



ANNUAL REPORT

2025-2026



Royal Inland & Hillside
PHYSICIAN ASSOCIATION

OUR CORE VALUES

Throughout our organization, we strive to adhere to the following principles:

Accountability

We foster an environment that promotes the acceptance of responsibility.

Bravery

We strive to have the mental and moral strength to face danger, fear, or difficulty.

Collaboration

We are dedicated to working together to foster an environment of listening to our needs and creating solutions for these needs.

Positive Physician Culture

We are committed to a standard of excellence to ensure our physicians feel valued.



STRATEGIC AREAS OF FOCUS

The key areas of focus identified by the Board of Directors, stakeholders, and staff for April 2024 through March 2027 are:

Positive Physician Culture

Creating an environment where physicians enjoy working.

Physician Retention and Recruitment

Supporting our physicians to meet their resource needs.

Physician Leadership

Create learning opportunities and mentorship to foster future leaders and to support current leaders.

Physician Engagement

Encouraging and supporting physicians in engagement activities.

"We can cure physical diseases with medicine, but the only cure for loneliness, despair, and hopelessness is love."

- Mother Teresa

OUR VISION

Our physicians have access to the resources and support they need to meet the needs of our patients in a healthy, happy, and productive work environment.

OUR MISSION

We are an association of physicians for physicians, supporting them to deliver excellent clinical care.

ABOUT RIHPA

Our objective is to be a leader in quality patient-centred care, education, and research through cohesive shared decision-making, collaboration, and continuous improvement.

RIHPA is comprised of specialists/physicians with privileges at RIH. The Association aims to advance opportunities and enhance physician engagement within the hospital, the Health Authority, and the healthcare system at large.

The Association seeks to create opportunities for its members to collaboratively participate and express their views on matters that are important to them, contributing to the development, prioritization, and achievement of Interior Health plans and initiatives. The ultimate goals are improved quality of care for patients and their families and an improved working environment for facility-based physicians.



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Meet our RIHPA Board of Directors 2025-26



Back row L to R:
Dr. Tochi Anyansi,
Dr. Kaveri Gupta,
President,
Dr. David Nicholl
Front row L to R:
Karen Vogel,
Program Director,
Dr. Fatima Allibhai,
Anita Cranston,
Program Coordinator

Message from the President



Dear Colleagues,

Health care continues to adapt amidst a variety of stressors. While many of the pressures we have faced over the past several years remain, I continue to believe that periods of challenge also create important opportunities—to rethink how we work, strengthen our relationships with one another, and advocate for meaningful improvements for both physicians and patients.

At MSA/RIHPA, our role is not only to represent the physician voice, but also to help create the conditions in which physicians can contribute to positive change. This includes supporting advocacy, recruitment and retention, physician leadership, and the many initiatives led by colleagues across our hospital and community.

I am continually grateful for the physicians who choose to become involved—whether by leading a project, mentoring a colleague, or serving on a committee. These contributions may sometimes feel small in the context of a very large and complex health care system, but collectively, they matter enormously.

It is easy, particularly during difficult periods, to become frustrated or disengaged. Yet this is precisely when our participation and our collective voice are most important. We do not each need to solve every problem. We can, however, choose an area that matters to us and contribute where we can.

Please continue to see the MSA/RIHPA—and me personally—as a resource, a partner, and an advocate for the work you want to move forward.

Dr. Kaveri Gupta
President

Message from the Program Director



“Sixty-nine-year-old Brenda waited on the donor list for a new liver, worried she was running out of time. When she finally became the next in line, she was elated. But then she learned of another woman, only twenty-three, who had only hours to live. Without knowing the cost, Brenda surrendered her spot. “I wouldn’t have been able to live with the liver,” she said, “if I had let this little girl die.” Thankfully, the hospital found another donor for Brenda, and both women received what they needed. Somewhere along the way, we’ll likely have to give more than we think is possible or prudent.”

