A Brand New Day for George and His Wife

Today, George's routine looks very different. He participates in Luk Tung exercise each morning at South Arm Community Centre, plays cards with friends several times a week, and swims regularly. His confidence in going out has improved, and he feels more comfortable navigating community programs on his own.

With his wife's improving health, supported by PCN physiotherapy, which helped her regain strength and balance, daily life at home also changed. George and his wife now share household tasks, shop together, and enjoy going out socially, including meeting friends for dim sum. These changes have had a noticeable impact on their quality of life. George now rates his health as good, and reports more healthy days and fewer activity limitations related to depression.

For George, the PCN's support made a meaningful difference by addressing not only his mental health, but also his social engagement and his wife's recovery. He is grateful for the practical, coordinated care he received and the positive role it has played in helping both him and his wife stay active, connected, and supported in their daily lives.

PCN Supports People to Keep Doing What They Love

Living well with chronic conditions isn't just about managing symptoms, it's about feeling supported to keep doing the things that bring meaning, joy, and purpose. For Vickie, a creative and active Richmond resident in her 70s, support from the Richmond Primary Care Network (PCN) has helped her do exactly that.

After more than ten years of managing diabetes, Vickie began to feel worn down by repetitive meal planning and discouraged about staying active. She wanted advice that would support her health while still allowing her to fully engage in her creative passions and everyday life. A referral from Dr. Alex Chesley opened the door to a PCN care experience that felt practical, personal, and empowering.

Thoughtful, Team-Based Care That Fits Real Life

Vickie's care journey began with a referral to PCN registered dietitian, where the focus was on balanced eating without rigid rules. With support from PCN chronic disease management team, Vickie explored small, manageable lifestyle changes that made sense for her routine.

One particularly impactful step was trialing a glucose sensor, which helped Vickie see how food choices, meal timing, and gentle activity affected her blood sugar. This insight helped shift her mindset from feeling restricted to feeling informed and confident. Simple practices, such as taking a 20-minute walk after meals, quickly became part of her daily life.

Within three months, Vickie saw improvements in her A1C levels. Just as important, she felt more motivated and hopeful, spending time caring for her diabetes instead of feeling like it controlled her.

Personalized Support That Protects What Matters Most

For Vickie, good health also means keeping her hands moving and her creativity alive.



Through personalized PCN support, Vickie is managing her health and continuing to pursue the creative passions that enrich her life.

As President of the Textile Arts Guild of Richmond, sewing and embroidery are deeply important to her wellbeing. When arthritis in her hands began to make these activities painful, the PCN connected her with occupational therapist Cindy for joint protection support.

During one-on-one sessions, a PCN Occupational Therapist took the time to watch Vickie sew and worked alongside her to fine-tune posture, grip, and hand positioning. Even the smallest ideas like using an everyday chip clip to relieve hand tension after sewing made a meaningful difference. These simple, thoughtful strategies weren't dramatic but they were practical, sustainable, and designed around Vickie's life.

Working Together for Better Patient Experiences

Vickie's story reflects the heart of PCN care: listening first, working together, and supporting people to live well. For family physicians in Richmond, partnering with the PCN means knowing your patients are cared for by a connected team that understands their goals, values, and daily realities.

We invite family physicians to explore how working with the Richmond PCN can help patients feel supported, capable, and confident not just in managing their health, but in continuing to live life fully.

Patient Attachment

The Attachment Program continues to play a critical role in strengthening patient access to primary care while respecting the operational realities of family practice. By aligning new patient intake with real-world clinic capacity, the program supports sustainable growth rather than overwhelming providers, helping stabilize workflows and preserve continuity of care.

Instead of applying a one-size-fits-all approach, attachment efforts are carefully coordinated to match patient needs with physician readiness and team-based capacity. This ensures that attachments are appropriate, manageable, and positioned for long-term success. By centring provider capacity alongside patient demand, the program balances access with sustainability.

Between April 1, 2025 and the current reporting period, 2,740 patient cases were opened through the Attachment Program, and 6,159 patients were successfully attached to a primary care provider. These outcomes reflect the program's ability to translate system demand into stable, ongoing primary care relationships, strengthening both patient access and clinic resilience across Richmond.

