Burnaby
Division of Family Practice
An FPSC initiative

Annual Report

2025–26

Patients and physicians achieving health and happiness.



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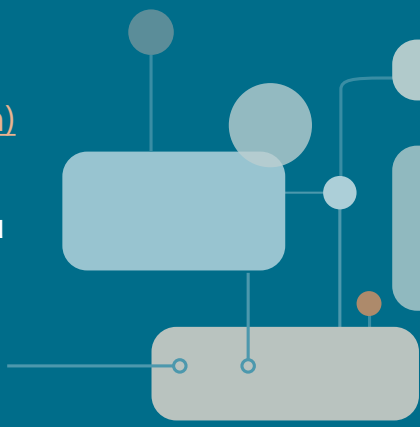
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Land Acknowledgement

Burnaby Division of Family Practice respectfully and gratefully acknowledges that the work we do takes place on the unceded territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), səlilwətaɬ (Tsleil-Waututh), and kʷikʷəƛ̓əm (Kwikwetlem) Peoples. Each Nation has distinct histories and distinct traditional territories that fully or partially encompass the city. We encourage you to learn more about the Host Nations whose ancestors have occupied and used these lands, including parts of present-day Burnaby, for thousands of years.



Our Vision, Mission & Goals

OUR VISION

Patients and physicians achieving health and happiness.

OUR MISSION

To engage, support and mobilize family physicians in co-creating a network that will support the wellbeing of all members of the Burnaby community.

OUR GOALS

01 Increase direct hands-on practice support

02 Strengthen the Burnaby Division's effectiveness

03 Increase recruitment supports

Message from the Board Chair



Dear Members,

This report is an annual moment of reflection for the Burnaby Division of Family Practice and for myself. It remains an honour to serve as your Board Chair and to work alongside Burnaby's 462 members, providing essential primary care for patients in a community as diverse, connected, and caring as this.

Clarity and focus were defining elements of 2025–26. Over the past year, you have shared your challenges, advice, and goals through venues such as our member survey and PCN evaluation. Your insights informed our new three-year Strategic Plan and gave your Board of Directors and staff greater clarity about where the Division's work can meet our most pressing challenges and opportunities head-on with confidence.

Practice supports, recruitment, and organizational efficiency emerged as our three priorities for the next three years.

Connecting primary care providers with the tangible supports we need to smoothly manage patient care and clinic operations is key to preventing burnout and making family practice in Burnaby a sustainable and fulfilling endeavour. In 2025–26, panel management became a particular area of need, as funding decisions increasingly rely on the accuracy of Burnaby's data in the Provincial Attachment System. As a collective, keeping this information accurate helps ensure Burnaby's true primary care needs are reflected in provincial planning and funding decisions.

Recruitment also remains an important priority as we prepare for future retirements and support continuity of longitudinal care in Burnaby.

> ***"Practice supports, recruitment, and organizational efficiency emerged as our three priorities for the next three years."***

Even as physicians continue navigating a changing and often demanding health care landscape, there is much to acknowledge and celebrate from this past year. 2025–26 saw the first full year of operations for the MOSAIC Community Clinic, an innovative Primary Care Network (PCN) initiative providing a Patient Medical Home for priority populations in Burnaby. We also launched the new PCN Young Child Autism Spectrum Disorder Assessment service and began planning for a 1.0 FTE Social Worker, Indigenous Wellness. This will bring our suite of PCN allied health offerings up to 11 different services and signifies a crucial step in strengthening culturally safe, team-based care in Burnaby.

The Burnaby Division also continued to grow its partnership with the SFU Stephens Family School of Medicine. This relationship has already brought considerable leadership opportunities for Burnaby physicians to shape the future of primary care delivery in BC and, over time, will bring new cohorts of family physicians to our community.

I look back on this year with gratitude and deep admiration for the leadership of Burnaby family physicians. Burnaby has a strong history of fostering bold physician leaders who go on to make an impact at regional, provincial, and even national levels. I encourage any of you who are passionate about improving our system for patients and providers to get involved with the Division. We need your ideas and energy to transform primary care for all of us.

Thank you to our outgoing Board members, Dr. Jennifer Moore and Dr. Forson Chan, for the time, effort, and thoughtfulness you brought to representing fellow family physicians on the Burnaby Division's Board of Directors. Your voices will be missed around that table.

And thank you as always to every primary care provider in Burnaby for your unwavering dedication in caring for the health and well-being of our community.

Respectfully,

Dr. Leo Dai

BDFP Board Chair

Burnaby PCN Co-Chair

Message from the Executive Director



Dear Members,

The 2025–26 year was one of renewed focus for the Burnaby Division of Family Practice. With our new strategic direction taking shape, we continued to strengthen supports for Burnaby primary care providers while investing in the people, systems, and internal structures needed to serve our members well in the years ahead.

A significant part of this work was developing our 2026–2029 Strategic Plan. Members, staff, the Board, physician leaders, and our partners all contributed to the process, helping us define priorities that reflect both the realities of practice and what the Division is best positioned to shape.

Strong member services depend on a capable and well-supported staff team, clear processes, and systems that help us work well together and follow through on our physician-focused goals and plans. One of our largest internal undertakings this year was a comprehensive update to the Board's policy and procedural manual, which now provides greater clarity around governance, decision-making, and organizational responsibilities. We also made significant progress in the creation of a clear and transparent Human Resources Manual that will support consistent and sustainable people practices, ensuring staff have a tangible document that captures how they will be both supported and held accountable as the Division's work continues to grow and evolve. This manual will be presented to staff in the coming months for their review and adoption.

Together, these two documents are key foundational pieces that will serve the Division, its staff, and Board for years to come. This solid foundation strengthens the work we do, supports our

> *"That willingness to 'look up' and be a part of something bigger while managing your busy work makes a difference here in Burnaby, and I thank each of you for that."*

Strategic Plan and goals, and allows us to innovate and evolve as we move forward in the ever-changing world of primary care.

With these clearer systems and a full staff complement, we enter the coming year ready to advance our Strategic Plan's three priorities: expanding hands-on practice support, strengthening how the Division operates, and building our recruitment supports. Our team brings together a strong mix of experience, organizational knowledge and fresh perspectives; all ready to be focused on supporting you, our Burnaby family physicians

We are also continuing to prepare for longer-term changes in Burnaby's population and physician workforce. As our population ages, many patients are living with increasingly complex care needs. At the same time, we anticipate that a significant number of our family physicians are and will be considering retirement over the next five to ten years. We are actively working to better understand how the Division can support our physicians approaching retirement, help clinics recruit successors, and maintain continuity of longitudinal care for established patient panels. The connection between recruitment and retirement is clear to us.

Thank you to our members and physician leaders for continuing to share your experiences and expertise, to the Board for its guidance, and to our partners for working alongside us. It continues to be inspiring to see people so dedicated to their profession and yet so willing to see the connection between patient and community, and between physician and community. That willingness to "look up" and be a part of something bigger while managing your busy work makes a difference here in Burnaby, and I thank each of you for that.

Lastly, thank you to our wonderful Division team. The passion, care and effort that the 17 of you bring to this organization and the collaborative work we do is the magic that makes this all happen. Working alongside you continues to be an honour and a joy.

As we begin putting our new Strategic Plan into action, I invite members to stay connected and continue telling us where the Division's support can make the greatest difference. Your advice will remain important as we turn these shared priorities into meaningful results.

In partnership,

James Musgrave, M.Ed., RCC

Executive Director

Burnaby Division of Family Practice

Treasurer's Report

Dear Members,

This was my first year serving as Treasurer for the Burnaby Division of Family Practice, and I am grateful for the opportunity to support the Board in overseeing the Division's financial stewardship.

I'm pleased to report that the Division is following in our proud tradition of unqualified audits, reflecting the care and accountability with which our finances continue to be managed.

In 2025–26, the Division received approximately $4.07 million in revenue. Our largest sources of funding were the Primary Care Network at 33.9%, the General Fund at 24.5%, Physician Engagement and Attachment at 14.8%, UPCC shifts at 12.5%, and Long-Term Care at 10.2%. Shared Care funding accounted for the remaining 4.1%.

Total expenses for the year were approximately $4.02 million. Our largest expense categories were wages for staff and the Board of Directors at 49.3%, followed by sessional fees and physician payments at 26.2% and contractor expenses at 12.0%. These expenditures primarily support the staff who deliver Division and PCN programs, physician participation in this work, and specialized services required to operate those programs.

As I complete my first year in this role, I would like to thank my fellow Board members and the Finance Committee for their guidance and support. I am especially grateful to Roxana Matasa, Leona Cullen, and James Musgrave for their expertise, diligence, and support throughout the year. I would also like to thank Ron Hall for his many years of service as Treasurer and for helping ensure a smooth transition into the role.



> ***"It has been a privilege to take on this responsibility, and I look forward to continuing to support the Division in maintaining strong financial oversight as we begin implementing our 2026–2029 Strategic Plan."***

Treasurer's Report (continued)

It has been a privilege to take on this responsibility, and I look forward to continuing to support the Division in maintaining strong financial oversight as we begin implementing our 2026–2029 Strategic Plan.

Thank you to our members for your continued commitment to primary care in Burnaby.

Sincerely,

Dr. Vivian Liu

Treasurer

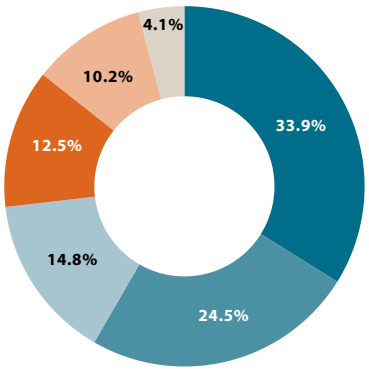
Burnaby Division of Family Practice

Unqualified audit

The Division continues our proud tradition of unqualified audits, reflecting the care and accountability with which our finances continue to be managed.

