

2025/2026

Rural CPD Annual Report



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Acknowledgements

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“ A message from Rural CPD’s Medical Director and Senior Manager

UBC Rural CPD serves as a trusted and consistent partner to support the learning needs of physicians and health professionals who practice in rural, remote and Indigenous communities — especially in the context of evolving health system pressures. Guided by [rural physician leadership](#) and grounded in [UBC CPD’s learner-centred approach](#), we strive to create learning opportunities where physicians feel connected and supported.

How we do our work is just as important as what we do. Our focus remains on supporting the people who sustain rural medicine by delivering practical, relevant continuing professional development that reflects the breadth and complexity of rural practice.

Rural CPD programming is co-created with rural physicians and offered through a range of delivery methods, enabling physicians to engage in meaningful education closer to home. This year, monthly Rural Rounds sessions covered topics from airway management to supporting chronic pain, while the Hands-on Ultrasound Education (HOUSE) Program travelled to Dease Lake in the summer of 2025 to support local physicians and health professionals to engage in hands-on POCUS training, in community.

By encouraging continual learning and professional connections, like we do in our [Personal Learning Plans \(PLP\) Program](#) and [Coaching and Mentoring Program \(CAMP\)](#), we aim to contribute meaningfully to the long-term sustainability of rural health care. We are deeply grateful to our physician collaborators and the ongoing support of the [Rural Coordination Centre of BC](#) and the [Joint Standing Committee on Rural Issues](#), whose partnership makes this work possible.

This report presents key outcomes and impacts from Rural CPD programming delivered between April 1, 2025 to March 31, 2026.

— Dr. Dana Hubler and Laura Beamish

2025/26 Snapshot

11 CPD professionals worked in partnership with 13 medical leads to deliver:



Rounds: Rural Rounds, Rural Point-of-Care Ultrasound (POCUS) Rounds, Critical Rural Intensive Support and Interventions Series (CRISIS) and Virtual Health Grand Rounds (VHGR):



Nawh Whu'nus'en We See in Two Worlds workshop series:



From our learners

“These programs are crucial to my continuing to work in remote settings.”

— 2025-26 Rural Rounds participant

“This has been a highly impactful initiative, and kudos to UBC for organizing and supporting such a valuable program. I greatly appreciate the opportunity to be part of CAMP.”

— 2025-26 Coaching and Mentoring Program (CAMP) participant

“It was an excellent resource that was informal enough to not be intimidating, but engaging enough to be so impactful. I will be reflecting on my experience from this program for many weeks and months to come.”

— Nawh Whu'nus'en We See in Two Worlds Level 1 workshop participant



Rural Ultrasound Education



Rural Ultrasound Education offers low-barrier training that advances point-of-care ultrasound (POCUS) skill adoption and supports the development of a growing POCUS community of practice in rural British Columbia.

This includes the Hands-On Ultrasound Education (HOUSE) course, Rural POCUS Rounds webinar series, Sonnie: Your Ultrasound Partner (asynchronous, case-based learning) and the Handheld Ultrasound Loan program. The medical leads for this program are Dr. Kevin Fairbairn and Dr. Virginia Robinson.

[Learn more about Rural Ultrasound Education.](#)

HOUSE by the numbers

 89 Participants total for 2025-26	Course days (broken down by type)	
	Emergency medicine	6
	Internal Medicine	1
	Ambulatory	4
	Obstetrics	6

Success stories and program impact

A shared commitment and effort: the Dease Lake Hands-On Ultrasound Emergency Medicine Course

Delivering the Hands-On Ultrasound Education Emergency Medicine course in Dease Lake was one of the most logistically complex Rural CPD initiatives undertaken in recent years, requiring extraordinary teamwork and careful coordination to address challenges of a remote setting.

Catering alone demanded creativity and collaboration, from prepared meals that traveled several hours from Smithers to non-perishable supplies, sourced from Terrace. Instructors and local coordinators went far beyond their roles to manage coordination and ensure participants were well supported. Travel added another layer of complexity, causing real-time schedule adjustments to align with mining flights, as well as detailed planning to navigate frequent Canada Post strikes and ensure equipment was delivered to remote communities.

