



Provincial Health
Services Authority

PHSA RESEARCH AND STUDENT EDUCATION



CONSOLIDATED REPORT

FY 2024 - 2025

ACKNOWLEDGEMENTS

PHSA respectfully acknowledges that it operates on the traditional, ancestral and unceded territories of Indigenous Peoples across British Columbia, and is grateful to live and work on these lands.

This report is prepared for the Provincial Health Services Authority (PHSA) Board of Directors on an annual basis to present data related to the *Framework for PHSA Research Metrics* (see Appendix 2) and the *Framework for PHSA Student Education Metrics* (see Appendix 4).

As an academic health sciences organization, PHSA works in close partnership with post-secondary and training institutions across the province, strengthening collaboration in education, research, and workforce development.

The research and student education activities described in this report are made possible through the collaboration and commitment of PHSA, its clinical programs and research entities, as well as its academic and health authority partners.

We also gratefully acknowledge the contributions of the Student Education Coordinating Committee and the Research Metrics Working Group members, whose expertise and guidance have been essential in shaping this report.

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INTRODUCTION

Advancing Research & Education Together – Annual Metrics Report

The Provincial Health Services Authority (PHSA) Research & Academic Services are pleased to present the eighth annual report on PHSA's research and student education metrics. This report reflects PHSA's academic health science mandate: advancing world-class research while delivering excellence in education and training.

This report highlights the activities of PHSA programs with established research institutes that play a critical role in advancing research and in supporting student clinical practice education: BC Cancer Research Institute (BCCRI), BC Children's Hospital Research Institute (BCCHR), Women's Health Research Institute (WHRI), BC Centre for Disease Control (BCCDC) and the BC Mental Health & Substance Use Research Institute (BCMHSUSRI). The report also recognizes the important contribution of BC Emergency Health Services (BCEHS) in providing essential training opportunities.

The University of British Columbia remains PHSA's primary research collaborator. Additional contributions from scholars at Simon Fraser University, the University of Victoria, and the University of Northern British Columbia further strengthen PHSA's research ecosystem. Collaborations with these institutions are presented separately in this report, while the core data tables and infographics reflect research conducted in partnership with the University of British Columbia.

The report includes:

- **Dashboards** presenting quantitative metrics.
- **Narratives** highlighting the impact of PHSA's research and student education mandate.
- **Program features** showcasing impactful outcomes, and infographics.
- **Registry examples** demonstrating how PHSA's provincial datasets are leveraged to address key health and health system questions.

This report illustrates how PHSA research drives benefits in patient outcomes and in the broader health system, alongside student education programming that supports provincial priorities for health human resources.

Detailed data are available as Appendices on the [PHSA Research website](https://www.phsa.ca/our-research/research-focus/research-education-metrics) (<https://www.phsa.ca/our-research/research-focus/research-education-metrics>).

PHSA RESEARCH METRICS

FISCAL YEAR SUMMARY – PHSA OVERALL

Indicator		Key Measure Description	FY 2022-23	FY 2023-24	FY 2024-25
Producing & Advancing Knowledge	1a	Total Annual Grant Awards*	\$190,089,694	\$218,873,616	\$276,905,847
		Salary Awards	\$16,573,879	\$19,781,724	\$26,609,930
		Infrastructure Awards	\$6,316,173	\$16,998,023	\$78,153,411
		Operating Grants	\$163,514,856	\$181,890,928	\$171,977,755
		Other	\$3,684,786	\$202,942	\$164,751
		COVID-19 Research Funding (included in above categories)	\$7,057,997	\$11,026,956	\$3,632,086
	1b	Total Annual Grant Awards* (by RISE Sector)			
		Government	\$85,150,160	\$102,028,986	\$137,706,432
Building Research Capacity		Non-Profit	\$83,475,718	\$92,417,844	\$111,964,763
		Industry	\$21,463,815	\$24,426,786	\$27,234,653
	1c	CIHR Annual Grant Application Success Rate - PHSA Overall/National (in %) 2024 Fall Project Grant 2025 Spring Project Grants	45/25 25/22.4	27.8/17.5 20.0/15.3	22.4/17.2 23.3/15.5
	1d	Total # of Publications	4,022	3,802	3,954
Achieving Economic Benefits & Innovation	2a	Total # of Research Trainees	3,120	2,982	3,164
	2c	Total # of Researchers (excluding Affiliate Investigator)	963	1,049.5	1084
	2e	Research Support Fund Grants (Tri-Council only)	\$4,134,441	\$4,036,502	\$3,840,697
Advancing Health & Policy Benefits	3a	# of Invention Disclosures	31	25	29
		# of Provisional Patent Applications Filed	15	10	2
		# of PCT Applications Filed	5	6	5
		# of Patents Filed/Issued	15/42	17/36	17/24
	3b	# of Active License Agreements	133	134	139
		# of Spin-off Companies	20	21	23
		IP Related Revenue – Realized Revenue	\$1,767,596	\$1,385,147	\$2,308,971
Advancing Health & Policy Benefits	4a	Clinical Trials (including non-PHSA PIs utilizing PHSA facilities and resources)			
		# of Active Trials at end of FY	706	712	743
		Cumulative Subject Enrollment at end of FY	37,266	31,855	35,402
	4b	Registries as Research Resources # of Research Requests/Approvals	223/165	266/255	283/260

* Includes Major CFI Infrastructure grants

PHSA STUDENT EDUCATION METRICS

FISCAL YEAR SUMMARY – PHSA OVERALL

Indicator		Key Measure Description	FY 2022-23	FY 2023-24	FY 2024-25
Build Student Education Capacity	1a	Total Number of Student Hours by Program* BCCH (including Sunny Hill) BCEHS BCW BCMHSUS (Forensics, MH & Addictions, CHS, Red Fish) BC CANCER – all locations BCCDC All Other	344,384 124,248 80,162 50,668 42,455 37,380 7,246 2,226	410,877 146,788 94,160 58,625 61,040 39,685 7,070 3,509	418,863 157,123 95,366 61,530 53,994 39,480 8,594 3,178
	1a	Total Number of Students by Program* BCCH (including Sunny Hill) BCEHS BCW BCMHSUS (Forensics, MH & Addictions, CHS, Red Fish) BC CANCER – all locations BCCDC All Other	2,260 802 645 357 283 135 19 19	2,872 1,012 823 389 450 148 21 29	2,988 1,062 873 402 378 227 26 20
	1b	Number of Medical Learners (Undergraduate & Post-Graduate) Undergraduate Medical Students Visiting undergraduate Medical Students Post-Graduate Medical Residents	 419 - 888	 388 - 868	 379 143 924
	1d	Total Number of Declined Placement Requests at PHSA	239	206	327
	1f	Total # of Staff Participating in Preceptor/Educator Training Educator Pathway Project	259	302	495
	1g	Total Number of Preceptors in HSPnet with a Placement*	389	354	395
Build Effective Partnerships and Collaborations to Support Innovation	2a	Total # of Affiliation Agreements	75	64	70
	2b	Top 5 Education Institutions by Student Hours - All Disciplines* University of British Columbia BC Institute of Technology Justice Institute of BC Columbia Paramedic Academy Thompson Rivers University	 60,198 71,642 57,114 23,296 20,883	 97,624 72,021 51,327 43,025 22,212	 92,036 82,835 54,850 39,612 27,417
Monitor Results	3a	Number of Hires at PHSA with Previous PE Placement*	568 (12%)	642 (13%)	632 (14%)