Total revenue

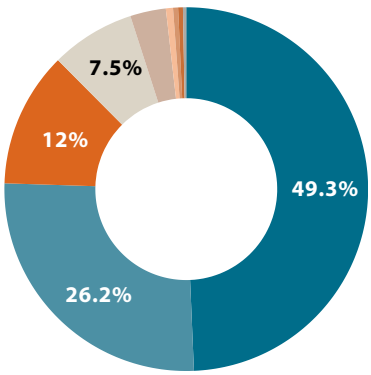
$4.07M



Primary Care Network	33.9%
General Fund	24.5%
Physician Engagement and Attachment	14.8%
UPCC Shifts	12.5%
Long-Term Care	10.2%
Shared Care	4.1%

Total expenses

$4.02M



Wages (Staff and Board)	49.3%
Sessional Fees and Physician Payments	26.2%
Contractor Expenses	12%
Office and Bank Charges	7.5%
Meeting Expenses and Events	3.2%
Advertising, Promotion, Recognition	0.6%
Professional Development	0.5%
Amortization	0.4%
Professional Fees	0.3%

Introduction

The 2025–26 year was one of both progress and planning for the Burnaby Division of Family Practice (BDFP) and the Burnaby Primary Care Network (PCN). While continuing to support members, strengthen community partnerships, and advance primary care across Burnaby, we also developed our 2026–2029 Strategic Plan to set a clear direction for the years ahead.

This year's annual report introduces a new format, organized around the plan's three strategic priorities. Together with our **Year in Review**, it offers a snapshot of key achievements this year and a closer look at how the work already underway is advancing these priorities across the BDFP and the PCN.

Read the 2026–29 Strategic Plan »



At a Glance

A snapshot of BDFP membership and primary care across Burnaby in 2025–26.

MEMBERSHIP

462 primary and secondary members

336 primary members

126 secondary members

3 nurse practitioner members

PRACTICES IN BURNABY

61 clinics

5 clinics opened in 2025–26

2 clinics closed in 2025–26

21 family physicians joined Burnaby clinics, including the Edmonds UPCC

2 Burnaby family physicians retired

PRACTICE DETAILS

Based on responses to the 2025 member survey:

67% practiced under the Longitudinal Family Physician (LFP) payment model

40% worked in family physician-owned clinics

FPS BY NEIGHBOURHOOD

119 Metrotown

76 Edmonds

58 Hastings-Brentwood

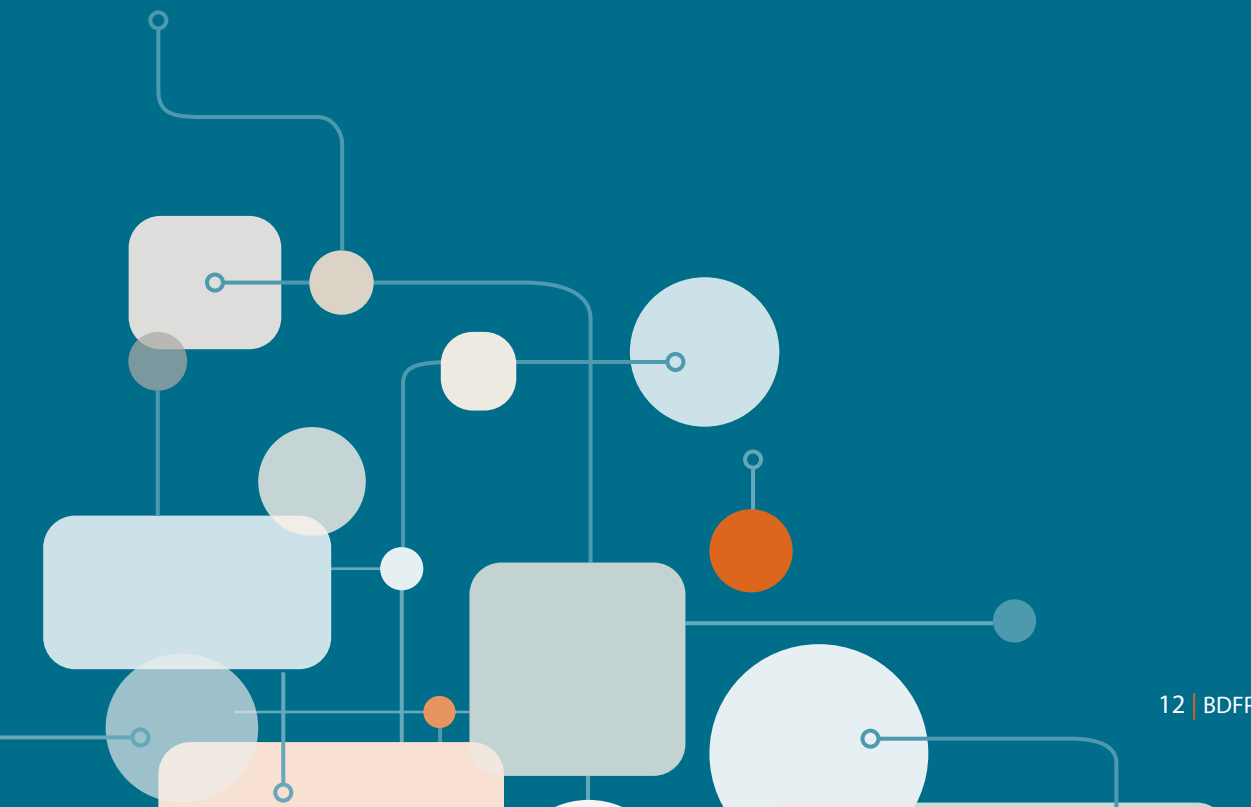
49 Lougheed

STRATEGIC GOAL 1

Increasing direct hands-on practice supports

THE GOAL

Make family practice more sustainable in Burnaby by reducing the operational and administrative barriers that contribute to physician burden and burnout.



OUR STRATEGIC APPROACH

As part of our alignment with our strategic plan, we are organizing our work around the outcomes that matter most to primary care providers and clinic teams. This helps us bring together the right services, partnerships, and expertise to respond more effectively to the realities of practice.

The work highlighted in this section shows how that approach took shape in 2025–26. Guided by physician leadership, member voices, and the strategic oversight of committees such as the Patient Medical Home Committee, we focused on:

- Creating spaces for connection and learning
- Strengthening team-based care and coordination
- Extending capacity through allied health services
- Supporting patient attachment and panel management
- Improving care for priority populations

As we continue this work, our intention is to keep turning physician and clinic needs into practical supports that reduce burden and strengthen the sustainability of family practice in Burnaby.

PHYSICIAN LEADERSHIP IN ACTION

The Patient Medical Home (PMH) Committee provides strategic advice to the Board and Executive Director on initiatives supporting family physicians and primary care in Burnaby.

In 2025–26, the PMH Committee helped guide work across direct clinic support, physician recruitment and retention, team-based care, digital access, Neighbourhood Networks, MOA development, and emerging primary care initiatives. Its advice helped ensure that BDFP activities remained informed by physician experience, and responsive to the changing needs of practice and the community.

Learn more about leadership opportunities »

Creating spaces for connection and learning

Creating spaces for connection and learning is one way we bring our mission to life: engaging and supporting family physicians as they build stronger networks across Burnaby. In 2025–26, these opportunities helped physicians share knowledge and collaborate around the needs of their practices.

Neighbourhood Networks

12
Neighbourhood Network meetings in 2025–26

4
Burnaby neighbourhoods
Edmonds, Hastings-Brentwood, Lougheed, Metrotown

9–17
average physician attendance by neighbourhood

Neighbourhood Networks are physician-led spaces where family physicians can connect quarterly with local colleagues, discuss shared challenges, exchange ideas, and stay informed about Division and PCN supports.

In 2025–26, the Neighbourhood Networks held 12 meetings across Burnaby. Lougheed and Hastings-Brentwood adopted a joint meeting format, reflecting the similar challenges providers in both neighbourhoods were navigating, creating more opportunities to compare experiences, share perspectives, and learn from one another.

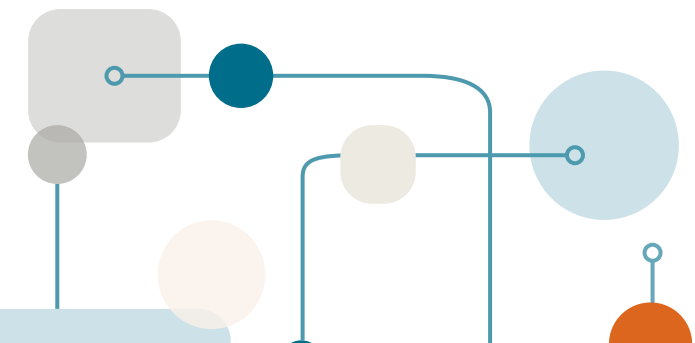
Neighbourhood Networks (continued)

The meetings give members a regular place to raise local practice concerns, including referral and communication challenges with specialist clinics and external departments. When these issues are identified, the Division can help clarify existing processes, connect directly with the relevant service or department, and identify where changes could improve the experience for providers and patients.

When concerns cannot be resolved directly, the Division brings them forward through the appropriate physician and system tables, including the PMH Committee, Collaborative Services Committee, Regional Local Leadership Table, or interdivisional roundtables. Updates can then be brought back to Neighbourhood Network meetings, helping providers see how issues they raise are being followed up and where broader system change may be needed.

Neighbourhood Networks also help shape Division programming. With rising demand for pregnancy care, primary care providers are expected to provide care up until 20 weeks gestational age before patients will be seen at the Burnaby Maternity Clinic. Physicians at a Neighbourhood Network meeting asked for additional prenatal care education and this informed the planning of the Division's Continuing Medical Education (CME) series, resulting in a prenatal care CME led by Burnaby Maternity Clinic doctors this fiscal year.

> *"I look forward to each of our Edmonds Neighbourhood Meetings, getting together with my colleagues and sharing solutions to our common problems. We really appreciate the kind and patient support of the Division staff and how they connect us with the PCN resources. Through these meetings, I feel that the family doctors in my community look after one another as well as our patients."*
>
> ***– Dr. Davidicus Wong, Edmonds Physician Lead***



Continuing medical education



Dr. Marvin Lemke presents at *The Future is Now,* an in-person CME in February 2026.

11
Continuing Medical Education (CME) sessions

389
total physicians in attendance

35
average attendances per session

The Division continued to create opportunities for shared learning and connection among family physicians through its Continuing Medical Education series.

In 2025–26, 11 CME sessions recorded 389 physician attendances—more than double the attendance recorded in the previous year. Sessions covered topics including prenatal care, addiction care, musculoskeletal health, diagnostic testing, referral resources, and care for older adults.

Three sessions focused specifically on long-term care and geriatric medicine, complementing our Long-Term Care

Continuing medical education (continued)

Initiative (LTCI). Offered quarterly, these sessions gave LTCI physicians the opportunity to deepen their knowledge and connect with colleagues working in long-term care.



One CME was delivered in person as part of The Future is Now! How to Incorporate AI and Digital Tools for Practice Efficiency. The event brought members together to learn about Pathways BC, clinic workflow tools, and using artificial intelligence and digital tools to improve practice efficiency.