—Winn Collier

When you work at the hospital, you see “wild generosity” everywhere...from physicians, nurses, and administrators, but also from patients themselves. When we display vulnerable postures, we sometimes surrender to our resources, our reputation, or our expectations for how our lives should unfold on any given day. We get frustrated when we are asked to do more, and many of us are doing the best we can. When we conduct leadership exercises to “envision a future state”, improve the culture of our working environment for physicians, or to increase mutual respect, it can feel like more responsibility. We are all trying to function as a team, but others worry about what it will cost them. Well, let’s agree there is a cost.

In my role, things that encourage me to be a part of RIH are seeing large attendance at our meetings, as I know this takes effort, and you could be somewhere else. I am thankful to the physicians who clean up their own dishes, and I am thankful to the physicians who provide great ideas for events and speakers while understanding the parameters we work with. I am thankful to the physicians who are serving as department leads, on the working group, working on projects and dedicating hundreds of hours to work on the Board of Directors. This in my mind is “wild generosity” doing more than even they are able – but they show up to help all of us make this place a better place.

“Great things are done by a series of small things brought together.”

—Vincent Van Gogh

Karen Vogel
Program Director

Message from the Program Coordinator



On June 4, 2026, Sylvia Weir visited Royal Inland Hospital (RIH) to participate in the spring MSA Quarterly meeting. As the new President and CEO of Interior Health, Sylvia dedicated the 60-minute session to answering questions from specialist physicians, family physicians, nurse practitioners, and midwives across all RIH departments.

The discussion covered a range of topics, including the challenges associated with ensuring RIH has the equipment and resources needed to support patient care in Kamloops. Participants also discussed the importance of equitable resource allocation across the region, noting the need to align healthcare resources with community needs, population growth, and patient volumes. Sylvia’s responses were clear, concise, and thoughtful. The overall message could best be described as hopeful and promising.

The session left me reflecting on what the true solution might be to what many perceive as an ongoing healthcare crisis. It prompted me to ask myself: should we be hopeful, or should we despair? Yet despair implies surrender. Hope, on the other hand, creates the possibility for positive change—especially when it is accompanied by action. Hope can become tangible when physicians are willing to engage and become part of the solution.

This is where Doctors of BC (DoBC) Facility Engagement comes in. “Strong engagement among physicians and health organizations supports high quality healthcare, improving patient outcomes, and lowering costs. It also supports effective change in healthcare. When we work together, we solve problems faster, make better decisions, and achieve more.”

My role is to support you throughout this initiative. Challenge me to help you succeed.

Anita Cranston
Program Coordinator

Royal Inland and Hillside Physician Association (RIHPA) Working Group

Anaesthesia	Dr. Lisa McMahon	Pediatrics.....	Dr. Kayla Parker
Diagnostic Imaging	Dr. Dustin Hofstede	Psychiatry.....	Dr. Petra Stephen
Emergency Medicine	Dr. Taylor North	Surgery	Dr. Nathan How
Medicine	Dr. David Nicholl	Hospitalists.....	Dr. Harpreet Kelly
Obstetrics and Gynecology	Dr. Erin Adams		
Pathology.....	Dr. Brent Wilde	Lead Physician:	Dr. Fatima Allibhai

RIHPA WORKING GROUP - TERMS OF REFERENCE

Mandate

The Royal Inland & Hillside Physician Association (RIHPA) Working Group (hereinafter referred to as the "Working Group") is a representative body/committee of RIHPA that will engage Royal Inland Hospital (RIH) medical staff and Hillside physicians and advise the Board of Directors of RIHPA on matters of importance to RIH medical staff, Hillside physicians, their patients, and the Health Authority. Members of the Working Group must be members in good standing with RIHPA and the Medical Staff Association.

The intention of the Memorandum of Understanding on Regional and Local Engagement (MOU) is to strengthen the relationships and engagement between RIH medical staff, Hillside physicians, and Health Authority leadership.