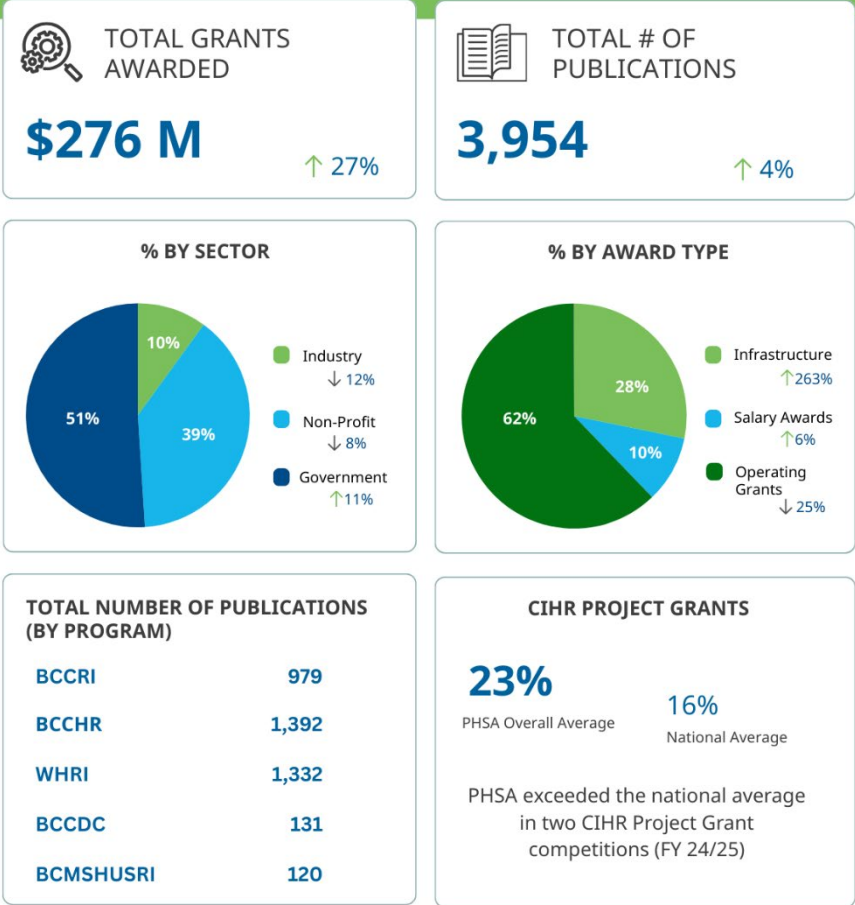
*Excludes undergraduate and post-graduate medical learners.

RESEARCH METRICS

PHSA OVERALL



PRODUCING AND ADVANCING KNOWLEDGE



Arrows indicate percentage change compared to FY 2023-24. Total # of researchers exclude affiliate investigators

BUILDING RESEARCH CAPACITY

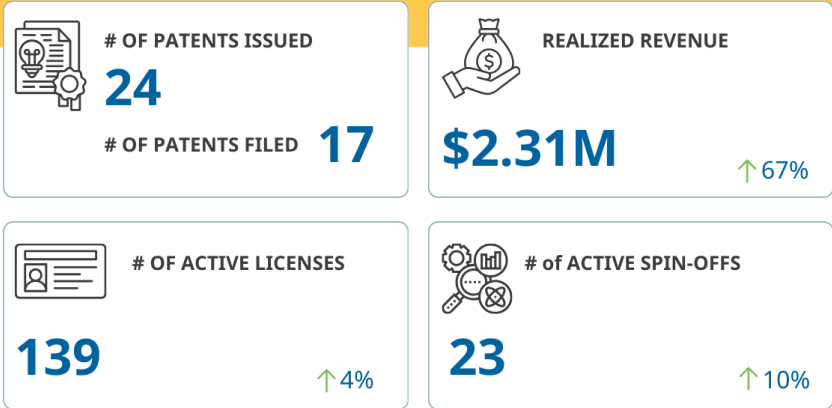


RESEARCH METRICS

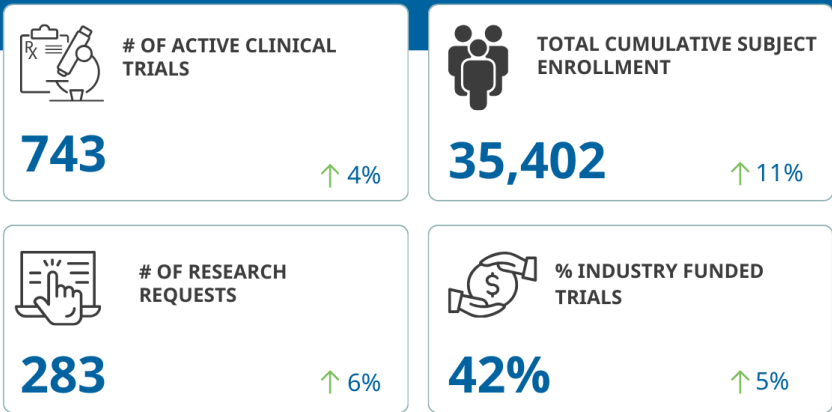
PHSA OVERALL



ACHIEVING ECONOMIC BENEFITS & INNOVATION



ADVANCING HEALTH & POLICY BENEFITS



RESEARCH COLLABORATIONS

RESEARCH COLLABORATION WITH UNIVERSITY OF NORTHERN BRITISH COLUMBIA (UNBC)

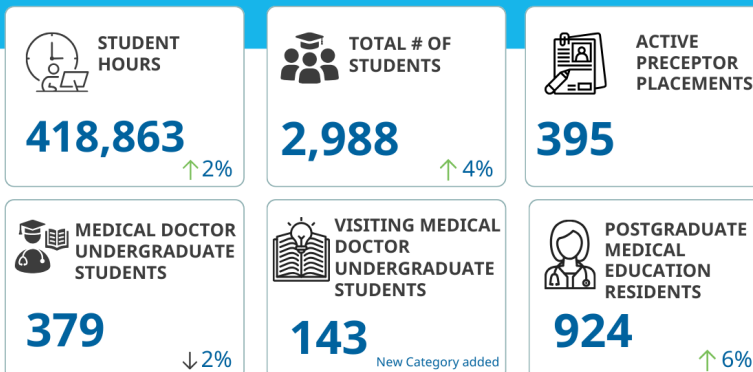


STUDENT METRICS

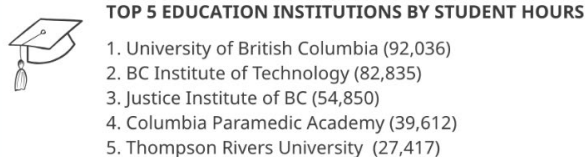
PHSA OVERALL



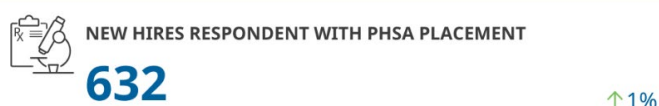
BUILDING STUDENT EDUCATION CAPACITY



BUILDING EFFECTIVE PARTNERSHIPS AND COLLABORATIONS TO SUPPORT INNOVATION



QUALITY OF CLINICAL LEARNING ENVIRONMENT & RESULTS



RESEARCH METRICS HIGHLIGHTS

From funding to future talent—PHSA's research momentum continues to grow.