Participant evaluations reflected strong appreciation for the quality and relevance of the presentations and their accessible virtual format.

Each session offered 1.0 Mainpro+ credit. Feedback and suggested topics collected after each event will continue to guide programming that reflects the evolving interests and educational needs of Burnaby family physicians.

MOA professional development

Medical office assistants (MOAs) play an essential role in keeping primary care clinics running smoothly. Through the Burnaby Division's MOA Network, we create opportunities for MOAs to build skills and connect with peers facing similar challenges across Burnaby.

In 2025–26, two sessions recorded 46 MOA attendances, with 23 clinics represented. These sessions focused on needs that directly affect clinic operations and patient interactions, such as cybersecurity, access to PCN information and resources, and responding to challenging situations.

MOA professional development (continued)

This year, the Division also expanded the MOA Network's learning opportunities by bringing in a guest speaker for the first time. A dedicated webinar on de-escalation introduced MOAs to strategies for navigating difficult interactions with greater confidence and care. Alongside formal learning, the session offered a space for MOAs to share experiences and strengthen connections beyond their individual clinics.

Building on this approach, the BDFP is collaborating with other Divisions across BC on a joint billing education event later in 2026.

2
learning and networking sessions

46
total MOAs in attendance

23
clinics represented

Reducing barriers to member supports

110
clinic visits

6
physicians booked dedicated 1:1 appointments

Led by the BDFP's Physician Engagement team, this work focuses on making it easier for busy physicians to connect with the Division, raise concerns, share feedback, and access support.

In 2025–26, the team placed greater emphasis on bringing purposeful learning and support opportunities directly into practices.

At the same time, physicians continued to have an open door to connect individually with the Physician Engagement Lead

Reducing barriers to member supports (continued)

through dedicated one-to-one appointment and call times, as well as through the many informal conversations that happen during clinic visits, Neighbourhood Network meetings, events, and day-to-day contact with the Division.

The team completed 110 clinic visits. These interactions, together with individual conversations and Neighbourhood Network discussions, surfaced recurring concerns about unclear referral pathways, difficulty accessing information after referrals, and administrative or scheduling work being shifted onto clinics.

Where possible, the Physician Engagement team worked with the appropriate departments and partners to clarify processes, resolve individual concerns, and bring broader concerns forward for further action.

More focused learning sessions were also introduced within clinics, bringing physicians, MOAs, and PCN staff together around specific services and care needs. These workshops are highlighted in the following section, Strengthening Team-Based Care and Coordination (page 21).

The Physician Engagement team, from left: Robbie Lacuna, Manny Sahota, and Matt Cooper.



Practice supports

59
family physicians attended *the in-person CME event*

2
physicians recruited *to support a major panel transition*

9
locums in the local locum pool

The Division helps providers access tools and resources that can make day-to-day work easier. A highlight in 2025–26 was The Future is Now! How to Incorporate AI and Digital Tools for Practice Efficiency, an in-person event attended by 59 family physicians. Speakers from Pathways and Doctors of BC introduced members to tools and resources for improving clinic workflows, including the Practice Support Program and Doctors Technology Office's Clinic Workflow Toolkit, as well as approaches to adopting AI scribe technology responsibly.

Practice transition support remained another important focus: the Division recruited two physicians to take over the large patient panel of a long-standing Burnaby physician, helping preserve continuity of care. Staff also assisted a retiring physician in seeking a successor for their clinic space.

Locum support helped physicians maintain coverage and flexibility within their practices. The Division's local pool included nine locums, with one newly recruited locum providing coverage for two Burnaby family physicians.

Panel management is another large area of support we provide directly to members. Read more in the section Patient attachment and Patient Attachment System (PAS) supports on page 30.

Strengthening team-based care and coordination

Team-based care is a key part of how we envision stronger primary care in Burnaby: bringing different providers together around the needs of patients rather than working in isolation. This approach is reflected in the Burnaby PCN, where integration across family practice, allied health, community health, and other partners has been a cornerstone from the beginning.

Connecting clinics with allied health

12
clinics hosted targeted allied health learning sessions

8
clinics connected with B Well Health Coaches

4
clinics met with PCN mental health counsellors

Recognizing the demands on physicians' time, BDFP's Physician Engagement team began bringing PCN allied health providers directly into family practices through clinic-based Lunch & Learns and Meet & Greets.

Eight clinics hosted sessions with the B Well Health Coaches supporting their area. Physicians, MOAs, and clinic staff learned more about the program, discussed how to make effective

Connecting clinic with allied health (continued)

referrals, and built relationships with the coaches supporting their patients. The B Well team later observed increased referrals from several participating clinics.

Building on these sessions, four clinics met with PCN mental health counsellors. Along with introducing physicians and counsellors to one another, the discussions gathered physician input on commonly presenting conditions and whether group-based services could help meet patient needs.

> "Our clinic visits genuinely made a difference. We noticed an increase in referrals from several of the clinics we connected with, and we want to acknowledge how meaningful that partnership has been. Thank you so much for your ongoing support."
>
> **–Burnaby PCN B Well Health Coaching team**

Improving communication for shared patients

Clear communication is essential when several providers are supporting the same patient. In fall 2025, the Shared Care project "Improving Communication Between Family Physicians, Community Health Nurses, and PCN Allied Health for Shared Patients" brought primary care and allied health providers together to better understand one another's roles, workflows, and communication needs.

Two in-person mapping sessions were held on October 8 and November 14, with 25 attendees at each event. Family physicians, nurse practitioners, community health nurses, and PCN allied health clinicians worked together to map care teams and patient attachment and coordination processes, identify communication gaps, and clarify where stronger connections were needed.

The insights gathered through these sessions informed the development of role-clarity resources, provider-specific guides, communication tools, and a Quarterly Connect process. Feedback and launch activities continued into 2026–27, carrying the project from consultation into implementation.

2
in-person provider mapping sessions

50
total attendances

4
provider groups represented

family physicians, nurse practitioners, community health nurses, and PCN allied health clinicians

SHARED CARE: SUPPORTING COLLABORATION ACROSS BURNABY

The Shared Care initiative helps bring family physicians, specialists, Fraser Health, PCN teams, and community partners together to address gaps that cross traditional service boundaries.

SHARED CARE: SUPPORTING COLLABORATION ACROSS BURNABY (CONTINUED)

Five Burnaby Shared Care projects introduced in last year's report moved from development into implementation in 2025–26. Together, they produced clearer communication and referral pathways, new clinical and patient resources, community partnerships, and measurable improvement in provider knowledge and confidence.

The Shared Care Committee continued to guide projects toward more coordinated and sustainable approaches, helping projects remain aligned with local needs. One new project was also approved for development: autism screening in primary care.

Shared Care initiatives appear throughout this report under the outcomes they are designed to advance.

Learn more about Shared Care at the BDFP »

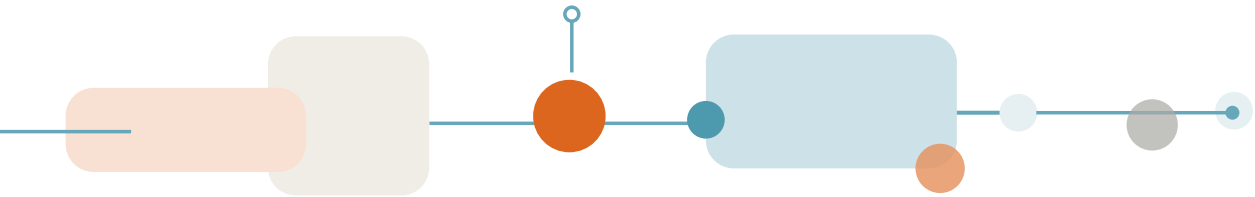
Looking ahead: clearer public health communication

A new Shared Care project is being developed to improve how public health information reaches community-based physicians. Led in partnership with Fraser Health and Pathways BC, the project is currently beginning to identify gaps in current communication and explore ways to make Medical Health Officer guidance easier to find and use.

The goal is to give physicians clearer, more timely access to information during outbreaks, climate-related emergencies, and other urgent public health situations—without requiring them to search across multiple emails, websites, and disconnected sources.

Extending capacity through allied health

Burnaby PCN Allied Health Services provide a diverse suite of no-cost health and well-being services for the patients of Burnaby primary care providers. Working in a team-based care model, these services operate as an extension of the family practice clinic. PCN clinicians work in-step with their client's attached primary care provider and leverage the power of our extended network through intra-PCN referrals and connection to health authority and community resources.



Burnaby PCN allied health services

Our PCN allied health resources are allocated according to local needs determined by our tripartite governance structure. Burnaby family physicians, Fraser Health, and Burnaby community agencies come together to share what types of services are most needed for the patients and clients they serve. This has formed the basis of our PCN service planning throughout the lifetime of the PCN and, through this process, we allocated our final Full-Time Employment (FTE) health human resources this fiscal year. This brings us up to a current total of 42.1 FTEs, across 10 allied health services, and led to the approval of a new 1.0 FTE position for a Social Worker, Indigenous Wellness.

Central Intake and cross-service operational capacity

Referrals to Burnaby PCN Allied Health Services are conveniently managed through PCN Central Intake, with a consolidated referral pathway for all services except for our new Young Child Autism Spectrum Disorder (ASD) Diagnostic Service.

Service updates

NEW

Young Child Autism Spectrum Disorder (ASD) Assessment High Needs Pathway

Newly launched in 2025–26, this pathway provides timely ASD assessment for children 18–33 months who show strong early indicators of autism and demonstrate significant social and financial need. It is intended exclusively for families who cannot afford private ASD assessment (~$4,500) and who require coordinated support to access care. Children will proceed into the Burnaby Primary Care Network (PCN) diagnostic process only if eligibility is confirmed through PCN screening. This pathway has limited capacity (~20 patients per year).

The goal is to complete the full diagnostic process within three months through collaboration between participating Burnaby pediatricians, Fraser Health Speech-Language Pathologists, and the Burnaby PCN psychologist, Dr. Erika Penner, supported by a PCN Psychometrist and the PCN coordination team.

While the core service offering was under development, the Burnaby PCN implemented a time-limited service in late 2025 to address a significant gap affecting high-needs Burnaby families whose children received ASD diagnoses outside B.C. and require confirmation to access provincial supports.

UPCOMING

Social Worker, Indigenous Wellness

The Burnaby PCN advanced planning for a dedicated Indigenous Wellness social work resource to strengthen culturally safe navigation, advocacy, and connections with Indigenous health and community supports.