Multiple planning meetings were held to ensure the course met the specific needs of Dease Lake participants. Through shared problem-solving, collaboration with medical leads, flexibility and commitment, the team transformed significant logistical hurdles into a highly successful learning experience.

“ Good refresher and good motivator to push me to use the ultrasound more for the things I'm not as comfortable with!”

— 2025-26 Hands-On Ultrasound Emergency Medicine Course attendee

“ This was lovely — thanks for making it practical, patient centered and appropriate to our context and learning needs.”

— 2025-26 Hands-On Ultrasound Emergency Medicine Course attendee

Rural Point-of-Care Ultrasound (POCUS) Rounds



Rural Point-of-Care Ultrasound (POCUS) Rounds is a monthly virtual rounds series based on rurally focused POCUS topics, learnings and situations. The series aims to increase the experience with community surrounding point-of-care ultrasound for rural health professionals. Learn more about [Rural POCUS Rounds](#).

Rural POCUS Rounds by the numbers



8

Virtual synchronous
webinars

757

Session registrants

352

Live session attendees

Success stories and program impact

Live participant-guided learning in Rural POCUS Rounds

The March 2026 Rural Point-of-Care Ultrasound (POCUS) Rounds session *New Year, New View – Live Scanning Demo* was led by Dr. Virginia Robinson, a family physician practicing in Fernie, BC with extensive experience teaching POCUS in rural care settings. The session incorporated real-time scanning driven by participant requests, allowing attendees to engage directly with the content presented and ask questions most relevant to their practice.

Dr. Robinson began with an ocular scan and moved through a range of additional views commonly used in rural settings, responding to audience suggestions as the session progressed. She reviewed probe positioning, image optimization and interpretation, and shared practical considerations for several POCUS applications, grounding each demonstration in real-world decision making. The live format enabled participants to ask questions and clarify techniques as scans were performed, reinforcing key learning points.

This session demonstrated the value of interactive, case-informed learning in a virtual environment. Combining live demonstrations with participant-driven exploration created an engaging and supportive space for health professionals to learn from one another.

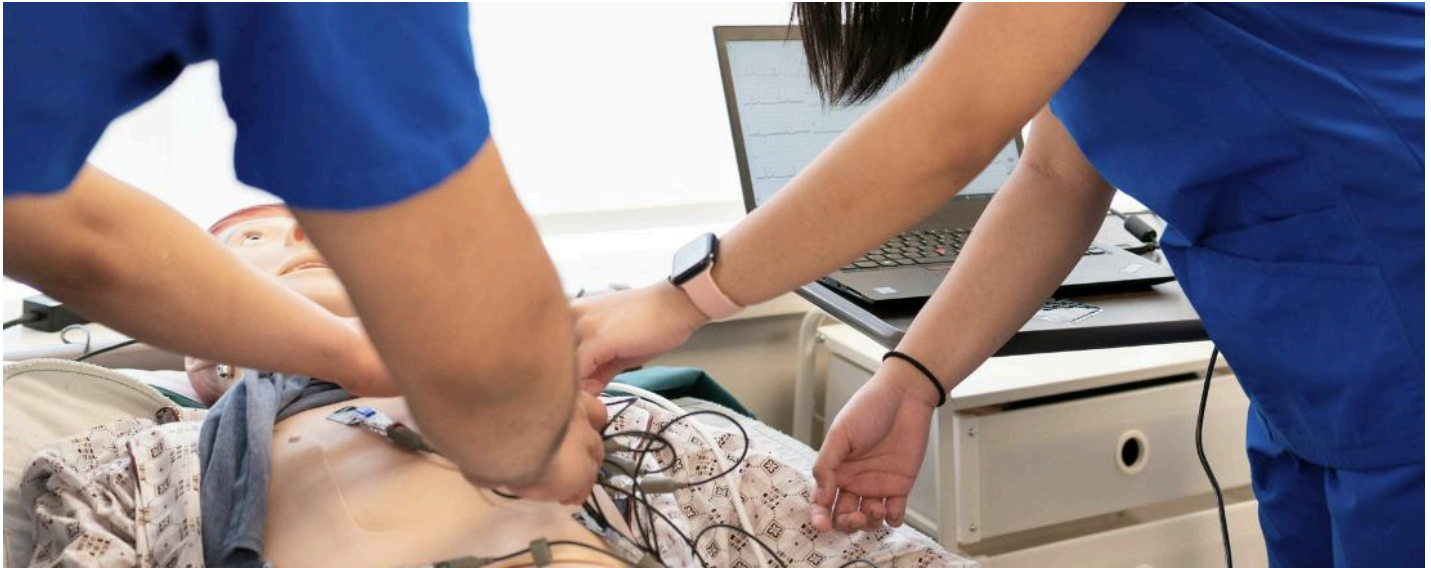
“ I regularly travel to rural areas to provide support where resources are more limited. In those settings, I want to rely more on POCUS to guide my decisions. The focus on practical MSK applications for elbows and knees was highly relevant to the kinds of injuries and degenerative conditions I see every week.”