PHSA is one of Canada's largest academic health science organizations. The organization continues to grow as a leading academic health sciences organization, setting new records in both research funding and student education during the past fiscal year.

Research Strength

Researchers affiliated with PHSA attracted over \$276 million in external funding in FY 24/25, up \$58 million from the previous year. These scholars surpassed national averages in both CIHR project grant competitions, achieving a 22.9% success rate compared to the national rate of 16.3%.

The number of researchers affiliated with PHSA grew from 1,050 to 1,084. In turn, these researchers engaged more trainees, with 3,164 trainees in FY 24/25, up from 2,982 in FY 23/24.

Together, these scholars contributed 3,954 publications in the reporting year. Revenue from the federal Research Support Fund was slightly reduced from \$4M to \$3.8M.

Enabling innovation at PHSA generated \$2.31M in intellectual-property (IP) related revenue, an increase of \$924K (67%) over last year. There were 29 invention disclosures up from 25, and 139 active licensing agreements up from 134. Two new spinoffs were launched, bringing the total to 23 active companies across PHSA.

In line with the provincial priority to increase clinical trial activity in BC, the number of active trials continued to expand, with 743 in FY 24/25, up from 712. More residents of BC participated in clinical trials, with participant enrollment increasing by 11%, from 31,855 in FY 23/24 to 35,402 in FY 24/25.

Together, these results demonstrate PHSA's accelerating research momentum—securing record funding, growing talent, and transforming discoveries into real-world health benefits for patients and communities.

RESEARCH IMPACTS AND OUTCOMES

Translating Discovery into Better Care and Health System Improvements

While quantitative metrics demonstrate the scale of PHSA's research enterprise, the real impact of its academic health sciences mandate is evident in the outcomes and innovations that directly

benefit patients, populations, and the health system. Researchers affiliated with PHSA, and their partners continue to contribute new guidelines, diagnostics, treatments, and methodologies that advance prevention, care, and system design.

Key Research Outcomes in FY 24/25

Each PHSA research institute contributed notable achievements this year. The examples below, provided by the institutes, showcase this breadth of impact, with more detailed highlights included in the Program Highlights section.

- **BC Cancer Research Institute (BCCRI):** The Prince George site opened its first systemic therapy clinical trial for colon cancer, enabling access to advanced research opportunities to people living in northern BC (Principal Investigator: Dr. Jon Loree)
- **BC Children's Hospital Research Institute (BCCHR)** BCCHR pioneered a rapid, proteomics-guided clinical approach that matched a young cancer patient to an effective treatment in time to directly inform their care — a first in BC (Principal Investigators: Dr. Philipp Lange & Dr. James Lim)
- **Women's Health Research Institute (WHRI):** The first provincial menopause study (HER-BC) engaged over 2,100 women across BC, producing key recommendations that raised awareness and improved support for women in midlife (Principal Investigator: Dr. Lori Brotto)
- **BC Centre for Disease Control (BCCDC):** This national clinical trial explored a new option of STI reduction and prevention across BC and Canada through a daily dose of doxyPrEP among gay, bisexual and other men who have sex with men living with HIV, leading to a national clinical trial that may offer a new option for prevention across BC and Canada (Principal Investigator: Dr. Troy Grennan)
- **BC Mental Health & Substance Use Services Research Institute (BCMHSUSRI):** Access to opioid agonist treatment (OAT) during incarceration was shown to significantly reduce overdose risk after release, underscoring the need for sustained treatment across the justice system (Principal Investigator: Dr. Amanda Slaunwhite)

In addition to BC Cancer, PHSA's Provincial Clinical Programs and Health Improvement Networks also undertake research often using provincial registries and longitudinal datasets. These registries and datasets form a powerful resource, offering insights that advance research, improve patient outcomes, and shape the health system. In FY 24/25, a wide range of research questions were studied through these programs and datasets.

Grouped thematically, these examples showcase the wide scope and influence of PHSA's provincial reach.

- **Cancer Care & Screening:** Advancing diagnosis, treatment response, and survival outcomes in liver, breast, ovarian, and lung cancers through enhanced screening, biomarkers, and therapies.

- **Cardiac, Renal & Transplant Health:** Optimizing post-surgery interventions, kidney disease management, and fairness in organ transplant allocation.
- **Maternal, Child & Women's Health:** Investigating wildfire smoke exposure, iron deficiency, pregnancy interventions, autism spectrum disorder (ASD) risk factors, contraception access, and rare pediatric disease diagnosis.
- **Infectious Disease & COVID-19:** Assessing the long-term impacts of COVID-19, including Long COVID, myocarditis, diabetes, and cardiovascular risks, alongside broader infectious disease prevention strategies.
- **Trauma & Critical Care:** Improving outcomes for patients with spinal cord injuries, burns, and occupational trauma to strengthen emergency and hospital care models.
- **Equity, Access & Health Systems:** Examining rural vs. urban cancer care, contraception deserts, postpartum care models, medical assistance in dying (MAiD) organ donation policies, and equity in service delivery.
- **Innovation, Data & Environment:** Leveraging artificial intelligence (AI) and big data to refine prediction and personalization, developing new biomarkers, and reducing the environmental footprint of healthcare delivery.

Together, these themes demonstrate how PHSA's programs and datasets serve as powerful engines of discovery—enabling research that advances patient outcomes, informs policy, drives innovation, and strengthens the health system for communities across British Columbia.

STUDENT EDUCATION METRICS HIGHLIGHTS

PHSA continues to expand its role in training the next generation of health professionals.

PHSA supports learning for students from all disciplines of the health-care team across its programs. Student practice education includes placements that occur in health settings for students enrolled in recognized academic institutions as part of their program requirements (this does not include employed students or learning experiences without a post-secondary partner). In FY 24/25, PHSA welcomed 4,435 students in placements, including:

- 1,184 Nursing students
- 1,804 Interprofessional students, including 880 Paramedics
- 379 Medical Undergraduates
- 143 Visiting Medical Undergraduates
- 924 Residents

Student learning was supported by 395 active preceptors, with 495 preceptors further strengthening their teaching skills through education sessions offered by Learning & Development teams across PHSA and BCEHS. PHSA utilizes the provincially developed Educator Pathway Program to support staff who host students during the clinical placement component of their health care

education programs. Level 1 of the Educator Pathway provides key concepts, tools, and resources for preceptors.