Mild-to-Moderate Mental Health Counselling

We maintained strong service capacity despite increasing client complexity. Improved workflows and administrative support reduced wait times to approximately 2–4 weeks while preserving short-term, patient-centred care.

B Well Health Coaching

B Well maintained service continuity during a temporary leave through replacement coverage. Workflow efficiencies substantially reduced waits, while promotion increased referrals without creating a significant new backlog.

Social Work Services

We resolved several vacancies and team transitions through successful recruitment. Restored capacity reduced wait times from approximately four months to one-to-two months and improved access to housing, financial, family and system-navigation supports.

Clinical Pharmacist Services

This year, we expanded co-location across family practices (added 2 clinics to a total of 16), improving direct communication, case finding and team-based medication management.

Our team adapted the existing collaborative pharmacy model at Progressive Housing following a shift away from a single on-site primary care provider model. Clinical pharmacists worked with new community primary care providers, Psychiatry/MHSU and the Fraser Health supportive-housing team to maintain continuity of medication management. These and assisted-living sites continued to demonstrate how co-located, in-person team-based care can thrive in alternative primary care settings.

We completed a transition to the Fraser Health EMR and continued to advance work to restore a hospital-to-community referral pathway.

Service updates (continued)

Physiotherapy

Staffing shortages and increased demand contributed to longer waits, prompting active recruitment and service redesign.

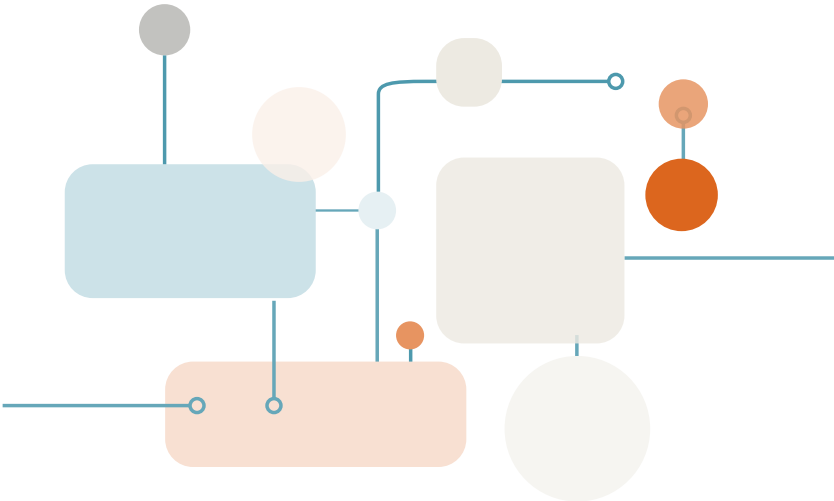
This year, we introduced the PCN MOVES Group—a new physiotherapy offering designed to support patients who are clinically appropriate for mild-to-moderate PCN physiotherapy but who may benefit from a group-based, movement-focused approach.

The first five-session cohort launched on July 16, 2025, facilitated by Burnaby PCN physiotherapists with support from B Well Health Coaches. It offers a light, supportive atmosphere where participants build movement skills, strength, confidence, and social connection through accessible, chair-based exercises. Sessions are currently offered in person, with a virtual option to come.

This group is not intended to broaden referral intake, but instead to offer a clinically appropriate alternative for existing waitlisted patients and new referrals. All clients complete a 1:1, hour-long intake assessment with a PCN physiotherapist to confirm clinical fit and readiness.

Child & Youth Mental Health Counselling

The CYMH service expanded promotion and outreach to family practices, schools, and community partners. The service also helped absorb demand for young adults from the adult counselling program. Service design and staffing needs were reviewed to strengthen alignment with emerging youth services, including Foundry Burnaby.



Service updates (continued)

Dietitian Services

PCN Dietitians have begun offering virtual and now in person 'Journey Into Nutrition' group classes as part of a pilot initiative aimed at expanding access to care, gain efficiencies (reduce wait times and share foundational education), and leverage group setting for positive change. This initiative reflects our commitment to innovation in service delivery and continuous improvement in patient access and outcomes. Each 1-hour class is followed by a 30-minute period for clients to ask further questions. We look forward to sharing further insights as this pilot PCN service offering progresses.

This year, we also added capacity to our PCN Dietitian Services to address the backlog and refined eligibility to better coordinate with Fraser Health programs.



Foot Care Nurse Services

We have adapted our service delivery model for the rapid follow-up clinic for existing patients, supporting timely discharge and opening capacity for new referrals. Wait times decreased from approximately six months to three months, and a low-cost foot-care and self-management resource was developed. The PCN also secured resourcing to bring our foot care nurse from 0.8 FTE to full time.

Occupational Therapy Services

PCN Occupational Therapy continued to mature as an established PCN service, supporting direct primary care provider and intra-PCN referrals. Stronger collaboration with Social Work and Home and Community Care helped direct patients to the most appropriate level of functional and home-based support.

Read the **PCN Highlights 2025–26** for full service descriptions and a report on service uptake.

Patient attachment and Patient Attachment System (PAS) supports

Patient attachment is among the Division's most significant practice supports, helping providers better understand their panel, identify capacity, and manage attachment in a way that is sustainable for their practice. Through PAS and related supports, we work closely with members and clinic teams to connect patients to available primary care while reducing the administrative burden of managing this work alone.

Connecting patients with primary care

16,978
patients referred through PAS to providers for potential attachment in 2025–26

17,188
cases recorded as successfully attached in PAS in 2025–26

55,954
patients attached through the Patient Attachment Initiative as of March 31, 2026

48
providers using PAS, up from 28 the previous year

BDFP's Patient Attachment team continued to connect Burnaby residents with family physicians and nurse practitioners while coordinating referrals through the Provincial Attachment System (PAS).

In 2025–26, 16,978 patient referrals were sent through PAS to providers with available capacity for potential attachment.

Connecting patients with primary care (continued)

During the same period, 17,188 cases were recorded in PAS as successfully attached. As of March 31, 2026, the Patient Attachment Initiative has supported 55,954 attachments to date.

Priority pathways remained an important part of this work. The team coordinated 498 priority referrals during the year, bringing the cumulative total to 5,576. Partnerships with Burnaby's Urgent and Primary Care Centres (UPCC) and community organizations also helped identify and refer patients who faced greater barriers to accessing longitudinal care.

More targeted attachment work for patients with complex health and social needs, including referrals connected to MOSAIC Community Clinic, is highlighted below in *Bridging Urgent and Longitudinal Care* and Caring for Priority Populations on page 34.

Bridging urgent and longitudinal care

Burnaby's two Urgent and Primary Care Centres (UPCCs) operate under different models: the Metrotown UPCC is operated by Fraser Health, while the Edmonds UPCC is physician-led and operated in partnership with Fraser Health. Both centres are important partners in helping Burnaby patients move from episodic care toward ongoing primary care.

By working with the Division's Patient Attachment team, the Edmonds UPCC helps identify unattached patients who may need longitudinal care, including people with complex health and social needs who can face greater barriers to attachment. These partnerships support a more coordinated process for identifying, screening, and referring patients, while also connecting them with priority attachment pathways and system navigation when their needs are more urgent or complex.

439
patients referred for attachment through community-partner pathways in 2025–26.

59
patients referred for attachment through Edmonds UPCC in 2025–26

Helping physicians build and manage their panels

The Division continued to support physicians and clinic teams as they incorporated the Provincial Attachment System into their attachment and panel management workflows. Through outreach, individualized onboarding, education, and troubleshooting, provider participation in PAS grew from 28 to 48 during the fiscal year.

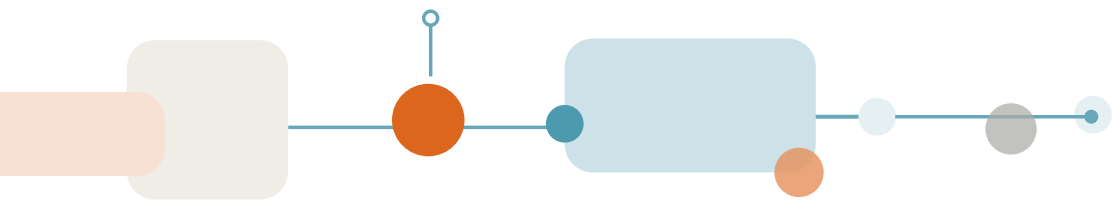
Accurate PAS information has also become increasingly important to how Burnaby's primary care needs are understood and planned for provincially. The Patient Attachment team supported clinics in keeping this information current while navigating PAS challenges.

The team also worked to improve the quality of referrals reaching clinics. Patients were contacted before referral to confirm that they were still seeking a provider, verify their information, and identify those who no longer required attachment. This helped reduce unsuccessful outreach and supported better use of available panel capacity.

A centralized Patient Attachment resource page was developed on the Burnaby Physician Hub, bringing together PAS workflows, training materials, referral processes, and system-navigation resources for physicians and clinic staff. BDFP also collaborated with Doctors of BC's Practice Support Program to offer one-to-one support for clinics experiencing challenges with PAS.

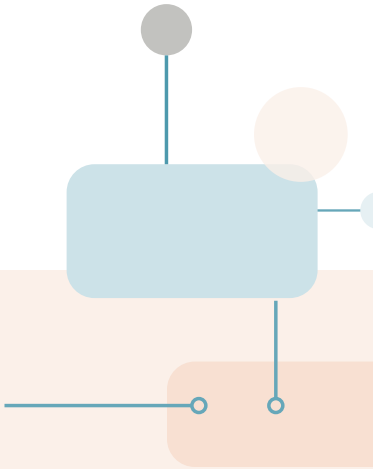
Get help with patient attachment

Access our new Patient Attachment resource page by contacting **burnabypatients@burnabydivision.ca**.



Helping physicians build and manage their panels (continued)

Although participation increased, physicians and clinic teams continued to encounter navigation, data quality, and administrative challenges. The Division provided ongoing support while bringing broader system concerns forward through provincial partnerships.



WHY ACCURATE PAS DATA MATTERS

PAS data helps provincial decision-makers understand Burnaby's current and future primary care capacity. Keeping the following information up to date helps ensure local needs are accurately represented:

- **Current panel size** – the number of patients on your PAS panel with a status of *Confirmed* or *Pending*
- **Desired panel size** – the maximum number of patients you want on your panel
- **Monthly capacity** – your current ability to accept new patients through PAS

Accurate information supports Burnaby's ability to advocate for future physician and nurse practitioner contracts, primary care resources, and funding.