Reducing Administrative Burden for Clinics and Providers

A key focus of the program was minimizing the administrative load associated with patient attachment. Program staff worked directly with primary care providers and clinic teams on a one-to-one basis to identify attachment opportunities that matched each practice's scope, staffing, and workflow.

By acting as a consistent liaison between patients, clinics, and providers, the program streamlined communication and reduced confusion around attachment pathways. This support allowed clinics to focus on patient care while navigating attachment processes with greater clarity and confidence.

Improving Alignment Between Patient Needs and Clinic Capacity

The program emphasized thoughtful coordination to ensure patients were matched with providers whose availability and practice models could best meet their needs. This approach supported more appropriate attachments and helped avoid mismatches that can strain clinic resources or compromise sustainability.

Strong collaboration with HealthLink BC, Health Care Registry staff, internal team members, and external health system partners strengthened the program's ability to respond to attachment needs in real time. These partnerships enabled more efficient navigation of community resources and improved access to care for patients seeking attachment.

Community Impact

Through provider-centred coordination and strong partnerships, the Richmond Attachment Program supported family physicians and clinics while improving patient access to primary care. The program's flexible, responsive approach helped reduce administrative burden, improve workflow stability, and ensure attachments were both appropriate and sustainable delivering value to providers, patients, and the broader Richmond community.





Richmond Primary Care Network

The Richmond Primary Care Network (PCN) model allows Family Physicians to invite other health care providers into a coordinated care team. The members then work together in a team-based care model, keeping the patient's health goals in mind.

Mental Health Counsellor

Provides timely, short-term counselling for anxiety, depression, grief, and relationship challenges. Early intervention equips patients with coping tools and improves access to mental health support within primary care.

Occupational Therapist

Helps patients maintain independence in daily activities through adaptive strategies, energy conservation, and stress management. Supports functional goals that improve quality of life.

Social Worker

Addresses social factors affecting health, including finances, housing, and caregiver stress. Supports advance care planning and offers guidance on available public resources.

Seniors Team

Provides coordinated, proactive care for frail seniors to enhance safety, independence, and aging in place. Reduces avoidable hospital and emergency department use.



Social Prescribing

Connects patients to community programs, social activities, and local services that support overall wellness. Reduces social isolation and strengthens patient engagement beyond clinical care.

Dietitian

Delivers individualized nutrition guidance to prevent and manage chronic disease. Supports sustainable dietary changes that improve health outcomes and patient engagement.

Pharmacist

Optimizes medication regimens through comprehensive reviews focused on safety, effectiveness, and appropriateness. Supports complex prescribing, deprescribing, and improved medication adherence.

Physiotherapist

Assesses and treats musculoskeletal and neurological conditions, providing personalized exercise programs and fall prevention strategies. Supports safe mobility, recovery, and long term function.

Chronic Disease Management Nurse

Supports patients with chronic conditions by strengthening disease understanding and self management skills. This proactive care improves adherence, stability, and continuity in primary care.



Visit us at:
richmonddivision.ca/richmond-primary-care-networks
to learn more.

Collaborating with Members to Improve Well-Being

Well-Being Index Highlights



In June 2025, the Richmond Division of Family Practice (RDFP) launched the Physician Well-Being Index (WBI) to establish a local baseline of physician wellness in Richmond. Physician well-being is a cornerstone of sustainable, high-quality primary care, yet until now, Richmond lacked validated, community-specific data to inform meaningful action.

The WBI fills this gap by providing actionable insights into the current state of physician well-being. The data highlights key stressors, protective factors, and areas of vulnerability, while also identifying opportunities to strengthen supports at both the individual and system levels. This evidence-based approach enables RDFP to move beyond anecdotal understanding toward targeted, data-driven solutions.

Guided by the WBI findings, RDFP is implementing focused interventions to support physicians, including mentorship programs, enhanced training and professional development opportunities, resilience-building initiatives, and the promotion of team-based care models.

Physicians Who Feel Supported

Richmond family physicians who feel supported tend to report higher well-being, underscoring the importance of both formal and peer support.



Together, these efforts aim to reduce stress, strengthen physician well-being, and contribute to a more resilient and sustainable primary care system in Richmond.