— 2025-26 Rural Point-of-Care Ultrasound (POCUS) Rounds attendee

“ Truly appreciate the Rural physicians. They seem to be so much more inclusive and [in] support of each other and learning. A beautiful community of practice you have built. Thank you for all the hours and effort that you contribute.”

— 2025-26 Rural Point-of-Care Ultrasound (POCUS) Rounds attendee

Real-Time Virtual Support (RTVS) Simulation



Real-Time Virtual Support (RTVS) Simulation offers rural providers opportunities to enhance their clinical skills through high-quality simulation education and promotes widespread adoption of RTVS peer-to-peer consultation in British Columbia. The medical leads for this program are Dr. Brydon Blacklaws and Dr. Jeanne MacLeod. [Learn more about RTVS Simulation.](#)

RTVS by the numbers

In 2025-26, two virtual synchronous webinars garnered:

 23

Simulation session delivered

 17

Rural sites reached

Success stories and program impact

Responsive tailored simulation education to support rural practice in Hazelton

In 2025, the RTVS Simulation program partnered with Hazelton’s Wrinch Memorial Hospital to deliver tailored education. Guided by Chief of Staff Dr. Danielle Pichie, RTVS Simulation worked with rural generalists and specialists to develop a custom session focused on Torsades de Pointes and Long QT Syndrome, conditions with a higher prevalence in the Hazelton community.

The Hazelton partnership was characterized by flexibility and responsiveness. Limited travel funding was used to support in-person facilitation of this unique simulation session in summer 2025. However, additional support was provided later in the year when Hazelton faced last-minute gaps in planned pediatric education. To ensure the Hazelton team did not miss out on a valuable learning opportunity, RTVS Simulation stepped in to coordinate a virtual pediatric simulation, requiring collaboration with a respiratory therapist from BC Children’s Hospital to incorporate a BiPAP component in the case scenario, accommodating a specific community learning request.

This collaboration delivered measurable value by reducing the organizational and financial barriers that often limit access to high-quality learning opportunities for rural communities. RTVS Simulation supported Hazelton to access specialized expertise and customized education, resulting in strong learner engagement and program impact.

“The program will boost my confidence when working in remote, understaffed, and under-resourced communities, knowing that I can call someone for support who will guide me through the patient encounter.”

— 2025-26 Real-Time Virtual Support (RTVS) Simulation program participant

“I think it was a very positive experience overall. I think having gone through that experience already in a simulation, I'm much more comfortable calling [RTVS] in the future.”

— 2025-26 Real-Time Virtual Support (RTVS) Simulation program participant

Rural Rounds Education Hub

Rural Rounds offers free, clinically relevant case-based education that utilizes the expertise of rural health professionals to tailor sessions specifically for the rural context and support providers to deliver patient-centered care. The medical lead for this program is Dr. Gordon Horner. [Learn more about Rural Rounds.](#)



Rural Rounds by the numbers



Success stories and program impact

Strengthening critical care capacity in rural communities

Rural Rounds expanded its impact this year with the launch of the Critical Rural Intensive Support and Interventions Series (CRISIS) project. This targeted four-part series addressed an important gap in rural health care: access to practical critical care education.