PAS is also becoming more important for individual providers. With the introduction of a new calculation methodology for LFP panel payments and applicable FPSC CLFP payments, PAS data will be used to inform the panel size used in payment calculations. Keeping your PAS information up-to-date will help ensure each provider's panel is represented correctly.

Caring for priority populations

Caring for priority populations means giving providers stronger supports around patients with greater complexity, barriers to access, or specialized care needs. Across long-term care, the PCN, Shared Care, and community-based initiatives, we are strengthening the pathways and partnerships that help family physicians deliver more coordinated and appropriate care.

Supporting older adults in long-term care

99.6%
of Burnaby's 1,615 long-term care beds attached to a family physician

35
family physicians providing long-term care

2
new long-term care physicians recruited

Stable coverage
no locum coverage required throughout the year

Burnaby maintained strong and stable physician coverage in long-term care throughout 2025–26 with no major coverage gaps. Approximately 99.6% of beds were attached to a family physician, with 35 physicians participating in the program, and two new recruits supported through onboarding, shadow rounding, and mentorship.

A major focus this year was reducing avoidable hospital transfers. In March, long-term care physicians, hospitalists, Burnaby Hospital department leaders, Fraser Health, and Health System Redesign partners met to identify common challenges and opportunities for improvement. Follow-up work included tracking transfers made through the on-call service, aligning CME and physician-network discussions with common causes

of transfer, and bringing Burnaby's Directors of Care together through two new quality-improvement meetings. These meetings also created a forum for independently operated care homes to share concerns and work towards common priorities with greater consistency.

The program also piloted two new programs: palliative-approach education for families at George Derby Care Home and the Communication That Connects nurse education series at New Vista Care Home. Both initiatives were designed to strengthen communication and decision-making across care teams, support earlier problem-solving, and help residents receive appropriate care in place whenever possible.

LONG-TERM CARE: COMMUNICATION THAT CONNECTS

See how this eight-part education series is helping long-term care teams communicate more clearly with physicians, families, residents, and one another.

Read the story »

Expanding access through MOSAIC Community Clinic

Following its opening in February 2025, the MOSAIC Community Clinic (MCC) continued to expand access to longitudinal primary care for Burnaby residents facing barriers to attachment. The clinic serves priority populations, including newcomers to Canada, Indigenous patients, new parents and babies, people living with complex mental health concerns, and those experiencing houselessness or precarious housing.

Expanding access through MOSAIC Community Clinic (continued)

1,654
patients identified as potentially eligible through Health Connect Registry pre-screening

1,354
referrals sent for potential attachment

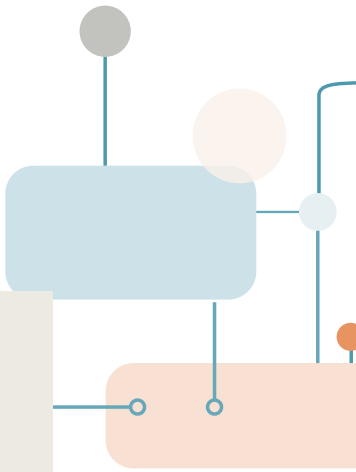
50
priority referrals from community partners

1,153
patients attached as of March 31, 2026

In 2025–26, the Patient Attachment team worked with MOSAIC to identify and refer patients who may be eligible for care. Through a pre-screening process, 1,654 people in Burnaby on the Health Connect Registry were identified as potentially eligible. The team confirmed patients' ongoing need for a provider, verified their information, and coordinated referrals based on the clinic's capacity and population focus.

A total of 1,354 referrals were sent for potential attachment, including 50 priority referrals from community partners. This targeted approach helped direct the clinic's capacity towards residents with greater health and social needs while reducing incomplete referrals and unsuccessful outreach.

Read more about the MOSAIC Community Clinic in the 2025–26 PCN Highlights and MCC 2025–26 year-end report.



FROM CLINIC LAUNCH TO PATIENT ATTACHMENT

After supporting the clinic's opening in 2024–25, the Division's focus this year shifted to identifying eligible patients, coordinating referrals, and helping the clinic build its panel.

Supporting maternity and early post-partum care

Through its role in the Burnaby PCN, the Division continued supporting maternity care as a growing area of need for local primary care providers. In 2025–26, Division and PCN staff worked with the Burnaby Maternity Clinic (BMC) to improve communication with community providers, including an updated referral form with guidance on time-sensitive investigations and interventions for patients who may not be seen at the clinic before 20 weeks' gestation.

The PCN also helped strengthen continuity for unattached patients after delivery. Through a pathway between the BMC at Burnaby Hospital and the MOSAIC Community Clinic, eligible postpartum patients and newborns can transition into ongoing team-based primary care after discharge. MOSAIC also provides Burnaby's only publicly funded lactation consultation service, accepting referrals from primary care providers across the city.

Prenatal care was also identified by Burnaby physician leaders as a growing learning need. In response, the Division organized a CME session led by the Burnaby Maternity Clinic physicians, attended by 41 family physicians.



For more detail on maternity care across the Burnaby PCN, read the **PCN Highlights 2025–26**.

Reaching priority populations through community engagement

10+
major community outreach events

7
Empowering Patients presentations

237
attendances at public health education sessions

50
residents screened through community-based pop-up clinics

Community partnerships and convening tables are central to how the Burnaby PCN understands local needs, develops services, and reaches priority populations. Regular connection with community organizations and service providers gives the Division and PCN a better understanding of the barriers that people are experiencing and helps ensure new initiatives are grounded in what communities are seeing.

Community partnerships in action

In 2025–26, staff continued participating in community tables and working groups focused on areas such as food security, newcomers, seniors, mental health, homelessness, youth, and social prescribing. These relationships have helped inform and support PCN initiatives ranging from community outreach and health navigation to social prescribing, attachment pathways, and community-based metabolic screening.

The Division and PCN also hosted two neighbourhood-based cross-learning sessions in Edmonds and Hastings-Brentwood, bringing primary care and community service providers together to better understand one another's roles and build stronger working relationships around the people they collectively support in Burnaby.

For a fuller overview of Burnaby PCN partnerships and community initiatives, see the **PCN Highlights 2025–26**.

Reaching priority populations through community engagement (continued)

Bringing support into community settings

The Division and PCN participated in outreach across Burnaby, including cultural celebrations such as TJ Fest and Kuan Kung Culture Days, Burnaby Pride, neighbourhood festivals, youth and seniors' events, and International Overdose Awareness Day. Through these events, the team shared information about PCN services and initiatives, chronic disease prevention, mental health, nutrition, newcomer health navigation, primary care attachment, and PCN's Burnaby Community Fridge initiative, which provides free food to Burnaby residents experiencing food insecurity.

Health education and patient navigation

Some community partnerships also provided direct pathways into health supports. At B.C. Family Doctor Day, the Patient Attachment team worked with volunteer form-fillers from the Burnaby Neighbourhood House to help residents register with the Health Connect Registry. Outreach through the Society to End Homelessness in Burnaby's Outreach Resource Centre connected underserved community members with health system navigation and primary care supports. Walk with Your Doc brought patients together with local physicians for informal conversations about physical activity, healthy aging, and well-being.

Reaching priority populations through community engagement (continued)

Public education remained another important part of this work. Dr. Davidicus Wong presented seven virtual Empowering Patients sessions, with 237 total attendances. Topics included high blood pressure, preventive screening, medical ethics, lung health, the patient-doctor relationship, healthy behaviour change, and the role of relationships in well-being.

The Division and PCN also hosted *DocTalks: Accessing Health Care in Canada*, presented by Dr. Carrie Wong and Dr. Ana Pesantez. Designed especially for newcomers, the session shared guidance on accessing care in Fraser Health, arranging interpretation, enrolling in the Medical Services Plan, and using multilingual navigation resources. The recording and related tools remain available on the PCN website.

Through the Shared Care project *Improving Access to Screening for Early Detection of Metabolic Conditions*, the Division brought preventive screening into community settings for unattached patients who may otherwise have limited access to routine primary care. Across four pop-up clinics, 50 patients were screened for early signs of diabetes, kidney disease, high blood pressure, and high cholesterol, and 35 received laboratory requisitions for further testing.

Community partnerships are foundational to PCN work

Ongoing relationships with community organizations and working groups help identify emerging needs, shape PCN initiatives, and reach priority populations across Burnaby. Many of the outreach, navigation, screening, and social support initiatives highlighted on this page grew from these partnerships.

Helping physicians support patients facing barriers

29% → 77%
increase in provider comfort in supporting patients who use substances

3
Shared Care projects completed

18
languages used to access health system navigation resources

~200
community members engaged through social prescribing

In Burnaby, our approach to primary care recognizes that health is shaped by more than medical care alone. The social determinants of health—including social connection, housing and financial stability, language, culture, and access to community supports—can significantly affect a person's well-being and ability to access care. In 2025–26, three completed Shared Care projects gave family physicians clearer referral pathways, stronger community connections, and new resources to help address these barriers.

Connecting patients with social and community supports

The Burnaby Social Prescribing project helped strengthen connections between primary care and community organizations supporting food security, housing, employment, recreation, social connection, newcomer services, and wellness.

The project introduced the SocialRx digital referral platform, which operated with the support of a Health Care Navigator and Volunteer Connector roles. These supports gave physicians more direct ways to connect patients with community resources when non-medical needs were affecting their health.

Helping physicians support patients facing barriers (continued)

Building confidence in substance-use care

The Burnaby Substance Use Shared Care Project responded to gaps in provider confidence, fragmented transitions between acute and community care, and stigma experienced by people who use substances.

In pre- and post-activity surveys, providers who participated in the anti-stigma learning activities reported increases in comfort interacting with people who use substances—from 29% to 77%. Understanding harm reduction increased from 58% to 97%, and awareness of local substance-use supports increased from 13% to 47%.

The project also developed a Burnaby-specific Addictions Care Pathway, strengthened referral connections with peer supports, and offered opioid agonist treatment education and mentorship. Outreach at International Overdose Awareness Day reached more than 100 residents with information about harm reduction and PCN resources.

Reducing language barriers in clinical care

The Shared Care Language Project developed and tested supports for physicians caring for patients who face language barriers—particularly newcomers, women, new parents, and seniors.

The project piloted DeepL Voice during clinical appointments, translated patient intake forms, and launched an Accessing Health Care in Canada webpage on the Burnaby PCN website with multilingual health system navigation information,

Helping physicians support patients facing barriers (continued)

resources, an AI Chatbot, and a DocTalks educational webinar. Patients reported improved understanding, trust, and confidence during appointments, while providers noted stronger mutual understanding and greater efficiency. Online resources were accessed across 18 languages.