PHSA maintained education affiliation agreements with 70 academic institutions. The top five partners contributing the most placement hours (excluding medical students) were the University of British Columbia (UBC), BC Institute of Technology (BCIT), Justice Institute of BC (JIBC), Columbia Paramedic Academy, and Thompson Rivers University (TRU).

Placements continue to serve as a key recruitment pathway: this year 632 newly hired health professionals reported that their placement experience influenced their decision to work at PHSA.

Together, these results demonstrate PHSA's vital role in preparing future health-care professionals, strengthening preceptor capacity, and building the workforce of tomorrow.

STUDENT EDUCATION IMPACTS AND OUTCOMES

Transforming student experiences into future health-care leadership.

While the quantitative metrics in this report highlight the scale of student placements across disciplines and programs, PHSA's impact extends beyond numbers. In collaboration with provincial student practice education network partners, PHSA advances new guidelines, system-wide planning, and connections that strengthen placement coordination, enhance student learning, and support career pathways.

Key Student Education Outcomes in FY 24/25

Under the Provincial Student Practice Education Policy, PHSA is recognized as a provincial leader in supporting student practice education by:

- Facilitating provincial collaboration through hosted forums and shared platforms
- Stewarding the development and maintenance of Provincial Practice Education Guidelines and Standards
- Maintaining the Health Sciences Placement Network (HSPnet) database and providing data and analytics to guide planning, coordination, and evidence-informed decisions

Because of the specialized services PHSA delivers, the organization supports students who will become future members of health-care teams across the province—and often welcomes them back as employees upon completion of their programs. To understand the impact of placements, new employees are asked: *If you had a student practice experience at PHSA, did it influence your decision to return as an employee?*

Each year, responses highlight the value of preceptors, leaders, and teams in shaping student experiences and inspiring future careers:

"I find PHSA to be a deeply inspiring organization. Its dedication to excellence in health care and focus on fostering a positive and inclusive work culture are evident throughout the orientation."

"My practicum experience was great. The staff who mentored me were very helpful and taught me a lot and allowed me to work hands-on, which is great for a better learning experience."

"I am happy to be back as an employee after my placement. I love the respect and inclusion shown by all staff at the facility."

"I love the organization and what it stands for. I thoroughly enjoyed my practicum, and it fueled my passion to work with our amazing patients."

These stories highlight the ripple effect of student practice education at PHSA: from mentorship to belonging, from practicum to career, and from learning today to leading tomorrow.



Provincial Health Services Authority

RESEARCH METRICS

STUDENT EDUCATION METRICS

PRODUCING AND ADVANCING
KNOWLEDGE



TOTAL GRANTS
AWARDED

\$115 M

↑ 1%

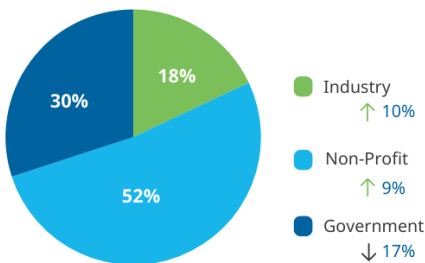


TOTAL # OF
PUBLICATIONS

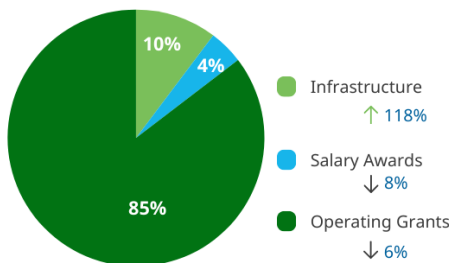
979

↑ 14%

% BY SECTOR



% BY AWARD TYPE



CIHR PROJECT GRANT

16.7%

BCCRI Average

16.3%

National Average

BCCRI exceeded the national average
in two CIHR Project Grant competitions
(FY 24/25)

BUILDING RESEARCH
CAPACITY



TOTAL # OF
RESEARCH
TRAINEES

773

↑ 14%



TOTAL # OF
RESEARCHERS

411

↑ 3%



RESEARCH
SUPPORT
FUND

\$1.1M

↓ 15%

Arrows indicate percentage change compared to FY 2023-24. Total # of researchers exclude affiliate investigators

RESEARCH METRICS

BC CANCER RESEARCH INSTITUTE

ACHIEVING ECONOMIC BENEFITS & INNOVATION



OF PATENTS ISSUED

22

OF PATENTS FILED **16**



REALIZED REVENUE

\$504K

↑ 28%



OF ACTIVE LICENSES

56

↑ 8%



of ACTIVE SPIN-OFFS

19

↑ 12%

ADVANCING HEALTH & POLICY BENEFITS



OF ACTIVE
CLINICAL
TRIALS

447

↑ 15%



TOTAL
CUMULATIVE
SUBJECT
ENROLLMENT

11,945

↑ 36%



% INDUSTRY
FUNDED
TRIALS

50%

↓ 4%

KEY OUTCOMES

BC CANCER RESEARCH INSTITUTE



BC Cancer Research Institute has provided the following highlights. Details are available in the supplementary report.

1

EXPANDING ACCESS: FIRST SYSTEMIC THERAPY CLINICAL TRIAL IN NORTHERN BC

BC Cancer – Prince George enrolled the first patient in a systemic therapy trial for colon cancer. The CRC10 study uses ctDNA blood testing to determine who needs chemotherapy after surgery versus close monitoring. Originally launched in Vancouver, the trial expanded to Prince George and Victoria through a decentralized model, giving patients in northern BC access to advanced cancer therapies closer to home.

2

PIONEERING INDIGENOUS CULTURAL SAFETY LEADERSHIP IN CANCER CLINICAL TRIALS

BC Cancer hired the first Indigenous Cultural Safety Lead for clinical trials in BC, based in Prince George. The role engages Indigenous leadership circles, develops culturally safe trial frameworks, and delivers staff training and workshops. This initiative strengthens trust, reduces barriers to participation, and ensures Indigenous communities help shape how cancer research is conducted.

3

BUILDING THE BIOCANCER PROGRAM: A PROVINCIAL BIOSPECIMEN PLATFORM

The BioCancer Program created a centralized system for biospecimen consenting, collection, and storage across BC. Supported by the new CASA lab and freezer infrastructure, it provides researchers with high-quality patient samples. This program bridges clinical and research work, supporting BC's Cancer Action Plan to advance prevention, early detection, and personalized treatment.

4

STRENGTHENING CLINICAL NURSING LEADERSHIP: PROVINCIAL CNS INTEGRATION

A BC Cancer-led initiative developed BC's first evidence-based policy framework for clinical nurse specialist (CNS) integration. Co-created with all health authorities and endorsed by the Ministry of Health, it provides guidance on role alignment, onboarding, and evaluation. Funded by CIHR and in collaboration with UBC, the framework supports strategic workforce planning and has gained national recognition as a model for other provinces.

KEY OUTCOMES

BC CANCER RESEARCH INSTITUTE

5

USING AI TO PREDICT MENTAL HEALTH NEEDS IN CANCER CARE

A study used natural language processing (NLP) to analyze oncologists' initial consultation notes and predict which patients would later see a counsellor or psychiatrist. The AI model showed performance comparable to other mental health applications and identified distinct language patterns for different referrals. This approach is the first of its kind and highlights AI's potential to improve timely mental health support for patients with cancer.