Designed for rural family physicians, the series focused on high-priority topics, including cardiac arrest, mechanical ventilation, withholding and withdrawing life-sustaining treatments, and organ donation. CRISIS was developed to improve patient outcomes in rural communities and enhance the safety and quality of transfers to regional and urban centres.

The CRISIS Sessions exemplify Rural Rounds' strength as a responsive and learner-centered program, which supports both rural health professionals and the broader health-care system.

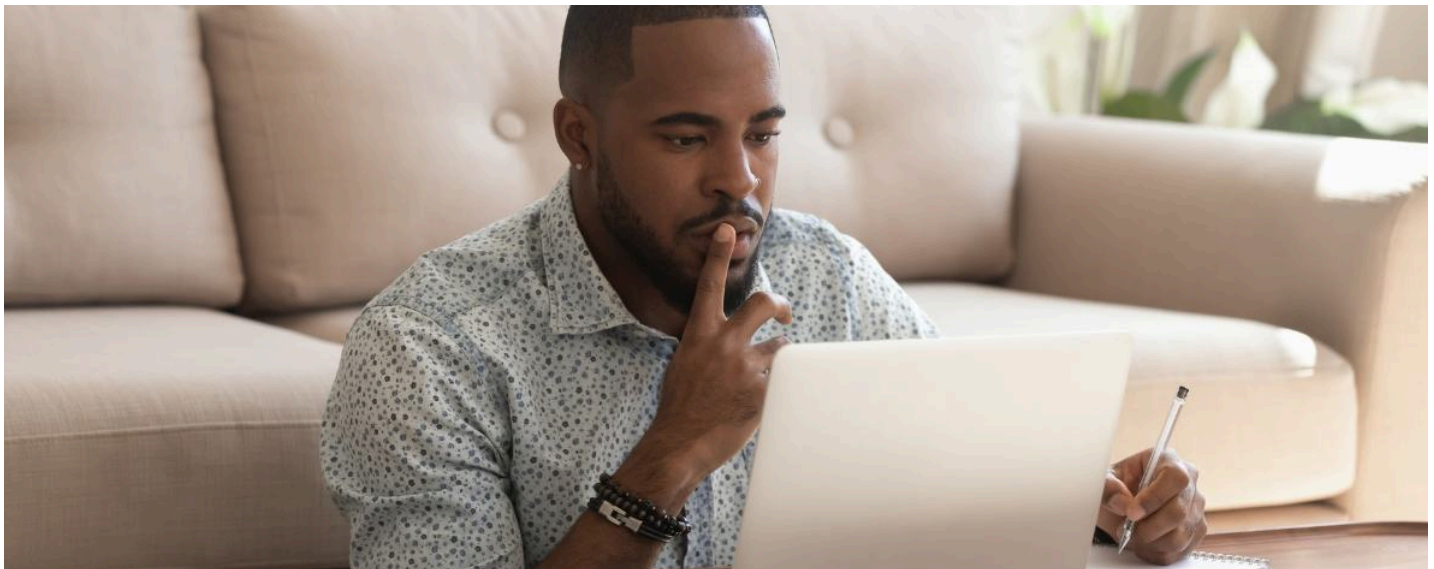
“ I always learn something to integrate into my rural practice.”

— 2025-26 Rural Rounds participant

“ I wanted to deepen my understanding ... and learn practical, evidence-based strategies to better support these [rural] patients.”

