

2026

CVDFP Annual Report



Cowichan Valley
Division of Family Practice
An FPSC initiative

CVDFP ANNUAL GENERAL MEETING

Wednesday, September 23rd | 6 pm

Oceanfront Suites, Cowichan Bay

Procedural matters:

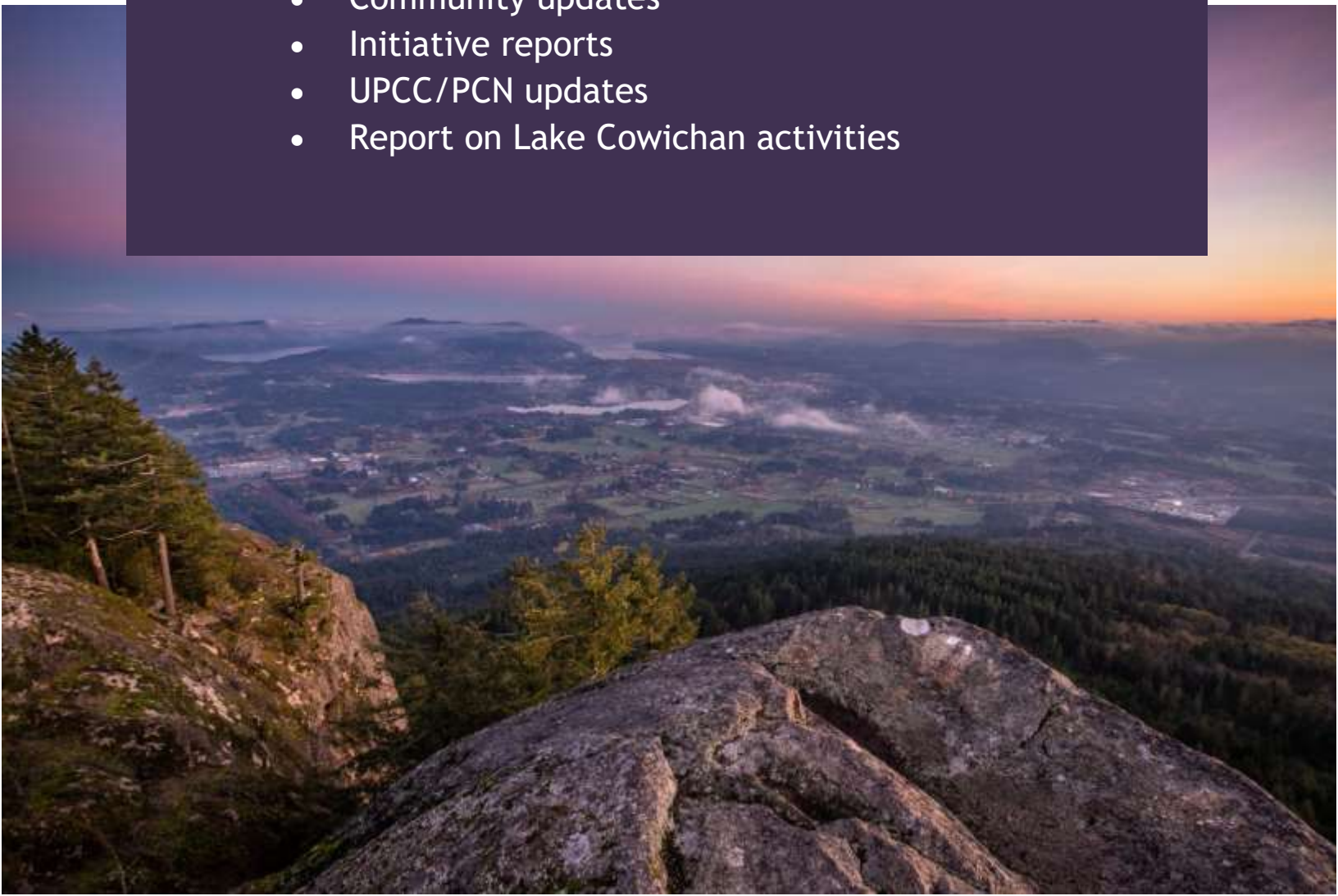
- Adoption of agenda
- Approval of previous minutes
(May 27/26 General Meeting)

AGM Business

- Audit report
- Appointment of Auditor
(ordinary resolution - 50% majority)
- Board elections

Presentations & reports

- Community updates
- Initiative reports
- UPCC/PCN updates
- Report on Lake Cowichan activities





Commitment to Reconciliation

The Cowichan Division of Family Practice acknowledges that we work, live and learn on the unceded traditional territory in multiple communities of the Coast Salish people.