Objectives and Responsibilities:

The Working Group shall make recommendations to the Board of Directors on matters that include, but are not limited to:

- 1

Creating a work plan and budget for the allocation of funds
- 2

Identifying possible projects and initiatives that meet the objectives of the MOU
- 3

Consulting with representatives of the RIH medical staff and Hillside physicians as necessary in the completion of the mandate
- 4

Consulting and engaging with Health Authority leaders on regional and local issues as defined in the MOU
- 5

Consulting and engaging with Health Authority staff on regional and local issues as defined in the MOU
- 6

As required, engaging with the provincial Facility Engagement Evaluation Team
- 7

Other matters that may be referred to it by the Board of Directors

To support this, the Working Group is tasked with finding ways to:

- Ensure views of RIH medical staff and Hillside physicians are more effectively represented
- Contribute, along with the Health Authority, to the development and achievement of mutually agreed upon healthcare plans and healthcare initiatives with respect to matters directly affecting RIH medical staff and Hillside physicians
- Prioritize issues affecting RIH medical staff, Hillside physicians, and patient care
- Have direct, meaningful interaction with Health Authority leaders including, but not limited to, physicians in formal Health Authority leadership roles

Hillside Working Group

Dr. Carmen Molgat	Lead Physician:
Dr. Cory Czarnecki	Dr. Tochi Anyansi
Dr. Michael Weitzner	

The Hillside Centre Working Group, led by Dr. Tochi Anyansi, holds monthly meetings to address topics directly impacting the workplace environment. These discussions focus on identifying areas for improvement, setting priorities, and fostering a strong, positive sense of community among staff.

"Coming together is a beginning, staying together is progress, and working together is success"

- Henry Ford



Message from the Doctors of B.C.

"Congratulations and a huge pat on the back to the medical staff at Royal Inland Hospital. Over the last year RIHPA has done some amazing work in the realm of Facility Engagement—connecting physician leadership with Health Authority partners to improve patient care, strengthen the healthcare workforce, and contribute to a more sustainable and equitable health system.

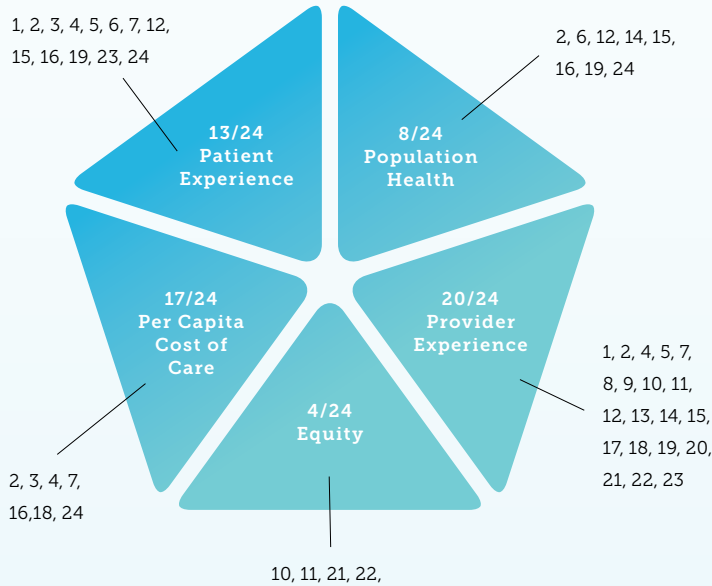
25 physician-led projects contributed to all five domains of the Quintuple Aim—patient experience, provider experience, population health, equity, and per-capita cost of care. The same projects also mapped across all four of Interior Health's strategic priorities: improving health and wellness, delivering high-quality care, cultivating an engaged workforce, and ensuring sustainable health services. This broad alignment demonstrates our shared priorities and shows how physician engagement at RIH is advancing health authority plans and provincial priorities in health system improvement."