— 2025-26 Rural Rounds participant

Virtual Health Grand Rounds (VHGR)



Virtual Health Grand Rounds (VHGR) strengthens technology-enabled care capacity across British Columbia through quarterly accredited, case-based webinars. The program brings together health professionals, technologists and system leaders to build relationships, surface barriers to digital care and normalize safe, effective use of virtual health tools. The medical leads for this program are Dr. John Pawlovich and Dr. Kendall Ho. [Learn more about VHGR.](#)

VHGR by the numbers

In 2025-26, two virtual synchronous webinars garnered:



Success stories and program impact

Innovative virtual learning to advance rural and First Nations health

Recent Virtual Health Grand Rounds (VHGR) sessions demonstrated strong engagement and relevance for rural and First Nations communities. In July 2025, *Bridging the Gap between AI Development and Implementation in Healthcare* with Dr. Hashim Kareemi, attracted 130 attendees, while *Virtual Anatomy to Support Rural and First Nations Communities* with Dr. Claudia Krebs and Dr. Sean Maurice highlighted innovative models for remote education and care.

“ This education gave me understanding of the importance of connecting with First Nation communities on supporting the research and implementation of AI in healthcare settings.”

— 2025-26 Virtual Health Grand Rounds (VHGR) participant

“ I attended to enhance my knowledge on the bridging between AI and healthcare systems so we can incorporate it in our professional path for better patient treatment.”

— 2025-26 Virtual Health Grand Rounds (VHGR) participant



Coaching and Mentoring Program (CAMP)

The Coaching and Mentoring Program (CAMP) fosters longitudinal peer support to improve clinical practice, strengthen confidence and build rural networks. The Medical Lead for this program is Cecile Andreas. [Learn more about CAMP.](#)



CAMP by the numbers

Summary of mentoring hours

878 hours of peer mentorship

20.25 hours of group mentorship

12.5 hours of skill development and orientation sessions

Success stories and program impact

Supporting rural health careers through coaching and mentoring

This year, the Coaching and Mentoring Program (CAMP) connected a total of 81 unique mentees, 33 from Rural Practice Subsidiary Agreement (RSA) A, 12 from RSA B, and 27 from RSA C communities, as well as six British Columbia (BC) locums and three rural residents, with experienced coaches and mentors.

These connections support transitioning into rural BC practice, career navigation, clinical skills, leadership development, equity, diversity and inclusion advocacy, personal wellness and practice sustainability.

Several longitudinal partnerships directly contributed to improvement in clinical practice, enhanced confidence and peer support:



In Comox, a Family Physician has been matched with three of her Comox peers for shoulder-to-shoulder mentorship to expand her obstetrical skills, resulting in sustainability of obstetrical and maternity care within the community.



Following a successful HOUSE course, a Dease Lake physician is now engaged in longitudinal ultrasound mentorship with a Fernie mentor through our program.



A Cortes Island mentor continues to champion psychedelic-assisted therapy mentorship in BC, where her monthly mentoring group has led to multiple one-on-one partnerships, and her mentees have become mentors themselves in this field.

“

I've found the mentorship rewarding and helpful in many practical/concrete ways with my career. This is such a fantastic program, I have truly appreciated having the opportunity to take part.”