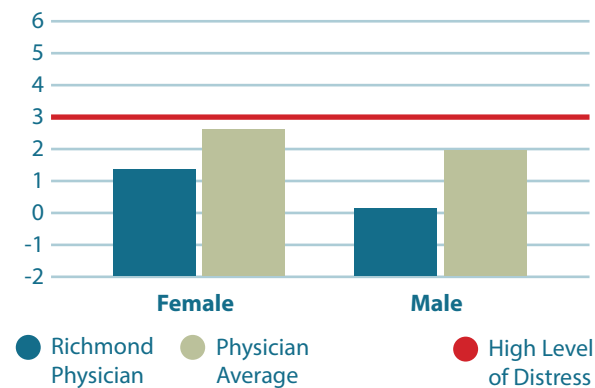
administrative burden. Current and planned initiatives include administrative and workflow training, support for medical office assistant (MOA) recruitment, and research into innovative technological solutions that members can trial to streamline practice operations and reduce non-clinical workload.

In addition, RDFP is addressing one of the most significant contributors to physician burnout which is

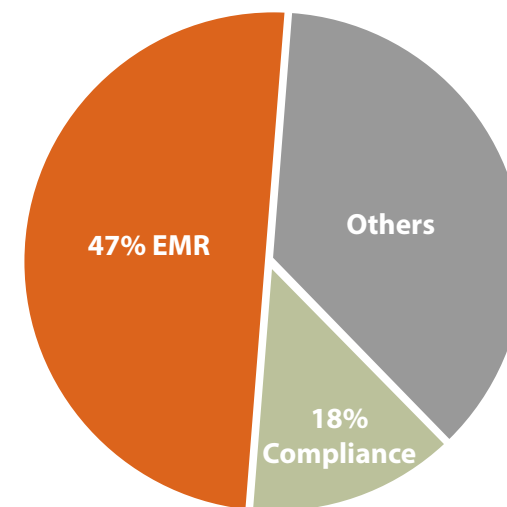
Likelihood of Outcomes Based on Score

	Distressed	Struggling	Okay	Thriving
Quality of Life	Lowest	Low	High	Highest
Burnout	Highest	High	Lower	Lowest
Severe Fatigue	Highest	Average	Lower	Lowest
Medical Error	Highest	Average	Lower	Lowest
Turnover	Highest	Average	Average	Lowest
Suicidal Ideation	Highest	Average	Lower	Lowest

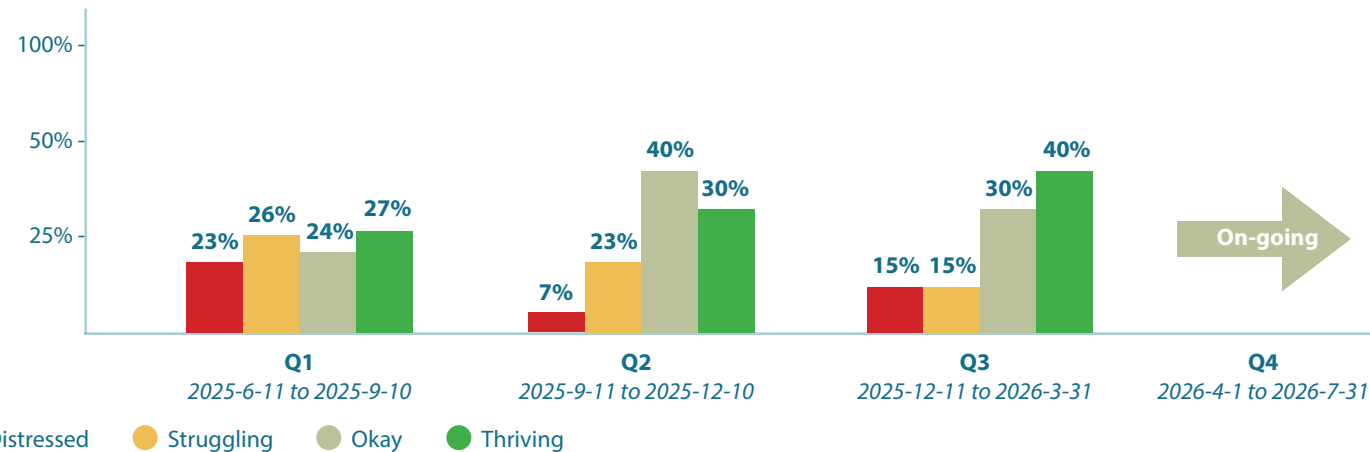
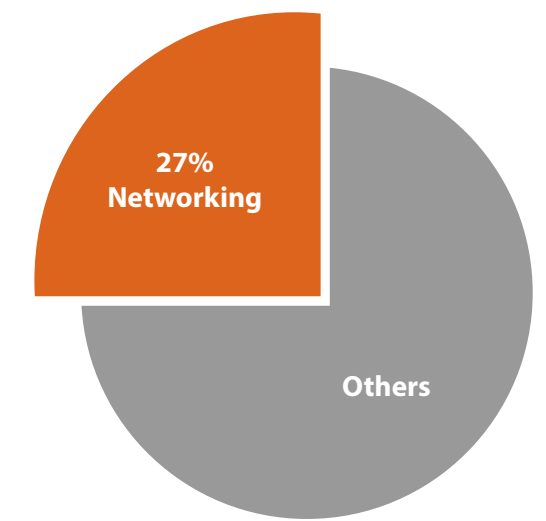
Mean Distress Score