CVDFP is committed to supporting the provision of culturally safe care to First Nations, Inuit, and Métis people in our community.

Our Mission

Working collaboratively with our partners and representing the collective voice of our members, CVDFP seeks to create economically responsible and sustainable ways to:

- Support family physicians and nurse practitioners to improve their clinical practices and professional satisfaction
- Identify gaps that exist in patient care in the Cowichan region
- Develop solutions to meet the community's needs and common health care goals and in doing so:
 - Improve the patient experience of care
 - Improve the health of the population
 - Ensure efficient utilization of health care resources

2025-26

BOARD OF DIRECTORS

Pramod Swamy, Co-chair
Carole Williams, Co-chair
Lyle Davies, Treasurer
Alex Moll
Kiran Srai-Cheema
Aldea Wood, R2 rep
Maria Jaramillo, R1 rep

*Please see next page for
2026 board election details*

Board Elections 2026

- Dr. Pramod Swamy, standing for re-election
- Dr. Carole Williams, standing for re-election
- Dr. Maria Jaramillo, ratification of mid-term appointment (R2 representative)
- Dr. Robyn Lee, standing for election (R1 representative)
- Lyle Davies, incumbent (elected 2024)
- Dr. Alex Moll, incumbent (elected 2024)
- Dr. Kiran Srail-Cheema, incumbent (elected 2024)

Many thanks to Dr. Aldea Wood who is coming off the board this year, having concluding her 2 year term as our first resident representative.

**We extend our sincere appreciation for the continued efforts
of our PROGRAM LEADS & LIAISONS**

- Zaan Davies, CDMS liaison
- Ryan Gallagher, Pathways
- Bruce Hobson, IT
- Meghan Chabot, Maternity Clinic co-lead
- Donna Wachowich, Maternity Clinic co-lead
- Patricia Seymour, Child & Youth Mental Health
- Maraina Smith, IMG Liaison
- Lauren Jackson, LTC Liaison (new appointment)



2025/26 CVDFP ACADEMIC AWARDS

Thank you to the CVDFP scholarship committee for selecting our annual award recipients!

Tanya Bass
Jeinien Burger
Jan Malherbe
Dan Philippon

Pete Postuk
Tom Rimmer
Emily Steeves
Lisa Wilson

Our sincere appreciation to the [Cowichan Foundation](#) for partnering with us to make the Dr. Bryan Bass Memorial scholarship a reality.



CONGRATULATIONS TO THE 2025/26 HIGH SCHOOL AWARD RECIPIENTS:

- Emma Jagers, Chemainus Secondary bursary
- Daija Ritskes, Quw'utsun Secondary bursary
- Kacey Lee, Frances Kelsey bursary
- Julia Parkin, Ladysmith High School bursary
- Mattea Munro, CV Open Learning Centre bursary
- Cruz Scheffer, Lake Cowichan High School bursary

Dr. Bryan Bass Memorial Scholarship: Makenna Forcier (F. Kelsey)



Strategic Priorities

2024-2027

1

PHYSICIAN ENGAGEMENT

Education & social events
New physician supports
IMG engagement

2

PHYSICIAN WELLNESS

Developing a range of programs and resources to support physician wellness and help alleviate burdens affecting physician health

3

DELIVERING PROVINCIAL PROGRAMS

Securing inpatient care and long term care call availability funding;
continued operationalization of the PCN and development of the UPCC

THE GOAL:

Creating a true sense of community among Cowichan care providers. Supporting established physicians and embracing physicians new to the community.

Strengthening the collegiality Cowichan is known for.

Working toward sustainable primary care.