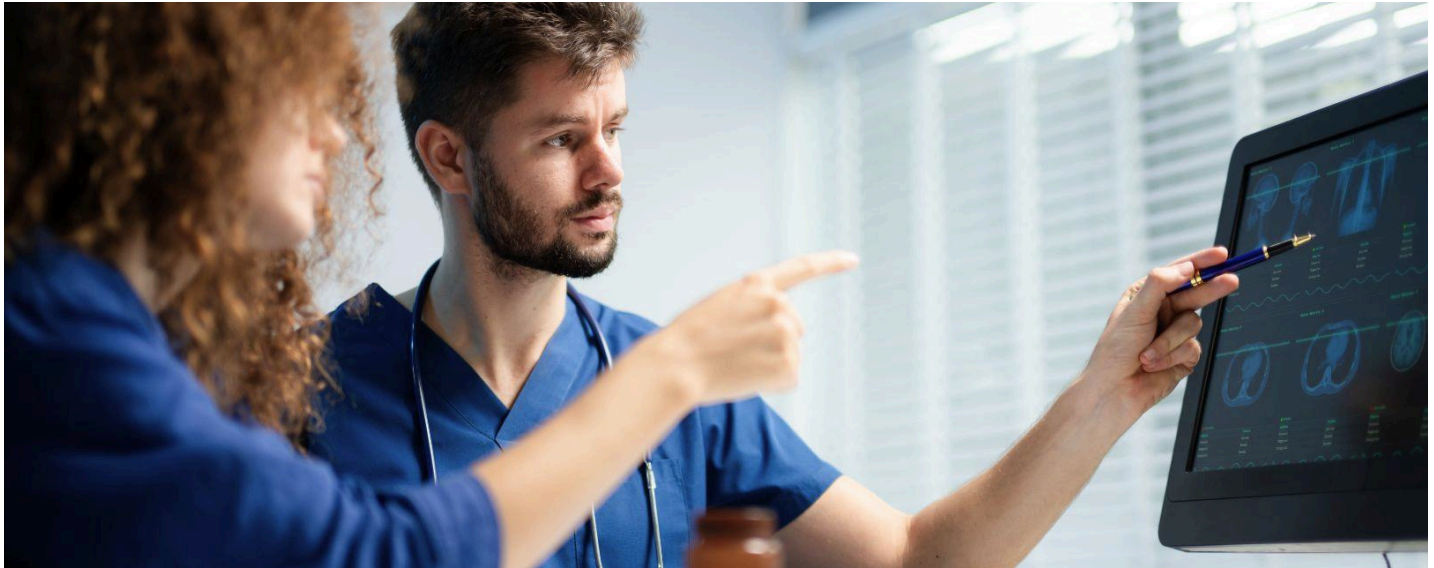
— 2025-26 Coaching and Mentoring Program (CAMP) participant

“

Being able to meet and discuss topics and get support in a structured way. I would have felt bad to ask the time/attention from a busy physician and this program allows me to do that.”

— 2025-26 Coaching and Mentoring Program (CAMP) participant


Personal Learning Plans (PLP)



Personal Learning Plans (PLP) is a confidential, non-reporting program that supports physicians who are new to rural practice (less than five years) and physicians new to practice in Canada through individualized mentorship, connection to funding opportunities and curated educational resources.

Learners meet with a physician advisor and Rural CPD concierge who understand the realities of rural practice to identify learning needs, co-create a tailored plan and navigate continuing medical education opportunities in British Columbia. The medical lead for the program is Dr. Nicole Ebert. [Learn more about PLP.](#)

PLP by the numbers

 **123** Learners completed the full program since 2018

22

New learning plans sent out

32

Hours of partner engagement

Success stories and program impact

🗣️ Supporting transition, confidence and sustainability

This year, Personal Learning Plans (PLP), partnered with an internationally trained physician adapting to rural Canadian practice across clinic, emergency, inpatient and long-term care. Facing electronic medical record (EMR) inefficiencies and uncertainty with opioid medication prescribing, PLP curated College of Physicians and Surgeons of BC (CPSBC)-safe prescribing education, Learning Essential Approaches to Palliative Care (LEAP) courses, serious illness conversation training and access to palliative rounds, while facilitating mentorship through the Coaching and Mentoring Program (CAMP) and the Pain BC Adaptive Mentorship Network. The physician's EMR confidence rose from 3.5/10 to 9/10, opioid medication prescribing confidence increased by 70% and the learner's mindset shifted from survival to growth.

🗣️ Targeted system navigation and confidence rebuilding

The program supported an internationally trained physician navigating pain management, opioid prescribing and system complexity in Canada. Through practical, BC-specific resources and connections to Extension for Community Health Outcomes (ECHO), BC Adaptive Mentorship Network for Pain, Mental Health and Substance Use (BCAMN), palliative care guidelines, Pathways, EMR tool and a Provincial Academic Detailing pharmacist, the tailored learning plan helped reduce daily friction and restored confidence. Over time, the physician required less support — reflecting successful integration, growing independence and sustainable rural practice.

“ I have increased confidence in my practice, better network and awareness of available community resources and improved approach to patient care.”