What Tasks Adversely Affect Well-Being?



What Do Physicians Want More of?



Survey Response

% of total membership



Physicians prefer completing WBI surveys during organized events, as clinical demands often limit their availability during regular workdays.

While some respond via the Richmond Rapid Read newsletter, most value dedicated time for survey completion.



Well-Being Index

Let us know how we can better support physician well-being as this can influence future Division projects for you.

Scan the QR code and update your WBI account today.





Making Sure Members are Connected

Online Engagement Highlights

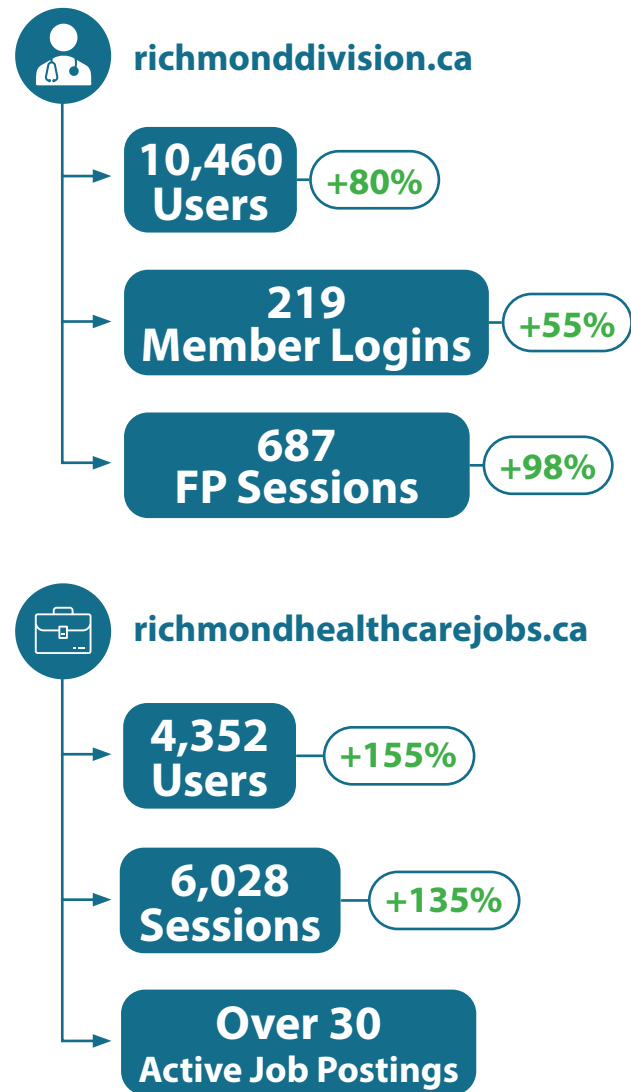
A significant area of communications impact this year was the comprehensive improvement of the RDFP and RichmondHealthcareJobs websites. Guided by user experience tracking, engagement data, and member feedback, both sites were updated to better reflect RDFP's brand, improve mobile responsiveness, and reorganize content for easier navigation.