6

HPV PRIMARY SCREENING TO ELIMINATE CERVICAL CANCER

A modelling study showed that HPV-based screening could eliminate cervical cancer in BC by 2034, or as early as 2031 with higher screening and follow-up rates. Compared to Pap testing, HPV screening detects pre-cancer earlier and more accurately. Its rollout in BC includes Canada's first option for self-screening at home, offering greater access and uptake for under-screened populations.

7

ROADMAP FOR INDIVIDUALIZED PROSTATE CANCER CARE

Researchers uncovered that the diversity of cancer cells within the prostate drives tumour spread and treatment resistance, particularly in metastatic cases. By analyzing whole prostates alongside blood samples, the study mapped how prostate cancer evolves and spreads, creating a detailed roadmap of progression. These insights pave the way for more precise, personalized treatment strategies for prostate and other aggressive cancers

8

PROMISING DRUG TO PREVENT CHILDHOOD BONE CANCER SPREAD

A study identified drugs that can block osteosarcoma cells from surviving in the lung, reducing metastasis by over 90% in mice while also shrinking primary tumours. The lead compound, CR-1-31B, and a second drug, Zotatfin, target a protective protein that helps cancer cells adapt to the lung environment. These findings highlight a potential new therapy to prevent the spread of childhood bone cancer.

KEY OUTCOMES

BC CANCER RESEARCH INSTITUTE



9

NEW BIOMARKER TO PREDICT HODGKIN LYMPHOMA OUTCOMES

Researchers identified a new class of “spatial biomarkers” that provide prognostic information for relapsed and treatment-resistant Hodgkin lymphoma. By analyzing tumour samples with imaging mass cytometry, the team measured how cancer cells interact with their surrounding microenvironment. This spatial profiling could help predict patient outcomes and guide more tailored treatment strategies in the future

10

AI-GUIDED PRECISION RADIATION FOR PROSTATE CANCER

The ADAPT-25 clinical trial is testing whether AI can safely reduce prostate cancer radiation treatments from five sessions to two using stereotactic ablative radiotherapy (SABR). The custom algorithm adapts daily to target tumours more precisely while sparing healthy tissue. This approach could improve outcomes, reduce side effects, ease treatment burdens, and expand system capacity for timely prostate cancer care

STUDENT METRICS

BC CANCER



Provincial Health Services Authority

BUILDING STUDENT EDUCATION CAPACITY



STUDENT HOURS

39,480

No major change



TOTAL # OF STUDENTS

227

↑ 53%



ACTIVE PRECEPTOR PLACEMENTS

44



MEDICAL DOCTOR UNDERGRADUATE STUDENTS

129

↑ 6%



VISITING MEDICAL DOCTOR UNDERGRADUATE STUDENTS

30

New Category added



POSTGRADUATE MEDICAL EDUCATION RESIDENTS

267

↑ 8%

BUILDING EFFECTIVE PARTNERSHIPS AND COLLABORATIONS TO SUPPORT INNOVATION



OF ACTIVE ACADEMIC PARTNERS

24



TOP 5 EDUCATION INSTITUTIONS BY STUDENT HOURS

1. BC Institute of Technology (23,500)
2. University of British Columbia (5,594)
3. University of Northern British Columbia (1,072)
4. Sprott Shaw College (1,024)
5. Vancouver Community College (1,010)



RESEARCH METRICS

STUDENT EDUCATION METRICS

RESEARCH METRICS

BC CHILDREN'S HOSPITAL RESEARCH INSTITUTE



PRODUCING AND ADVANCING KNOWLEDGE



TOTAL GRANTS AWARDED

\$147 M

↑ 93%

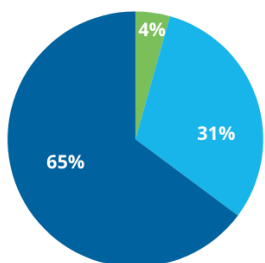


TOTAL # OF PUBLICATIONS

1,392

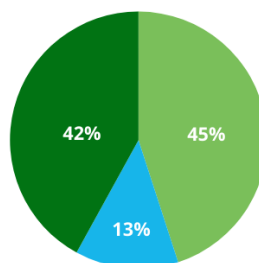
↑ 4%

% BY SECTOR



- Industry ↓ 36%
- Non-Profit ↓ 36%
- Government ↑ 45%

% BY AWARD TYPE



- Infrastructure ↑ 476%
- Salary Awards ↓ 19%
- Operating Grants ↓ 44%

CIHR PROJECT GRANT

29%

BCCHR Average

16.3%

National Average

BCCHR exceeded the national average in two CIHR Project Grant competitions (FY 24/25)

BUILDING RESEARCH CAPACITY



TOTAL # OF RESEARCH TRAINEES

983

↑ 8%



TOTAL # OF RESEARCHERS

347

↑ 0.7%



RESEARCH SUPPORT FUND

\$1.8M

↓ 5%

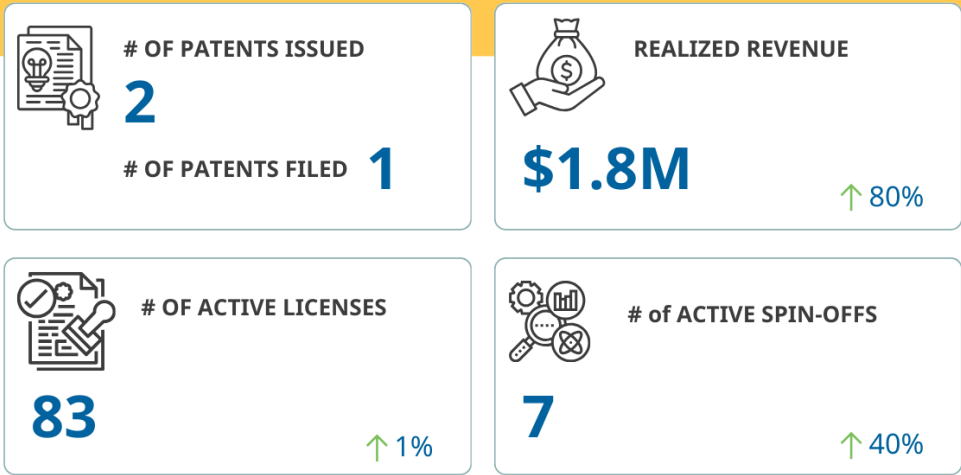
Arrows indicate percentage change compared to FY 2023-24. Infrastructure includes one-time \$64M Canada Foundation for Innovation grants for a BCCHR

RESEARCH METRICS

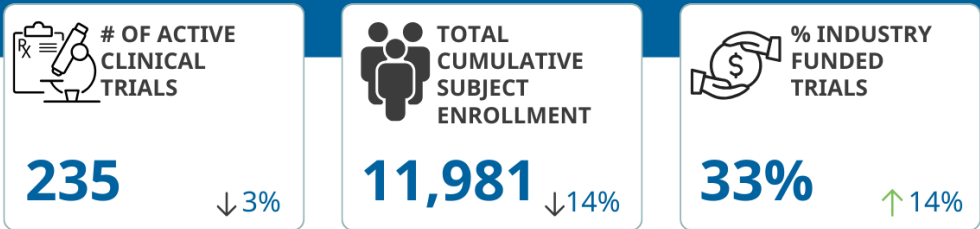
BC CHILDREN'S HOSPITAL RESEARCH INSTITUTE



ACHIEVING ECONOMIC BENEFITS & INNOVATION



ADVANCING HEALTH & POLICY BENEFITS



KEY OUTCOMES

BC CHILDREN'S HOSPITAL RESEARCH INSTITUTE



BC Children's Hospital Research Institute has provided the following highlights. Details are available in the supplementary report.