Progress to-date on strategic priorities

ACTIVITIES (Years 2024 through 2026)	IDENTIFIED PRIORITIES		
	Physician Engagement	Physician Wellness	Delivering provincial programs
Engaged with provincial physician health program; received presentation; options available for future focused offerings		•	
Supported acknowledgement of inpatient care providers (coffee cards)	•	•	•
Supported preceptor engagement and networking	•	•	
Supported residency program with student lounge resources, funding of annual retreats, preceptor training, welcome events and grad events	•	•	
Supported multiple CME events, internal and external, in various formats	•		
Expanded mentorship program to include LTC focus, shifted program into PCN funding for greater flexibility, simpler admin and improved remuneration options	•	•	•
Added R1 & R2 residency seats to board of directors	•		
Developed and filled IMG liaison position to support integration and retention of IMG physicians	•	•	
Streamlined board and committee structure to improve efficiency and make organization less top heavy; modified expectations of co-chair position to better manage workload		•	
Implemented compensation for CME events to align with other organizations, and coordinated payment process with CDMS to minimize billing burdens	•	•	
Hosted recurring social/networking events; reduced general meeting numbers in favour of more wellness/education/social events	•	•	
Supported implementation of Tali AI to improve office efficiency and maximize price breaks for CVDFP members	•	•	
Engaged with membership & subsequently applied for expanded provincial After Hours Care program (cancelled by MOH)	•	•	
Supported physicians in LTC learning opportunities (remuneration for time)	•		
Developed biannual "Meet the Specialist" education and networking events	•		
Implemented monthly CVDFP-CDMS engagement sessions (aka pub nights)	•	•	
Developed and launched Cowichan peer support program for the benefit of both family physicians and specialists		•	
Developed new physician support process, leveraging peer support team members		•	
Transitioned to automatic membership renewal to reduce paperwork burden		•	
Developed suite of practice supports (eg. HR and business solutions, IT supports, recruitment supports, attachment recognition)	•	•	•
Continued to promote cultural safety by supporting physicians and clinic staff to complete the San'yas Cultural Safety Program	•	•	
Secured and administered annual inpatient care funding in accordance with FPSC program parameters			•
Secured and administered annual long term care funding in accordance with FPSC program parameters			•
Secured and administered annual PCN funding in accordance with FPSC and MOH program parameters			•
Ongoing engagement with providers and key stakeholders for delivery of inpatient care, long-term care and PCN-related programs	•	•	•
Participated on provincial LTC advisory group, bringing the perspective of mid-sized communities			•
Conducted LTC review and hosted facilitated discussion session to look at ways to create a more efficient, stable, yet flexible model of care delivery.	•	•	•
Developed and launched a partial clustering model for Duncan LTC facilities	•	•	•
Building new stand-alone CVDFP website more tailored to local needs and preferences (in progress).	•	•	

CONGRATULATIONS to the first Quw'utsun residency program graduates!

- Dr. Aldea Wood
- Dr. Ivy Deavy
- Dr. Katie Green



And WELCOME to the 2026 cohort of learners...

UBC Family Medicine Residents – R1s – Quw'utsun 2026/2027



Dr. Austin Beever



Dr. Emily Kuervers



Dr. Robyn Lee



Dr. Anna Slang

2026/2027 Integrated Community Clerkship



Ahmber Barbosa



Erika Colebank



Ocean Han



Katherine Ryeburn

New this year!

PHYSICIAN PEER SUPPORT TEAM

Cowichan peer supporters are available for confidential, short-term supportive conversations for any physician facing personal or professional challenges. The program is open to all family physicians and specialists in the Cowichan region.

Our peer supporters also proactively support physicians new to the area, helping to make connections and orient them to their new community.



Dr. Alex Moll



Dr. Farhana Saleem



Dr. Maraina Smith



Dr. Carole Williams

Find full program details, team bios and peer supporter contact info on Pathways!



MEMBERSHIP UPDATES



Join us in giving a warm welcome to the following new Division members from the past 12 months:

*Osayla Abdallah, Cowichan Collaborative Health
Anas Ameen, Care Bridge Clinic
Molly Bruggeman, Coleman Clinic
Mansour Elmahdi, Duncan Family Practice
Obiora Eze, Alderlea Medical Clinic
Harpreet Kaur, Cowichan Collaborative Health
Lauren Kendall, Coleman Clinic
Surya Lakhanpal, Slhexun sun'ts'a' Clinic & maternity
Suhail Mersal, Shawnigan Village Family Practice
Victor Neumann, Kaatza Clinic
Gary Coomber, Malahat | Alexa McEwan, locum (Hillside)
Gary Cumming, UPCC | Maribeth Duffy, UPCC
Brenda Grant, UPCC | Harry Nielsen, UPCC & locum
Austin Beever, Will Howling & Robyn Lee, FP residents
Jenn Silber, ER | Chris Killer, Chemainus Urgent Care
Jan Hallock, hospitalist/maternity | Carly Loomes, hospitalist
Christina Malo, NP Slhexun sun'ts'a' Clinic
Alyssa McKinlay, NP Cowichan Collaborative Health*

Also during the past year, we saw the following members retire from full time family practice:

*Sue Barr, Festubert Family Practice
Lorna Cutt, Festubert Family Practice
Peter Postuk, Protea Medical Clinic
Harwood Reimer, Alderlea Medical
Deana Robertson, Coleman Clinic*



We wish the best of luck to those members who left our community during the same time period:

*Rusul Al Kutbi, Coleman Clinic
Azzam Azzam, Duncan Family Practice
Kimberly Chang, hospitalist & maternity
Jamie Risk, hospitalist
Cindy Smith, NP, Malahat*

TREASURER'S REPORT

Lyle Davies

For the fiscal year ended March 31, 2026

Introduction

It is my privilege to present, on behalf of the Board of Directors, the audited financial statements of the Cowichan Valley Division of Family Practice (the "Division") for the fiscal year ended March 31, 2026.