Bill Haring
Engagement Partner, Facility Engagement Specialist Services Committee

"Life shrinks or expands in proportion to one's courage."
- Anaïs Nin

RIH Projects/Activities 2025

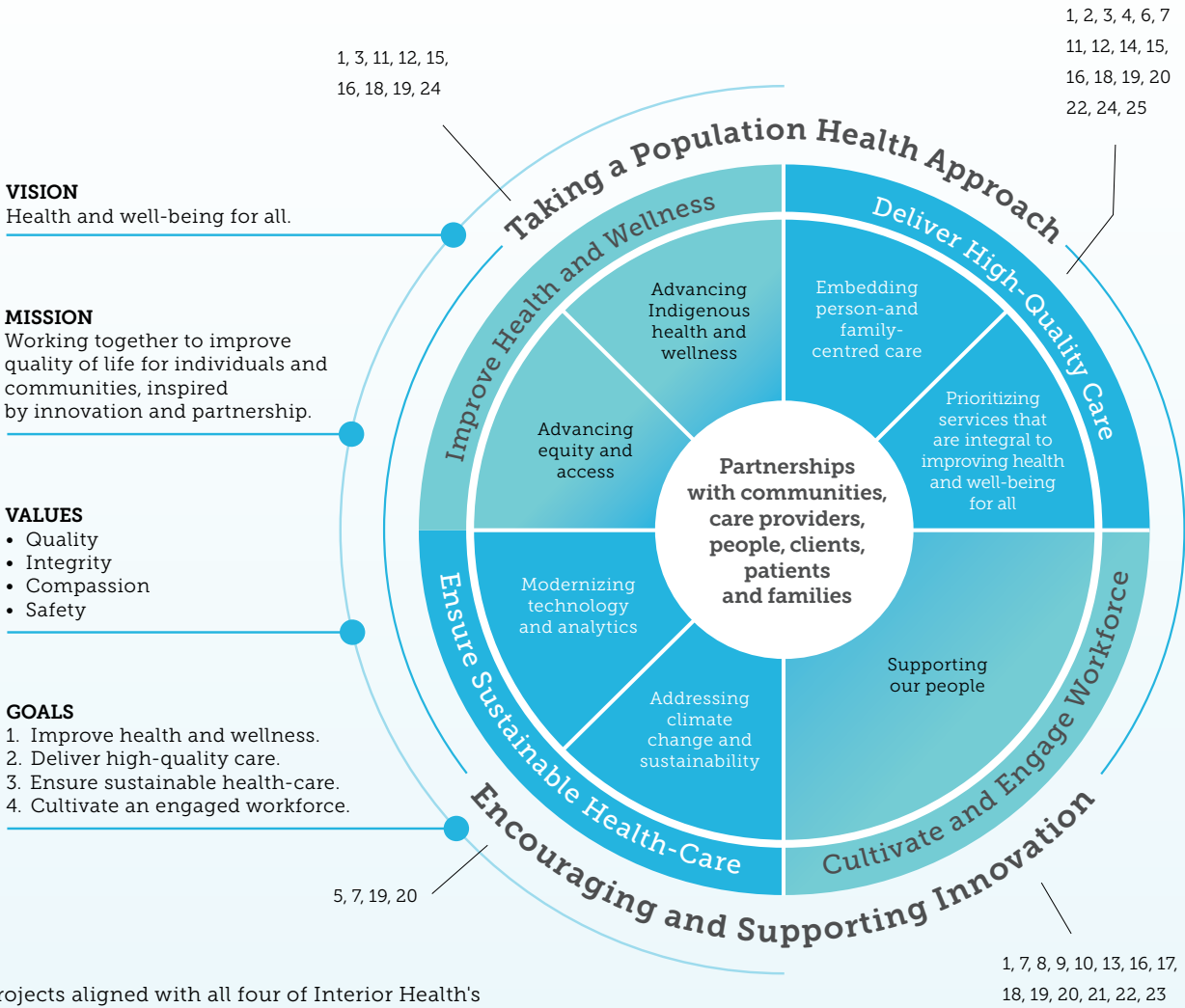
PROPOSED ICC IMPACT GUIDE: QUINTUPLE AIM FRAMEWORK



Twenty-five physician-led RIH projects advanced all five domains of the Quintuple Aim, strengthening both provider and patient experience.