Although DeepL Voice will not continue beyond the pilot because of workflow cost, accuracy, and dialect limitations, the translated resources and webpage will remain available through the Burnaby PCN. The pilot also provided useful insight into where AI translation tools can—and cannot yet—fit safely into clinical workflows.

FIND THESE RESOURCES ONLINE

Explore social prescribing, the Burnaby Addictions Care Pathway, multilingual patient resources, and other tools to support your clinical practice.

View clinical resources »

Looking ahead: Supporting earlier autism screening and referral

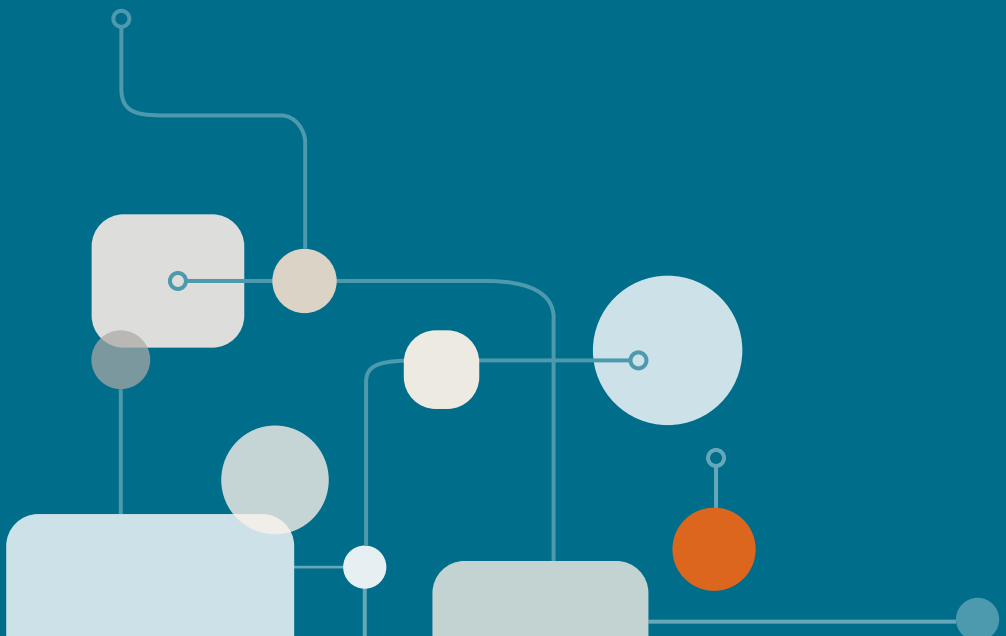
A new Shared Care project is being developed to help family physicians screen and refer children aged six and younger who may have Autism Spectrum Disorder. Burnaby PCN's Clinical Psychologist Lead, Dr. Erika Penner, who supported the project submission, is leading this work alongside the Burnaby Public Health Unit, Infant Development Program, and Sunny Hill Health Centre. The project will explore tools, workflows, and referral pathways to support earlier identification and make the process easier for physicians and families.

STRATEGIC GOAL 2

Strengthen the Division's effectiveness to support members through a thriving staff team

THE GOAL

Investing in the Division's internal capacity, systems, and people needed to consistently deliver real, measurable value to members.



STRATEGIC GOAL 2

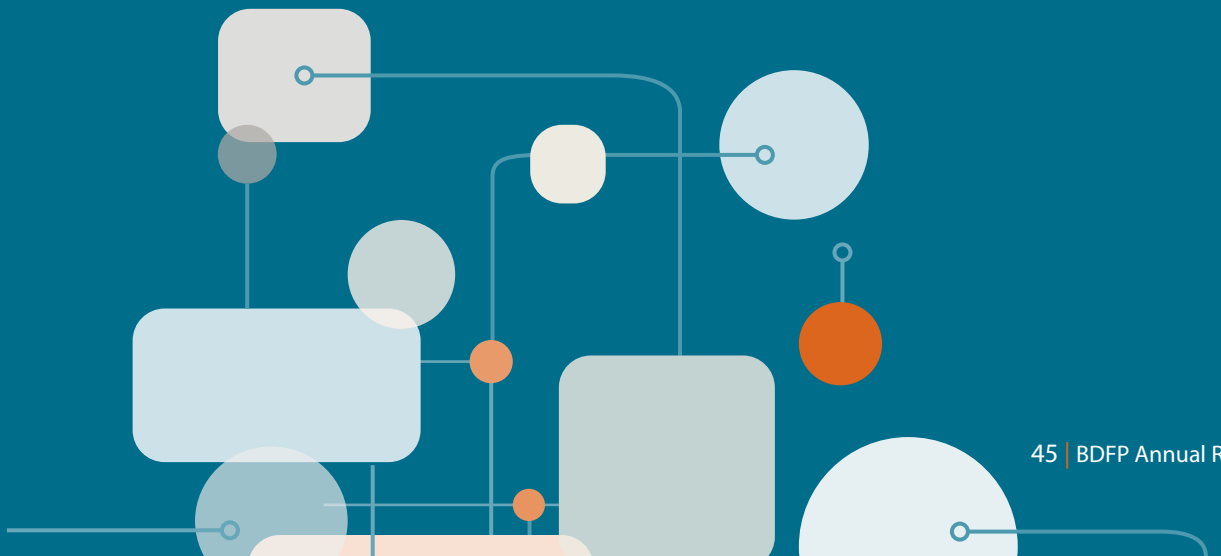
OUR STRATEGIC APPROACH

Effective member support starts with a well-supported staff team and reliable internal systems needed to help them to do their work well.

In 2025–26, we continued strengthening this foundation as the organization grew. We invested in digital systems, updated policies and operating procedures, and improved staff onboarding, compensation, professional development, and human resources practices.

The work highlighted in this section shows how these investments are improving the way the Division operates. New systems are helping staff organize information and reduce duplication, clearer procedures are supporting consistency and knowledge transfer, and stronger people practices are helping the Division recruit, retain, and support the team responsible for delivering services to members.

Together, these changes are intended to make the Division more consistent, efficient, and accountable—helping staff support increasingly complex programs and sustain the organization's work over time.



Making information and support easier to navigate

In 2025–26, the Division continued making it easier for members to find information, access services, and stay connected. This work included launching a new website, expanding online onboarding and panel management resources, and beginning the implementation of a centralized system for member engagement.

Board workspace launched

Meeting materials and governance records centralized.

Sept 2025

New BDFP website launched

Division services, events, resources in a new online home.

Dec 2025

Patient Attachment hub opened

PAS onboarding and panel management guidance brought together.

Feb 2026

Member365 implementation began

A new platform for member information and communications.

Mar 2026

The new BDFP website launched in December 2025, providing a more accessible home for Division services, events, resources, and updates. Its updated structure also creates a stronger foundation for making available supports easier to navigate.

Development also continued on the Physician Hub, an online resource being created as a central starting point for physicians to find onboarding information, practice supports, and key Division resources.

Making information and support easier to navigate (continued)

In February 2026, the Division began inviting physicians to use its Patient Attachment page for onboarding to the Provincial Attachment System and panel management education. Work is continuing to expand the Physician Hub into a broader tool for new member onboarding, service navigation, and practice transitions.

In March 2026, the Division also began implementing Member365, a new platform that will bring event registration, forms, communications, and member information into one place. Once fully implemented, it will make it easier for members to engage with the Burnaby Division.

As part of this work, MOAs and clinic teams are also being added to the platform, creating a stronger way to share role-specific information and resources. This includes plans for a future MOA newsletter.

DIGITAL ENGAGEMENT AT A GLANCE

64.5%
average open rate for the *Burnaby Brief*, BDFP's monthly member newsletter

4,401
Division website views from its December 2025 launch to March 31, 2026

73.1%
average open rate for *The Check-Up*, the PCN's monthly newsletter

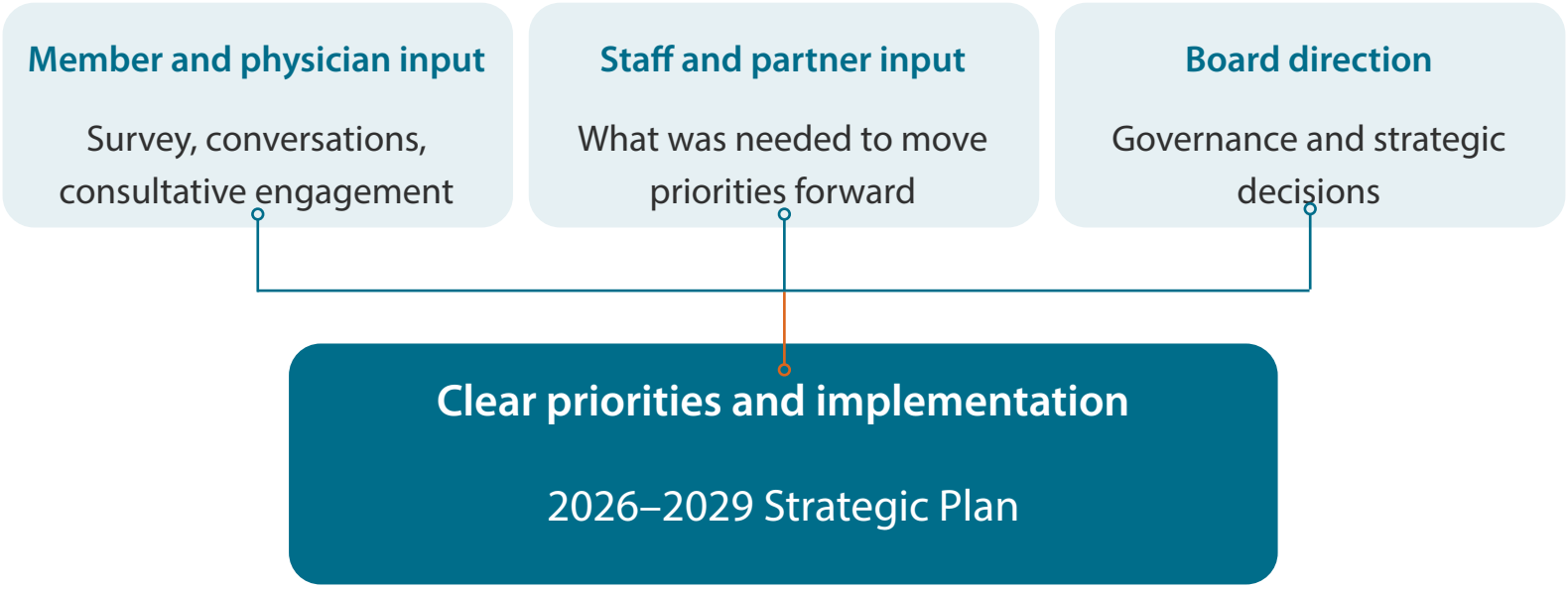
46K+
page views on the PCN website

Together, these channels help make Division and PCN information easier to find and extend the reach of local services, resources, and support.