1

MATCHING YOUNG CANCER PATIENTS TO THE BEST TREATMENTS

BCCHR researchers in the Michael Cuccione Childhood Cancer Research Program and BRAvE Initiative developed a rapid, proteomics-guided approach to personalize cancer treatment for young patients. By analyzing tumour proteins and drug responses in a chicken-egg model, they were able to identify effective therapies fast enough to directly guide a child's care — a first in BC.

2

TARGETED TREATMENT FOR INFLAMMATORY BOWEL DISEASES RECEIVES PATENT

BCCHR scientists created GlycoCaging, a novel drug delivery system for inflammatory bowel disease that links drugs to a sugar "cage" broken down only in the lower gut. This allows highly precise delivery, reducing drug doses by up to 90% while avoiding side effects. The method, proven effective in animal models, has been patented and opens the door to safer, more effective treatment options.

3

A PATIENT-DRIVEN TOOL TO EMPOWER FAMILIES TO ASSESS PENICILLIN ALLERGY RISK

Since most people who report penicillin allergies are not truly allergic, BCCHR researchers built a simple, patient-friendly tool for families to self-assess risk. Validated against allergist assessments, the tool safely identified low-risk patients in most cases and now includes AI-powered video screening in English, Punjabi, and Mandarin. It can reduce specialist wait times, improve visit efficiency, and empower families to advocate for their care.

4

BCCHR MOBILE APP COULD SAVE LIVES AROUND THE WORLD

The Institute for Global Health created RRate, a mobile app that measures a child's breathing rate — a vital sign in diagnosing pneumonia and other conditions. Research showed it delivers more reliable results than other devices in real-world, busy settings, making it a scalable, low-cost solution for frontline health workers worldwide.

KEY OUTCOMES

BC CHILDREN'S HOSPITAL RESEARCH INSTITUTE



5

ASSESSING RISK OF POST-DISCHARGE MORTALITY IN UGANDA

To address high child mortality after hospital discharge in low-resource countries, BCCHR researchers developed predictive models to identify children most at risk. Using practical, widely available patient data, the tools enable health workers to arrange follow-up visits or home care, helping prevent avoidable deaths and improving outcomes in vulnerable populations.

6

CANADA-WIDE STUDY CONFIRMS SAFETY OF COVID-19 VACCINES FOR CHILDREN

In partnership with CANVAS, BCCHR led one of the largest safety studies of mRNA COVID-19 vaccines in children and adolescents, with over 1 million participants. The study found no unexpected safety issues, provided detailed profiles of post-vaccination effects, and informed national policy and clinical guidance — supporting parents, providers, and policymakers with robust evidence.

7

NEW GUIDELINES FOR YOUNG CHILDREN RECEIVING BONE MARROW TRANSPLANTS

Children with suspected lung complications after bone marrow transplant often struggle to perform spirometry. BCCHR research demonstrated the multiple breath washout (MBW) test is a feasible, sensitive, and child-friendly alternative. This evidence helped inform updated international guidelines for screening chronic graft-versus-host disease in pediatric patients.

8

NEW DIAGNOSTIC AND RISK ASSESSMENT TOOL FOR CHRONIC GRAFT VS HOST DISEASE

BCCHR researchers led by Dr. Kirk Schultz developed machine-learning blood biomarker panels that can diagnose or predict chronic graft-versus-host disease (cGvHD). These panels allow earlier, more accurate detection, identify high- and low-risk patients before symptoms appear, and will be used in the first-ever biomarker-driven pre-emptive trial for cGvHD in children or adults.

STUDENT METRICS

BC CHILDREN'S HOSPITAL

BUILDING STUDENT EDUCATION CAPACITY



STUDENT HOURS

157,123 ↑ 7%



TOTAL # OF STUDENTS

1,062 ↑ 5%



ACTIVE PRECEPTOR PLACEMENTS

271



MEDICAL DOCTOR UNDERGRADUATE STUDENTS

307 ↓ 7%



VISITING MEDICAL DOCTOR UNDERGRADUATE STUDENTS

103
New Category added



POSTGRADUATE MEDICAL EDUCATION RESIDENTS

653 ↑ 6%

BUILDING EFFECTIVE PARTNERSHIPS AND COLLABORATIONS TO SUPPORT INNOVATION



OF ACTIVE ACADEMIC PARTNERS

24



TOP 5 EDUCATION INSTITUTIONS BY STUDENT HOURS

1. University of British Columbia (42,744)
2. BC Institute of Technology (39,078)
3. Thompson Rivers University (25,733)
4. Langara College (12,705)
5. Douglas College (10,382)



**WOMEN'S HEALTH
RESEARCH INSTITUTE
AT BC WOMEN'S**

RESEARCH METRICS

RESEARCH METRICS

WOMEN HEALTH RESEARCH INSTITUTE



PRODUCING AND ADVANCING KNOWLEDGE



TOTAL GRANTS AWARDED

\$ 4M

↓ 62%

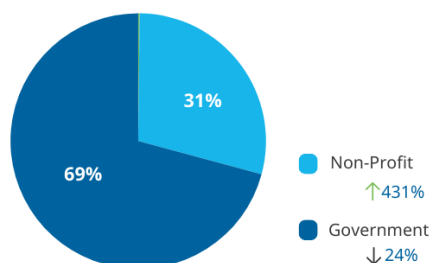


TOTAL # OF PUBLICATIONS

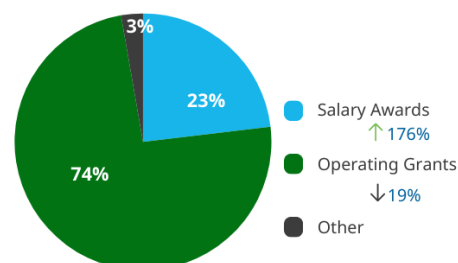
1,332

↑ 7%

% BY SECTOR



% BY AWARD TYPE



CIHR PROJECT GRANTS

22.2%

WHRI Average

16.3%

National Average

WHRI exceeded the national average in one CIHR Project Grant competitions (FY 24/25)

Arrows indicate percentage change compared to FY 2023-24

RESEARCH METRICS

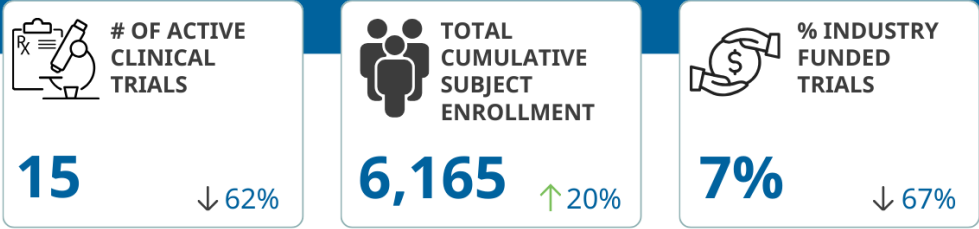
WOMEN HEALTH RESEARCH INSTITUTE



BUILDING RESEARCH CAPACITY



ADVANCING HEALTH & POLICY BENEFITS



KEY OUTCOMES

WOMEN HEALTH RESEARCH INSTITUTE



Women's Health Research Institute has provided the following highlights. Details are available in the supplementary report.