Doctors:		Note: numbers on the charts represent the activity number of project	
#1	Admission Criteria-focused care and high acuity units (Dr. Raath)	#5	EHR Portfolio (Dr. Cindrich)
#2	C-Section Management (Dr. Adams)	#6	ERAS (Dr. Lott)
#3	Cardiology Visioning (Dr. Pun)	#7	Hillside ECG Succession Plan (Dr. Anyansi)
#4	ECG PQI Project (Dr. Steyn)	#8	Hillside Strategic Planning (Dr. Anyansi)
		#9	Hillside Wellness Supports (Dr. Anyansi)

IH STRATEGIC DIRECTION 2024-2027



These projects aligned with all four of Interior Health's strategic priorities, highlighting how physician engagement at RIH advances both organizational and provincial health system priorities.

#10	Hillside Wellness Group (Dr. Anyansi)	#15	Needs Assessment-Acute Community OB/GYNE (Dr. Lott)	#19	Departmental R&R Projects (Dr. McMahon, Hutchison, Ortved, Kelly, Clive, Allibhai, Jonker, Pun)	#22	RIHPA Governance (Dr. Gupta)
#11	Hillside Working Group (Dr. Anyansi)	#16	Pediatric Inpatient Eating Disorder (Dr. Clive)	#20	Retention and Recruitment Mentorship (Dr. Campsall)	#23	RIHPA Working Group (Dr. Allibhai)
#12	IHA West Gastroenterology Care Improvements (Dr. Emery)	#17	Physician Workplace Environment (Dr. Baikie)	#21	RIH Wellness and Collaboration (Dr. Read)	#24	RIH Intercranial Hemorrhage Pathway (Dr. Cindrich)
#13	Leadership Summit (Dr. Gupta)	#18	Postgraduate Internal Medicine Mapping (Dr. Scobie)			#25	Trauma Performance and Patient Safety (Dr. Lim)
#14	Nephrology Service Planning (Dr. Conley)						

Facility Engagement: Empowering Physicians, Enhancing Care

WHAT'S IT ALL ABOUT?

Thanks to a groundbreaking agreement between Doctors of BC and the BC Government, hospital-based physicians now have dedicated support and funding to help improve care and communication where they work.

Through the Facility Engagement Initiative, physicians can get funding to:

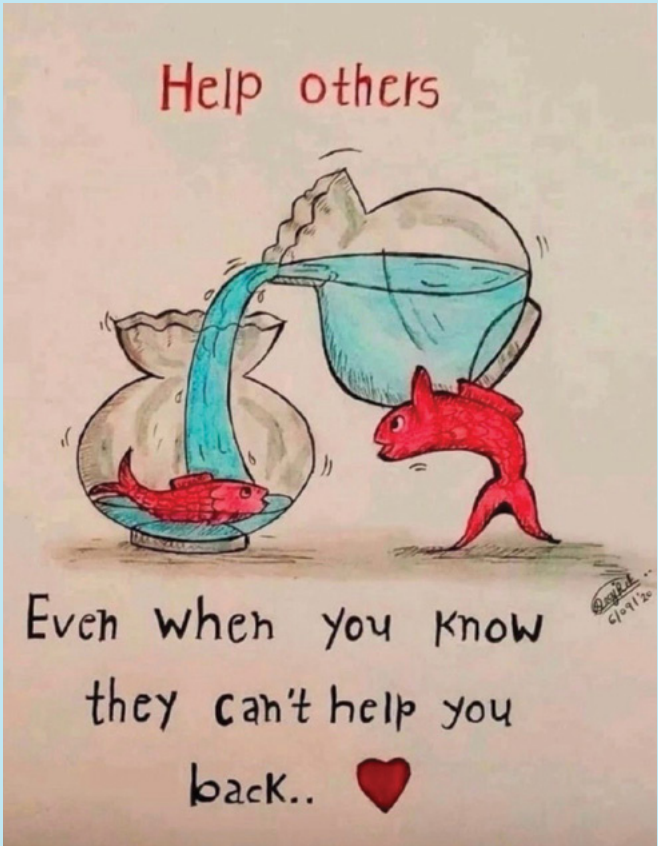
- ✓ Improve patient care
- ✓ Collaborate better with health authority leaders
- ✓ Tackle workplace challenges
- ✓ Bring forward fresh ideas for how things can be done better

GOT AN IDEA? LET'S HEAR IT!