These changes enhanced usability and made it simpler for members to find relevant, timely information. Backend improvements also streamlined content management, enabling more efficient updates and ensuring information remains current and responsive to members' needs.

Key Improvements Implemented

-  Revised and streamlined website architecture based on user feedback
-  Search Engine Optimization (SEO) to make the websites easier to find online
-  On-going content update to keep information relevant
-  On-going improvements to mobile adaptability

Measures of Success: Websites



Financial Statement 2025–2026 Pre-Audited

Statement of Financial Operations
As of March 31, 2026

Revenues

Infrastructure	\$891,228.00
Collaboration Funding	\$34,456.00
Long Term Care Initiative (LTCI)	\$357,400.08
PMH/PCN Physician Engagement	\$307,930.00
Primary Care Network	\$1,068,450.00
Attachment Mechanism	\$200,000.00
Physicians Integration & Retention	\$55,000.00
Shared Care Projects	\$55,000.00
Bank Interest & Others	\$16,501.53

Total Revenues

\$2,985,965.61

Expenditures

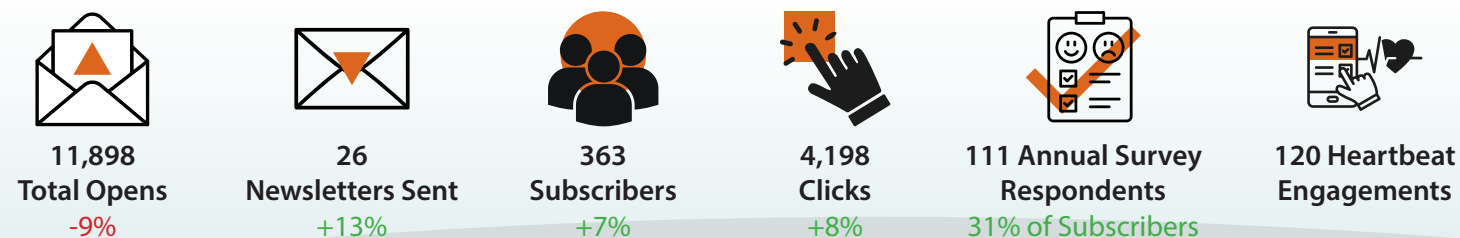
Infrastructure	\$984,716.06
Long Term Care Initiative (LTCI)	\$332,669.56
PMH/PCN Physician Engagement	\$307,930.00
Physicians Integration & Retention	\$55,000.00
Attachment Mechanism	\$200,000.00
Shared Care	\$41,528.00
Primary Care Network	\$1,062,622.50

Total Expenditures

\$2,984,466.20

The Richmond Rapid Read

The newsletter was streamlined using engagement data and member feedback to increase focus on value and reduce information overload. Testing informed improvements to format, timing, and readability, with incremental updates preserving familiarity while enhancing clarity, usability, and engagement.



Submitted by the Finance Committee



Dr. James Lu
Treasurer



Dr. Michael Frey
Director at Large



Dr. Cheryl Nagle
Director at Large

richmonddivision.ca

Unlock the support, expertise, and resources to help your practice thrive.

Become a member to connect with a supportive network of physicians and healthcare professionals. Gain access to valuable resources, including recruitment assistance, technology support, educational events, and tools designed for you.



Scan here



richmonddivision.ca/richmond-primary-care-networks/

Enhance patient well-being and ease your workload with the support of the Primary Care Network.

Partner with a dedicated team of allied health professionals to support your practice and deliver comprehensive patient care, including chronic and complex condition management and proactive social intervention.



Learn more



richmondhealthcarejobs.ca

Looking for your next healthcare role?
Exciting opportunities await in Richmond, BC.

Get guidance on job search and placements from our dedicated team. Richmond offers abundant opportunities, discover why healthcare professionals choose to relocate.



Get started here



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The Divisions of Family Practice initiative is sponsored by the Family Practice Services Committee (a joint committee of the B.C. Ministry of Health and Doctors of BC).

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