1

PROVINCIAL MENOPAUSE STUDY (HER-BC)

WHRI, with Pacific Blue Cross and the BC Women's Health Foundation, led the first provincial study on menopause in BC. More than 2,100 women across the province shared their menopause-related health experiences, including impacts on work, caregiving, and quality of life. Findings from this survey informed the HER-BC Study Report, released in November 2024, which included recommendations to better respond to and support women in midlife. The study drew wide media attention, raising awareness of this under-studied aspect of women's health.

2

BEYOND THE BINARY IN CANADA GUIDE

Through an institute-led, community engaged initiative, Beyond the Binary, the WHRI led the development of a national guide to support gender-equitable health research. Built on trauma-informed and community-engaged approaches, the guide, Beyond the Binary in Canada, was created with pan-Canadian input from researchers, community members, and research administrators. Released in 2024, the national guide provides practical tools for researchers and institutions for conducting gender equitable health research for women, trans, and non-binary people and is available in English and French.

3

POSTPARTUMCARE.CA PLATFORM

Responding to identified knowledge gaps in postpartum mental health support and informed by findings from an integrated Knowledge Translation research project led by Dr. Lori Brotto, a new digital platform postpartumcare.ca was co-created with patients and providers to provide access to postpartum mental health care and information for people in BC. Evidence showed the psychoeducational resources provided on the site reduced symptoms of postpartum depression and anxiety compared to a control group. Launched in February 2025, the platform offers region-specific resources, local services, and expert information to make accessing care simpler and more reassuring for new parents.

4

CANADIAN GUIDELINE: ENDOMETRIOSIS DIAGNOSIS

Three WHRI researchers co-authored a new national guideline on the diagnosis and impact of endometriosis, a chronic inflammatory disease affecting up to 10% of Canadian women. The guideline emphasizes earlier recognition and timely access to care, aiming to improve patient outcomes and increase awareness among providers and policymakers.

KEY OUTCOMES

WOMEN HEALTH RESEARCH INSTITUTE



5

DIGITAL HEALTH RESEARCH ACCELERATOR GRANTS

In partnership with BCCHR, WHRI launched the 2024 CW Digital Health Research Accelerator Grant competition to support digital health innovations. For the first time, two \$50,000 grants were offered to projects dedicated to women's and newborn health projects and projects that were the recipients of these grants included a project using a novel strategy to improve the implementation of guidelines for aspirin use in pregnancy for the prevention of preeclampsia and a project using a health equity and inclusive approach to medical education through the development of virtual pelvic videos for cyber-patients

6

CANADIAN GUIDELINE: PERINATAL MOOD & ANXIETY DISORDERS

Research evidence from two joint WHRI and BCCHR investigators was used to inform a new national guideline on perinatal mood and anxiety disorders. Use of this guideline will help perinatal health care providers identify and treat pregnant and postpartum patients with perinatal mental illness, specifically perinatal mood and anxiety disorders.

7

INTERNATIONAL GUIDELINES: MINDFULNESS-BASED THERAPY FOR SEXUAL DYSFUNCTION

Research by WHRI's Dr. Lori Brotto led to international recommendations for mindfulness-based therapy in treating sexual dysfunction in women. These recommendations serve as a guide for primary care clinicians and highlight the strong evidence for psychological treatment for addressing sexual dysfunction.

8

PATIENT DECISION AID: ABORTION OPTIONS

WHRI researcher Sarah Munro led the development of, It's My Choice, an online interactive tool to help patients choose between medical and surgical abortion in early pregnancy. Available in four languages on the SOGC website, the tool provides clear, reliable information to support informed decision-making.

KEY OUTCOMES

WOMEN HEALTH RESEARCH INSTITUTE



9

PELVIC PAIN & ENDOMETRIOSIS PUBLIC WEBSITE

WHRI researcher, Paul Yong, led a research project to develop an online platform, pelvicpainendo.ca, an evidence-based public resource featuring information, treatment options, and patient stories to raise public awareness of endometriosis-associated pelvic pain and painful sex. The launch of the site was accompanied by a social media campaign(campaign@pelvicpainendo).

10

CANADIAN GUIDELINE: CARE FOR PREGNANT WOMEN WITH HIV

WHRI researchers co-authored a national guideline outlining best practices for managing pregnancy in women living with HIV and interventions for reducing perinatal transmission. The guideline aims to improve maternal health, prevent infant transmission, and support the goal of eradication of perinatal HIV transmission.

**BC WOMEN'S
HOSPITAL+
HEALTH CENTRE**

Provincial Health Services Authority



STUDENT EDUCATION METRICS

STUDENT METRICS

BC WOMEN'S HOSPITAL & HEALTH CENTRE

BC WOMEN'S
HOSPITAL+
HEALTH CENTRE
Provincial Health Services Authority



BUILDING STUDENT EDUCATION CAPACITY



STUDENT
HOURS

61,530 ↑ 5%



TOTAL # OF
STUDENTS

402 ↑ 3%



ACTIVE
PRECEPTOR
PLACEMENTS

271 Reported as part
of BCCH figures



MEDICAL DOCTOR
UNDERGRADUATE
STUDENTS

216 ↓ 2%



VISITING MEDICAL
DOCTOR
UNDERGRADUATE
STUDENTS

9 New Category added



POSTGRADUATE
MEDICAL
EDUCATION
RESIDENTS

318 ↑ 13%

BUILD EFFECTIVE PARTNERSHIPS AND COLLABORATIONS TO SUPPORT INNOVATION



OF ACTIVE ACADEMIC PARTNERS

15



TOP 5 EDUCATION INSTITUTIONS BY STUDENT HOURS

1. University of British Columbia (28,855)
2. BC Institute of Technology (14,889)
3. Langara College (4,572)
4. Kwantlen College (4,260)
5. Vancouver Community College (2,280)