Supporting better planning and follow-through

As the Division's programs and responsibilities have grown, we have continued strengthening the systems that help staff plan, coordinate their work, support the Board, and follow through reliably on member priorities.

How we built the 2026–29 strategic plan



In 2025–26, the Division developed clearer shared procedures and documentation for recurring work, expanded onboarding resources, and introduced a new time and absence management system. These changes help staff coordinate across teams, support smoother transitions, and maintain reliable service as programs and responsibilities evolve.

Supporting better planning and follow-through (continued)

Organizational policies were also reviewed and updated to strengthen accountability and support effective governance. In September 2025, a centralized online workspace launched for the Board of Directors, bringing meeting materials, policies, and governance records into one place and making it easier for directors to prepare and provide oversight.

The development of the 2026–2029 Strategic Plan put this more structured approach into practice. Members, staff, physician leaders, partners, and the Board contributed at different stages, helping shape priorities grounded in physician needs and what the Division can realistically deliver.

Building the capacity to serve members well

As the Division's work expanded, we added capacity in areas that directly support member service, communications, patient attachment, and day-to-day operations.

A new Operations Manager role provided dedicated oversight for the systems and processes supporting the organization's growth. The Communications Manager position also expanded from part-time to full-time, increasing the Division's ability to keep members informed, support engagement, and advance strategic initiatives. A new Patient Attachment and Digital Operations Coordinator role added capacity for physician onboarding and panel management support. Under Executive Director James Musgrave's first full year of leadership, the BDFP also developed its 2026–29 Strategic Plan and continued to support organizational growth.

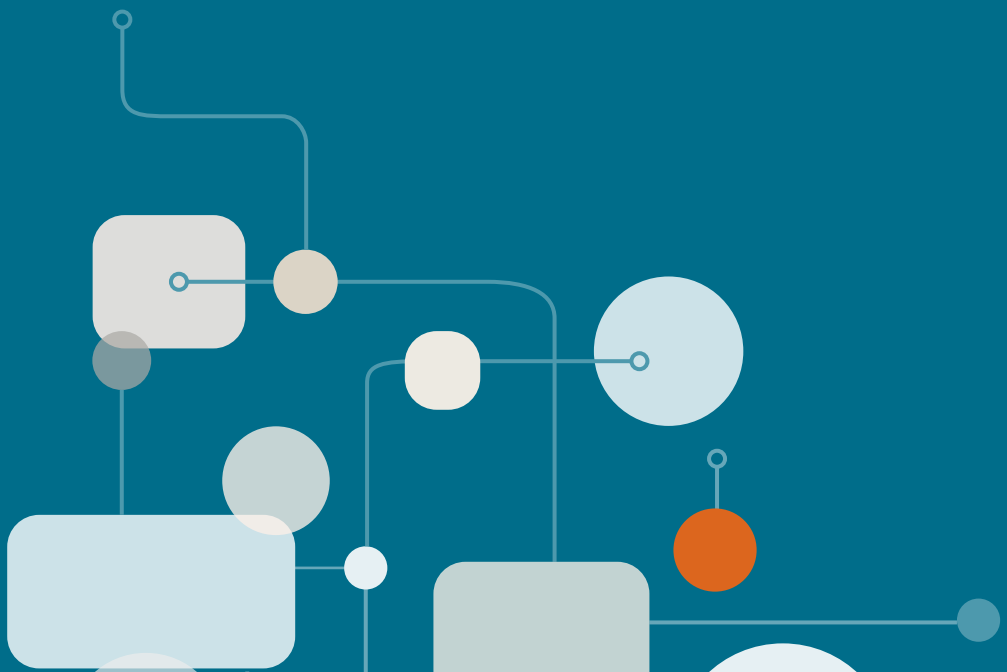
Alongside these staffing changes, the Division continued improving onboarding, professional development, compensation, and workplace practices. This included introducing an employer savings program and beginning the implementation of a new compensation framework. These investments help the Division recruit and retain skilled staff, preserve organizational knowledge, and maintain dependable support as we grow.

STRATEGIC GOAL 3

Increase recruitment supports to bring more family physicians into the community

THE GOAL

Improve recruitment outcomes through targeted, proactive strategies and to make Burnaby an attractive place to establish family practice.



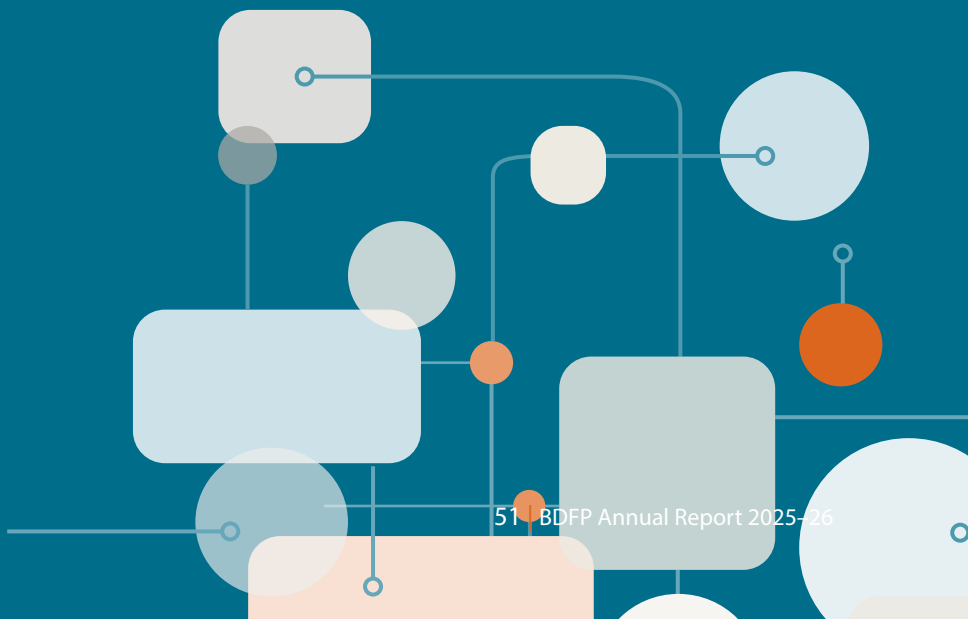
STRATEGIC GOAL 3

OUR STRATEGIC APPROACH

Our recruitment approach is centred on helping physicians see Burnaby as a place where they can build a sustainable practice, feel connected to the local medical community, and work within a well-established Primary Care Network. Burnaby's PCN is an important part of that offer, giving physicians access to allied health services, team-based care, and local networks that can make practice more connected and sustainable.

In 2025–26, the Division focused on strengthening each stage of that experience: from regional outreach and clinic matching to contract support, onboarding, and orientation to Division and PCN resources. Recruitment efforts supported longitudinal practices, the Edmonds UPCC, locum coverage, and team-based care.

The work highlighted in this section shows how a more coordinated approach can help clinics fill vacancies, support smoother practice transitions, and give physicians stronger reasons to establish practice in Burnaby.



Bringing more providers to Burnaby

13
longitudinal family physicians recruited in 2025–26

7	1	1
physicians recruited to Edmonds UPCC	community locum recruited	nurse practitioner recruited

Recruitment remained strong following significant growth in the previous year. In 2025–26, the Division worked with clinics and health-system partners to identify recruitment needs, promote opportunities, and introduce candidates to the range of ways they can practice in Burnaby.

BDFP helped clinics navigate provincial recruitment pathways and contract applications, contributing to the recruitment of 13 longitudinal family physicians. Several joined Burnaby through New-to-Practice and Return of Service pathways.

Burnaby's Primary Care Network remained an important draw for prospective physicians. Candidates were introduced to allied health services, patient attachment support, local physician networks, and opportunities across longitudinal care, the Edmonds UPCC, long-term care, and maternity care.

The Division also worked with neighbouring Fraser Region Divisions on regional recruitment, including the upcoming launch of a joint recruitment website and participation in events such as the Family Medicine Forum. These efforts expanded Burnaby's reach among residents, new graduates, internationally trained physicians, and candidates exploring Return of Service opportunities.

> *"The Division has been a strong pillar to the community for helping not only Canadian physicians, but international physicians relocate and transition their practice to our community of need."*
>
> ***– Dr. Virginia Le, clinic owner and medical director of VyCare Medical***

RECRUITING TO MEET COMMUNITY NEEDS

Burnaby welcomed a new nurse practitioner to Nava Medical Centre, adding capacity in areas where some residents can face barriers to finding care that meets their needs. Their interests include 2SLGBTQIA+ and gender-affirming care, women's health, and caring for patients from diverse family and cultural backgrounds.

Helping providers find the right practice and get established

The Burnaby Division worked one-to-one with prospective family physicians and nurse practitioners to understand their career goals, preferred scope of practice, and the kind of clinic environment in which they hoped to work. Candidates received guidance on opportunities across longitudinal family practice, New-to-Practice and Return of Service pathways, PRA-BC placements, locum work, and the Edmonds UPCC, along with information about practice models, clinic operations, and patient attachment.

Through personalized Red Carpet tours, candidates were matched with clinics that align with their clinical interests, practice style, and longer-term goals. Tours also introduced them to Burnaby beyond the clinic by highlighting neighbourhoods, housing, schools, childcare, recreation, and other local amenities that can help them picture building a life and practice in the community.

Candidates may visit prospective clinics, the Edmonds UPCC, PCN allied health hubs, and other local health care settings.