— 2025-26 Personal Learning Plan (PLP) Program participant

“ I think this is the complete package for physicians who are starting new and also for whom they are lost and buried in their practices. I highly recommend to keep the pace.”

— 2025-26 Personal Learning Plan (PLP) Program participant

Family Practice Anesthesia Journal Club

The [Family Practice Anesthesiology \(FPA\) Online Journal Club](#) strengthens professional connections and clinical excellence among rural [Family Physician Anesthetists \(FPAs\)](#) and their specialist colleagues across British Columbia.

The six-week journal club was offered online as a flexible, asynchronous learning series, structured into three two-week topic blocks featuring case-based discussions and specialist-led article reviews.

The program had a live kick-off meeting to foster connection and community among participants. Throughout the accredited program, FPAs enhanced their ability to critically evaluate clinical studies, applied current best practices to rural contexts, exchanged practical insights with peers and reinforced a sense of community and professional identity. The medical lead for this program is Dr. Kirk McCarroll.

Program impact

25

FPAs from rural and remote communities involved

100%

agreed that the FPA journal club clarified their understanding of evidence-based journal articles

100%

agreed that the FPA JC Community of Practice enabled networking and strengthening FPA relationships in BC



qualitative feedback indicated practice changes (e.g., neonatal airway approaches, PDPH management and regional block selection)



reports of reduced professional isolation and strengthened peer connection

“

This education will have a profound and multi-faceted impact on my practice, fundamentally shifting my approach...”

—2025-2026 Family Practice Anesthesiology (FPA) Journal Club participant

“

Certainly, practice changing! The articles were well chosen, and I will be imploring my group to make changes...”

—2025-2026 Family Practice Anesthesiology (FPA) Journal Club participant

Indigenous Patient Led (IPL) CPD Program



The Indigenous Patient-Led (IPL) CPD Program supports the delivery of culturally safe care by guiding education and resource development for rural health professionals working with Indigenous Peoples and communities. This work recognizes that everyone who engages with Indigenous communities must be trauma-informed to mitigate the risk of further harm. The program is led by Elder Cheryl Schweizer. [Learn more about the IPL CPD Program.](#)

Level 1 workshop



Level 2 workshop series



Community of practice in relationship (COPIR)



Level 3 workshop



Success stories and program impact

Community-led learning

In 2025, we hosted the first two Nawh Whu'nus'en We See in Two Worlds Level 3 Workshops in Nak'azdli Whut'en (Fort St James) and Liḡwiłdaḡw territory (Campbell River). These events were community-led, land-based and experiential. Learners expressed deep appreciation for the opportunity to engage in Indigenous healing practices, ceremony, collective art creation and the opportunity to learn from Elders.

Online learning

Level 1 and Level 2 workshops were well-received, with a vast majority of survey respondents (more than 93%) willing to recommend the workshops to their peers. Learners felt most impacted by the facilitation style, demonstrations, opportunities for practice and practical skills gained.

“ This work we get to do together in strengthening the trauma-sensitive capacity of rural and remote health professionals, turns out to be healing for ourselves too. It has become an activity based not on transactional provision of content but one based on reciprocity and authenticity, and what we get out of it in terms of our own healing and in healing together.”

— Cultural Safety facilitator, Harley Eagle

“ I feel like I gained more confidence to not focus on goals so much in my practice. I used to be intimidated to connect with people whom I suspect suffer from trauma. Now I feel much more capable of doing so.”

— Level 2 workshop participant

Looking ahead



UBC Rural CPD is dedicated to supporting lifelong learning for rural health professionals.

Guided by a passionate team of rural physicians, collaborators and CPD professionals, we develop and deliver innovative programs tailored to the unique needs of rural physicians and health professionals. Building strong relationships with our rural collaborators remains a cornerstone of our success and we strive to stay connected to the realities faced by those practicing in rural, remote and Indigenous communities in British Columbia.

As we look ahead, we are excited to continue this important work in partnership with the Rural Coordination Centre of BC with funding from the Joint Standing Committee on Rural Issues.



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