We invite all medical staff to submit their ideas—big or small. Whether it's a no-cost fix that improves workflow or a project that needs support, if it impacts physicians or patients, it matters.

What to include in your proposal:

- ✓ What's the issue?
- ✓ Who's affected? (patients, physicians, nurses, etc.)
- ✓ What's the current situation?
- ✓ What could be done about it? Pros & cons?
- ✓ Any early ideas for solutions?



How it works:

- Submit your proposal to karen.vogel@rihpa.ca
- The RIHPA Working Group will review it
- Approved projects receive funding (until March 31st)
- You'll provide **quarterly updates** to keep things moving

Please note:

Some things can't be funded—like real estate, clinical services, equipment, or political donations.

NAME OF INITIATIVE:
1. ISSUE
Provide a concise statement of the issue that you are attempting to address.
2. AREA(S) OF IMPACT
Identify all areas that this issue would affect.
☐ Patient Care ☐ Capacity & Flow ☐ Electronic Systems ☐ Physician Work Environment ☐ Delivery of Program Services ☐ Communication with Physicians ☐ Population Health ☐ Patient Safety ☐ Physicians Representation/ Input Mechanisms ☐ Reduction in Per Capita Cost ☐ Use of Allied Health Professionals ☐ Other (please specify)
3. BACKGROUND & CURRENT STATUS
Summarize the relevant background information (ex. What led to this issue? How has it evolved?) and describe the current situation.
4. OPTION(S)
5. BUDGET
Provide a proposed budget for the initiative. For example, projected number of sessional hours required, whether staff (ex. data analyst, project manager, etc.) would be required, and for how many hours.
6. OUTCOMES
What are the projected outcomes of this project? (ex. increased physician engagement, enhanced communication with the Health Authority, increased patient safety, etc.) How will you evaluate these outcomes? (ex. qualitative or quantitative data)
7. ALIGNMENT WITH RIHPA STRATEGIC PLAN
What strategic goals will be met through this initiative? Please check all that apply. ☐ 1. Strengthen physician advocacy and collaboration with Interior Health, Doctors of BC, and Ministry of Health. ☐ 2. Improve recruitment and retention of physicians in departments and service areas in crises. ☐ 3. Initiate/develop/grow specialty programs that serve the needs of patients/families & improve efficiency/quality of care. ☐ 4. Provide physicians with opportunities to participate in education, research, and leadership development.
8. CONTACT INFORMATION (OPTIONAL)
Please provide your name, specialty, and preferred contact information.

Submit completed forms to: karen.vogel@rihpa.ca

MSA and MSA Budget



The Royal Inland Hospital (RIH) Medical Staff Association (MSA) is made up of physicians and clinical staff who work together to support high-quality patient care. The MSA is governed by an elected Board of Directors.

Current Board of Directors

- Dr. Kaveri Gupta, President
- Dr. Fatima Allibhai, Vice-President
- Dr. David Nicholl, Treasurer

MSA dues are kept to the minimum required to support:

- Physician representation through the Medical Staff Executive
- Continuing Medical Education (CME)
- Professional recognition initiatives
- Social events and member engagement

11.6.6.2 Payment of membership dues is required to retain Medical Staff membership and must be made within two (2) months of the Annual Meeting. Failure to pay dues within the specified time may result in loss of privileges and/or disciplinary action.

Members must be in good standing with their MSA dues to claim Facility Engagement (FE) sessionals or apply for FE project funding.

- MSA dues are generally considered a deductible professional business expense. Please consult your tax advisor if you have questions.

Annual Membership Fees

- \$400 – Active Physician Members
- \$250 – Assoc. Physicians, Midwives, NPs



Scan QR code to pay membership fees online.