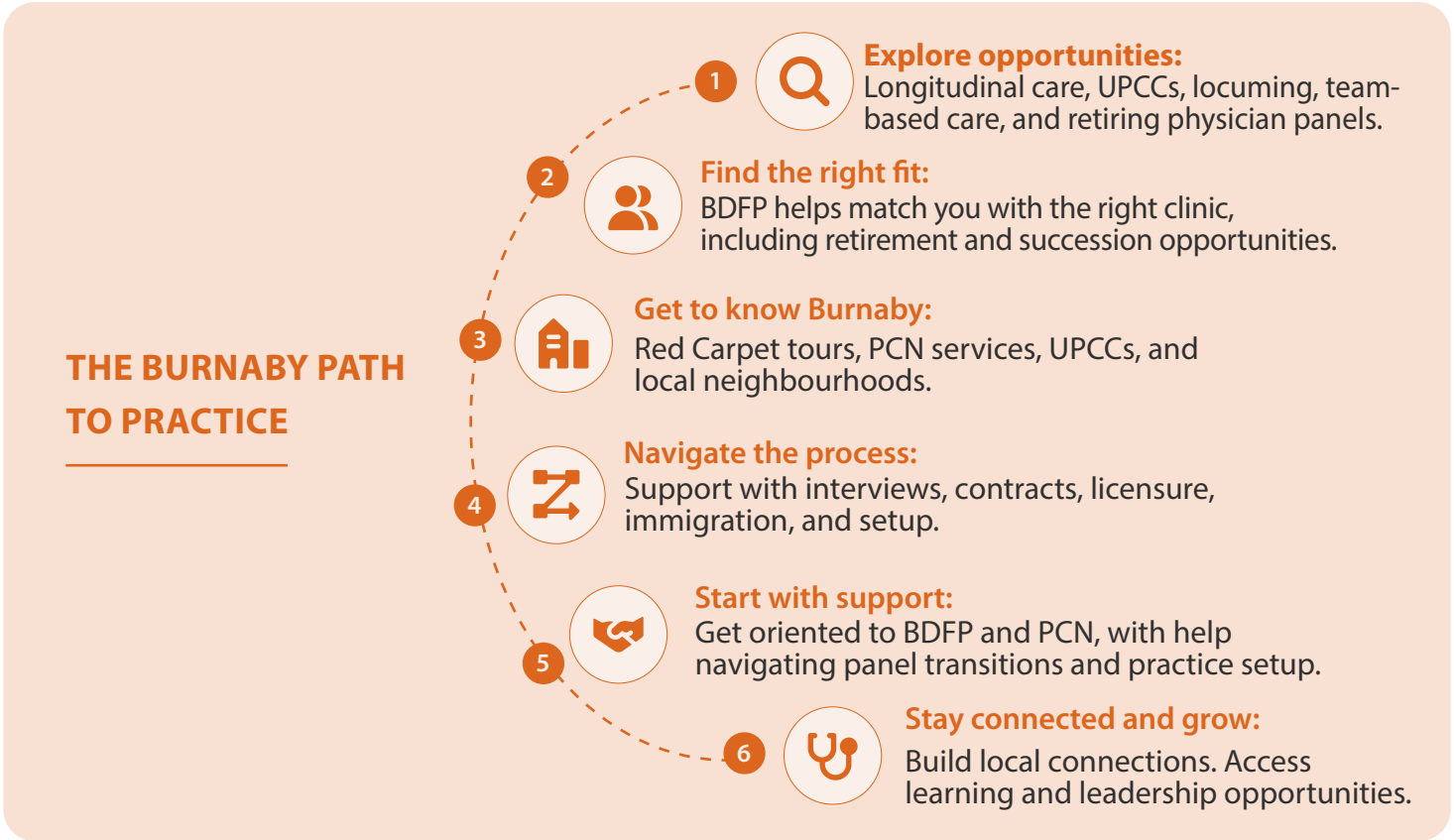
> *"Because I couldn't make the trip in-person to scout out clinics, I was heavily reliant on the Division's knowledge and judgment to help me find the right fit. I really appreciated the one-on-one approach the Burnaby Division took with my search. I'm very happy with the clinic I chose; I couldn't have asked for a better fit."*
>
> ***– A New-to-Burnaby family physician***

Helping providers find the right practice and get established (continued)

The Division also facilitated introductions to clinic owners, physicians, allied health professionals, Division staff, and Fraser Health partners—helping candidates understand Burnaby's collaborative primary care environment and begin building local relationships.

The Division supported prospective members throughout interviews, licensing, immigration, contracts, and practice establishment. Once recruited, physicians were introduced to the Division—including our Patient Attachment team, Physician Engagement team, Neighbourhood Networks, and other local supports to support a smoother transition and longer-term retention.

Support also continued after physicians accepted roles. At the Edmonds UPCC, seven new physicians were onboarded in 2025–26. The Division coordinated orientation, scheduling and remuneration updates, and physician communications during the transition to the MYLE electronic medical record system. The team also completed a major retroactive payment process for 44 physicians, applying updated hourly rates and after-hours premiums backdated to April 2023.



Supporting retention, succession, and practice continuity

Attracting physicians to Burnaby is only one part of improving recruitment outcomes; the Division's longer-term approach is to make Burnaby a place where physicians and nurse practitioners can establish sustainable practices, access strong practice supports, build professional relationships, and remain connected to the community. In 2025–26, this included support with patient attachment, panel management, practice planning, locum coverage, succession, and connections to local colleagues and services.

The Division is also creating more opportunities for primary care providers who are new to Burnaby or new to practicing in Canada to meet peers, physician leaders, and the Division and PCN teams. Strengthening relationships with residents and medical learners from UBC and the SFU Stephens Family School of Medicine will also help introduce future physicians to Burnaby and support teaching practices, recognizing that residents often return to communities where they train.

Support for retirement and practice transitions included succession planning, promoting available practices, recruiting replacements, and helping maintain continuity of care. During the year, two physicians were recruited to take over a large patient panel, helping patients remain connected to longitudinal care through a significant transition.

With the closure of locums.ca, the Division has also taken a more active role in connecting physicians with short-term coverage and coordinating a local locum pool. In 2025–26, the recruitment team maintained an informal network of nine locums, including one newly recruited locum who provided coverage for two Burnaby family physicians.

> *"Through the Division's recruitment of new physicians to our Burnaby clinic, we have been able to take on almost 1500 new patients in Burnaby in the past year, and new patient attachment is ongoing! They are truly a beacon of hope during a time when there is such a crisis in family medicine."*
>
> ***– Dr. Vincent Suen, clinic owner and medical director of Willingdon Green Medical***

BDFP Staff

As of April 2026

James Musgrave
Executive Director

Alicia Brusciano
Executive Assistant

Andrea Devine
PCN Manager, Team-Based Care & Clinical Teams

Clarke Gonzalez
Patient Attachment & Digital Operations Coordinator

Elena Domasheva
Senior Patient Attachment Coordinator

Georgiana Ioica
PCN Clinical Operations Lead

Huyanne (Huey) Le
PCN Director, Partnerships and Engagement

Kamaljot Sohi
Shared Care Project Coordinator

Laura Liu
PCN Administrative Coordinator

Leona Cullen
Operations Manager

Lily Cheung
PCN Community Engagement and Program Coordinator

Maninder (Manny) Sahota
PMH Initiatives Manager

Matthew Cooper
Manager, Physician Engagement & Long-term Care Initiative

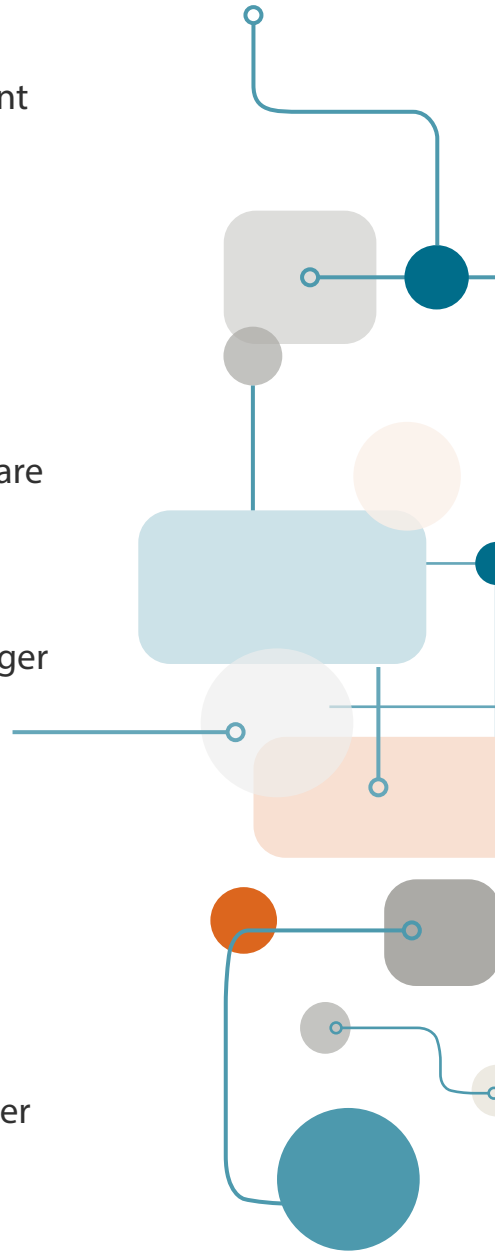
Melissa Sharp
PCN Communications Manager

Robbie Lacuna
Recruitment, Retention and Membership Manager

Roxana Matasa
Accountant

Tina Ly
BDFP Communications Officer

Veronica de Jong
PCN Director, Clinical Operations and Strategy



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Board Chair

Dr. Forson Chan
Vice Chair

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Director

Simone Brandl
Director

Dr. Vivian Liu
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Director

Dr. Tracy Monk
Director

Michel Pouliet
Secretary



Primary Care Leaders

Burnaby is fortunate to have so many dedicated and passionate primary care providers. The Division would like to thank the physician and nurse practitioner leaders who have contributed to our work this past year, participating in working groups, task groups, and steering committees. Thank you for generously lending your time and energy to enhancing primary care in Burnaby.

Dr. Joel Bluman
Dr. Gurpaul Brar
Dr. Forson Chan
Dr. Leo Dai
Dr. Emily Dong
Dr. Michael Healey
Sara Hosseina, NP
Dr. Lingsa Jia
Dr. Jag Kaliray
Dr. Pav Kaliray
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Dr. Wynn Tran
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Dr. Andrew Wong
Dr. Carrie Wong
Dr. Thomas (Yuchen) Wu
Dr. Eric (Qian) Xu
Dr. Jay Zhang

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Thank you to all our members for the many ways you've helped shape our work this past year. Whether it's through Neighbourhood Network meetings, Shared Care projects, PCN working groups, community events, or informal check-ins—your time, insights, and partnership continue to guide everything we do.

We're grateful to work alongside such a dedicated community of physicians, nurse practitioners, allied health clinicians, and health care partners who are committed to strengthening primary care in Burnaby.

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Images in this report are courtesy of the Burnaby Division of Family Practice. Icons are from Streamline's free icon library.

Burnaby Division of Family Practice

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The Divisions of Family Practice Initiative is sponsored by the Family Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.