The Division is a not-for-profit health organization serving family physicians in the Cowichan Valley region of British Columbia. Membership participation remained strong, and core programs — the Primary Care Network, long-term care and inpatient care incentives, and physician recruitment and retention support — continued in partnership with Island Health, the First Nations Health Authority, local governments and Doctors of BC.

KPMG independently audited the financial statements — the statement of financial position, the statement of operations and changes in net assets, the statement of cash flows, and the accompanying notes. In KPMG's opinion they present fairly, in all material respects, the financial position of the Division as at March 31, 2026 and its results of operations and cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations. This is an unmodified — or "clean" — opinion, the most favourable outcome available from an audit. KPMG also reported, as required by the Societies Act (British Columbia), that accounting policies were applied consistently with the preceding period.

Financial Highlights

	2026	2025	Change	%
Total revenues	\$1,981,769	\$2,440,671	(458,902)	(18.8%)
Total expenses	\$2,041,139	\$2,435,809	(394,670)	(16.2%)
Excess (deficiency) of revenues over expenses	\$(59,370)	\$4,862	(64,232)	n/m
Cash and cash equivalents	\$1,274,932	\$1,762,414	(487,482)	(27.7%)
Total assets	\$1,343,617	\$1,799,595	(455,978)	(25.3%)
Net assets, end of year	\$—	\$59,370	(59,370)	(100.0%)

n/m — not meaningful. The deficiency and the nil net asset balance are explained under Net Asset Position below.

Financial Position

As at March 31	2026	2025	Change
Cash and cash equivalents	\$1,274,932	\$1,762,414	(487,482)
Receivables, investments and prepaid expenses	64,820	29,452	35,368
Capital assets	3,865	7,729	(3,864)
Total assets	\$1,343,617	\$1,799,595	(455,978)
Payables, accrued liabilities and payroll	\$294,606	\$473,681	(179,075)
Due to Doctors of BC	635,634	674,124	(38,490)
Deferred revenue	409,512	584,691	(175,179)
Deferred capital contributions	3,865	7,729	(3,864)
Total liabilities	\$1,343,617	\$1,740,225	(396,608)
Net assets	\$—	\$59,370	(59,370)

Summarized from the audited Statement of Financial Position; full line-item detail appears in the audited statements.

Cash decreased by \$487,482. This was not a loss: it reflects the drawdown of restricted funding held at the start of the year, spent on eligible programs, returned to funders, or applied to settle obligations — deferred revenue fell by \$175,179, payables by \$179,075, and amounts due to Doctors of BC by \$38,490.

Deferred revenue of \$409,512 and amounts due to Doctors of BC of \$635,634 are externally restricted or repayable funding, together \$1,045,146 — about 78% of total assets. The largest balances carried into fiscal 2027 are the PCN Service Plan (\$273,644), PCN Change Management (\$49,838), the Peer Support Initiative Start-up (\$47,492), FPSC Infrastructure (\$25,000) and the FPSC Long Term Care Initiative (\$13,508).

Results of Operations

Under the deferral method, restricted funding is recognized as revenue only as the related eligible expenses are incurred. Revenue therefore moves in step with program activity: a decline in recognized revenue reflects less program spending — usually a funding envelope concluding or moving into a later phase — not a loss of funding.

Revenues

	2026	2025	Change
In-patient Care Incentives and Planning	\$756,900	\$1,012,629	(255,729)
FPSC — Infrastructure	545,474	615,652	(70,178)
Primary Care Network	373,368	471,151	(97,783)
Long-term Care — Quality and Administration	202,992	220,826	(17,834)
Attachment Mechanism	59,900	94,268	(34,368)
Physician Integration and Recruitment	27,047	—	27,047
Other revenue	16,088	26,145	(10,057)
Total revenues	\$1,981,769	\$2,440,671	(458,902)

Other revenue comprises other income, amortization of deferred capital contributions, Regional Recruitment Collaboration and COVID Planning.