Under the Interior Health Medical Staff Rules (approved by HAMAC/IH Board, April 2026), MSA dues are mandatory for all members to remain in good standing and maintain privileges at RIH:

2025-2026 MSA Budget*	
Year to Date (YTD)	Budget
Staff Salaries	\$ 25,000
Banking Fees/Stripe Fees	\$ 1,000
VISA Preauthorized Payment	
MSA Quarterly Catering Meals	\$ 15,000
MSA Door Prizes	\$ 1,000
Monthly Plan Fee	\$
MSA Honorarium and Gifts	\$ 2,500
MSA Collaborative Events	\$ 10,000
Office Supplies	\$ 1,000
Director Salaries/Insurance	\$ 30,000
Parking/Gas	\$ 100
Meals Coordinator	\$ 900
CME Dues Accreditation	\$ 500
CME Honorarium and Gifts	\$ 2,500
CME Chairs Stipend	\$ 5,000
CME Catering	\$ 12,000
MSA Communications (MailChimp)	\$ 3,500
TOTAL	\$ 110,000 +/-

Continuing Medical Education

ROYAL INLAND HOSPITAL MSA CME PROGRAM

Our MSA CME Scientific Planning Committee is comprised of:

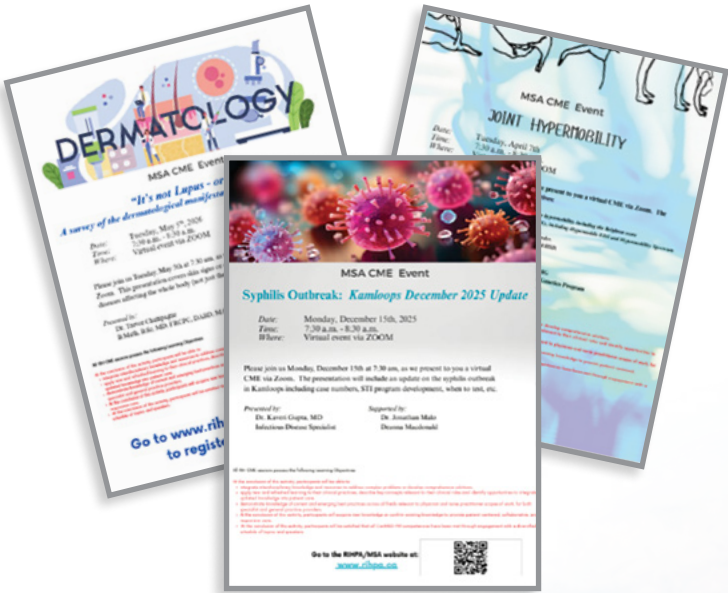
- Dr. Kaveri Gupta
- Dr. Remy Wong
- Natalie Manhard NP(F)
- Karen Vogel
- Anita Cranston

The RIH CME is an accredited program through both the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons (Royal College). It provides current, best practice ongoing medical education to the RIH medical staff and collegial opportunities for multidisciplinary engagement.

As the RIH CME program serves the specialists and family practice physicians, NPs, MPs, and dentists that are privileged for RIH, not every CME may be focused on your scope of practice. We are doing our best to provide content for all. If something is missing or if there is a topic you would like covered, please email Anita Cranston at anita.cranston@rihpa.ca.

The CME program is funded by approximately 20% of the MSA dues. The rest of the members' dues go toward costs associated with member honorariums, stipends, speaking fees, collaborative events, food and beverages, event planning, and office supplies.

Thank you to our MSA board members and our CME co-chairs for their ongoing championing of the MSA programs.



Statement of Financial Position

MARCH 31	2026	2025
ASSETS		
Current		
Cash	\$ 132,287	\$ 121,703
Restricted cash (Note 3)	20,000	20,000
Accounts receivable	154	297
Prepaid expenses	-	-
Goods and services tax recoverable	928	1,788
	<u>\$ 153,369</u>	<u>\$ 143,788</u>
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 37,592	\$ 38,486
Deferred contributions (Note 4)	110,866	100,747
	<u>148,458</u>	<u>139,233</u>
NET ASSETS	<u>4,911</u>	<u>4,555</u>
	<u>\$ 153,369</u>	<u>\$ 143,788</u>

RIHPA Wellness & Collaboration





Royal Inland & Hillside
PHYSICIAN ASSOCIATION

WWW.RIHPA.CA