Revenues were \$458,902 lower than in fiscal 2025, concentrated in In-patient Care (down \$255,729 matched by lower incentive payments to physicians), the Primary Care Network (down \$97,783, with a substantial balance carried forward for fiscal 2027), FPSC Infrastructure (down \$70,178) and the Attachment Mechanism (down \$34,368). New Physician Integration and Recruitment funding of \$27,047 partly offset these.

Expenses

	2026	2025	Change
Physician incentives — in-patient and long-term care	\$958,116	\$1,230,808	(272,692)
Wages and benefits	698,969	820,762	(121,793)
Physician meetings, events and education	190,791	165,258	25,533
Office, administration and amortization	63,445	52,408	11,037
Scholarships and recruitment payments	60,858	6,982	53,876
Meals and entertainment	39,290	64,449	(25,159)
Consulting and professional fees	29,670	95,142	(65,472)
Total expenses	\$2,041,139	\$2,435,809	(394,670)

Summarized from the audited Statement of Operations and Changes in Net Assets; full line-item detail appears in the audited statements.

Expenses were \$394,670 lower than in fiscal 2025. Incentive payments fell in step with the related funding. Wages and benefits decreased by \$121,793 on a smaller staff complement. Consulting and professional fees fell \$65,472 as project-specific external support concluded, and meals and entertainment fell \$25,159. Physician meetings, events and education rose \$25,533, a deliberate reinvestment in member engagement.

Payments made directly to or for the benefit of physicians totalled \$1,018,974, or 49.9% of total expenses; wages and benefits 34.2%; general administration \$79,668, or 3.9%.

Net Asset Position

	Infrastructure	Attachment	Total 2026	Total 2025
Revenues	\$1,542,675	\$439,094	\$1,981,769	\$2,440,671
Expenses	1,572,227	468,912	2,041,139	2,435,809
Excess (deficiency)	\$(29,552)	\$(29,818)	\$(59,370)	\$4,862
Net assets, beginning of year	29,552	29,818	59,370	54,508
Net assets, end of year	\$—	\$—	\$—	\$59,370

Extracted from the audited Statement of Operations and Changes in Net Assets.

The Division reported a deficiency of \$59,370 and closed the year with net assets of nil in both funds. The deficiency was planned as the Dr. Bryan Bass Memorial Scholarship was formalized and funds were transferred. The reported deficiency was a deliberate decision to deploy the Division's accumulated balance towards supporting the local physician workforce through scholarships — not the result of overspending or of any shortfall in funding. Excluding that deployment, revenues of \$1,981,769 exactly matched expenses of \$1,981,769.

What a nil net asset balance does and does not mean

It does not mean the Division is short of cash. The Division closed the year with \$1,274,932 in cash and met every obligation as it fell due.

It does mean the Division no longer holds an unrestricted reserve. Every dollar on the balance sheet is restricted to a program or owed to a supplier, employee or funder, leaving no internal cushion for an unexpected cost or funding delay. See Outlook below.

Governance and Compliance

- **Board oversight.** The Board reviewed financial reporting at its regular meetings, approved the annual budget, and considered the auditor's findings before recommending approval of the statements. Restricted contributions are tracked by funding agreement, and unspent balances are carried forward or returned. All required filings were completed on time and free of issues.
- **Statutory disclosure.** Remuneration disclosures required by the Societies Act (British Columbia) appear in the notes to the financial statements.
- **Economic dependence.** The Division receives substantially all of its funding through the Family Practice Services Committee. Future operations depend on continuation of the annual infrastructure funding agreement — a concentration inherent to the Divisions of Family Practice model, and one the Board monitors.
- **Internal control.** As in most organizations of this size, the finance function is too small for duties to be fully segregated; the Division compensates through active oversight by the Executive Director and the Board.

Outlook for Fiscal 2027

The Division enters fiscal 2027 with \$1,274,932 in cash, \$409,512 in restricted funding carried forward for program delivery, a clean audit opinion, and two new funding envelopes secured during the year.

The Board is satisfied that the Division is well managed, that its funds were applied to their intended purposes, and that it is positioned to continue delivering on its mandate.

Closing

On behalf of the Board, I thank the Division's staff for their careful stewardship, our members for their continued engagement, and our community partners for their collaboration through the year. This report is submitted to the Annual General Meeting for review, discussion and member endorsement.

Respectfully submitted,

Lyle Davies

Treasurer, Cowichan Valley Division of Family Practice

August 2026

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