BC Centre for Disease Control
Provincial Health Services Authority

RESEARCH METRICS

STUDENT EDUCATION METRICS

RESEARCH METRICS

BC CENTRE FOR DISEASE CONTROL/UBC CDC



BC Centre for Disease Control
Provincial Health Services Authority

PRODUCING AND ADVANCING KNOWLEDGE



TOTAL GRANTS AWARDED

\$8M

↓ 53%

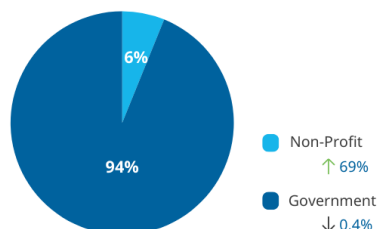


TOTAL # OF PUBLICATIONS

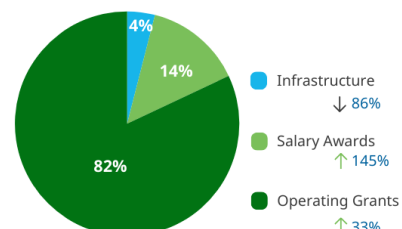
131

↓ 39%

% BY SECTOR



% BY AWARD TYPE



CIHR PROJECT GRANTS

16.7%

BCCDC Average

16.3%

National Average

BCCDC exceeded the national average in one CIHR Project Grant competition (FY 24/25)

BUILDING RESEARCH CAPACITY



TOTAL # OF RESEARCH TRAINEES

159

↑ 23%



TOTAL # OF RESEARCHERS

55.5

↑ 4%



RESEARCH SUPPORT FUND

\$307K

↑ 10%

ADVANCING HEALTH & POLICY BENEFITS



OF ACTIVE CLINICAL TRIALS

13

↑ 8%



TOTAL CUMULATIVE SUBJECT ENROLLMENT

4,445

↑ 110%

KEY OUTCOMES



BC Centre for Disease Control
Provincial Health Services Authority

BC CENTRE FOR DISEASE CONTROL/UBC CDC

BC Centre for Disease Control has provided the following highlights. Details are available in the supplementary report.

1

DAILY ANTIBIOTIC COULD PREVENT SEXUALLY TRANSMITTED INFECTIONS (STI)

Early BCCDC research shows that doxycycline taken daily (doxyPrEP) can significantly reduce rates of syphilis, chlamydia, and gonorrhea among gay, bisexual, and other men who have sex with men living with HIV. Findings led to a larger CIHR-funded national clinical trial. If proven effective, doxyPrEP could provide an additional accessible option to prevent STIs and help reduce rising infection rates across BC and Canada.

2

INDIGENOUS-LED SELF-COLLECTION KIT FOR SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTION (STBBI)

The Chee Ooahut – Quet Nsayka Tillicum project worked with Indigenous communities to co-design safer, culturally meaningful, and accessible STBBI self-collection kits. A pilot rollout addressed barriers like stigma, privacy, and cultural safety, improving timely access to care and affirming Indigenous self-determination in health services.

3

IMPROVING EVALUATION OF TAKE-HOME NALOXONE (THN)

BCCDC developed a new statistical model that corrected for under-reporting and showed naloxone kits are used about five times more than previously captured. The model also identified distribution strategies that increase kit use, such as overdose prevention sites. This framework is being applied in BC with FNHA and shared with other jurisdictions to strengthen harm reduction programs.

4

MONITORING IMMUNITY FOR H5N1 AND MEASLES

Through population serosurveys, BCCDC assessed immunity levels across age groups for avian influenza H5N1 and measles. Findings revealed broad COVID-19 hybrid immunity, measurable cross-reactive antibodies to H5N1, and gaps in measles vaccine coverage for some age groups. Results are guiding public health policy, vaccine advocacy, and preparedness planning.

5

20 YEARS OF RESPIRATORY SURVEILLANCE

The Sentinel Practitioner Surveillance Network (SPSN), led by BCCDC, continues to generate crucial evidence on influenza and COVID-19. In 2024/25, results on vaccine effectiveness, genetic variants, and imprinting effects informed WHO influenza vaccine strain selection and federal guidance. The SPSN remains a cornerstone of national and international public health monitoring.

KEY OUTCOMES

BC CENTRE FOR DISEASE CONTROL/UBC CDC



BC Centre for Disease Control
Provincial Health Services Authority

6

HEART DISEASE INCREASES STIMULANT TOXICITY RISK

BCCDC discovered that people with heart disease who use illicit stimulants face a significantly higher risk of drug toxicity death. The findings have been incorporated into clinical guidance and widely shared with clinicians, prompting better screening and harm reduction interventions to reduce deaths among people with medical comorbidities.

7

UNIFIED BIORESPONSE TO H5N1 (HUB) PROJECT

The HUB project brings together ministries and agencies to address gaps in avian influenza preparedness and resilience. Aiming to prevent pandemic-scale threats, HUB focuses on coordinated One Health responses across human and animal health systems, safeguarding BC's food security, economy, and public health from H5N1 spread.

8

MOSQUITO SPECIES SURVEILLANCE FOR VECTOR-BORNE DISEASE RISK

In response to local pediatric cases of viral encephalitis linked to the California Serogroup virus, BCCDC launched mosquito surveillance in the Sea-to-Sky region with Lil'Wat and Squamish First Nations. This work is generating pilot data to track mosquito species and infection risks, strengthening BC's capacity to detect and respond to mosquito-borne disease threats linked to climate change.

9

STRENGTHENING SMALLHOLDER LIVESTOCK PREPAREDNESS

BCCDC researchers studied BC's smallholder livestock systems to understand risks of highly pathogenic avian influenza (HPAI) spread. Low registration rates in the provincial Premises ID program highlight vulnerabilities. Findings will inform better policies and preparedness strategies to support both animal and public health during outbreaks.

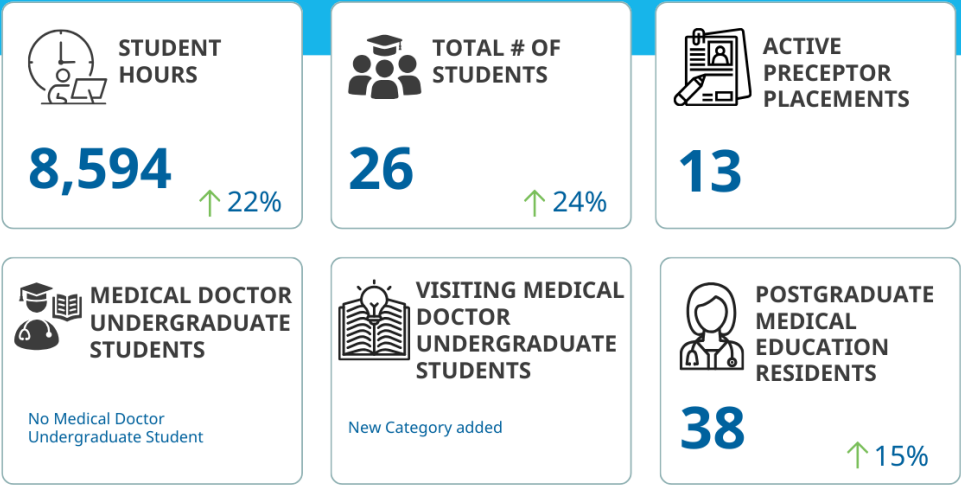
STUDENT METRICS

BC CENTRE FOR DISEASE CONTROL

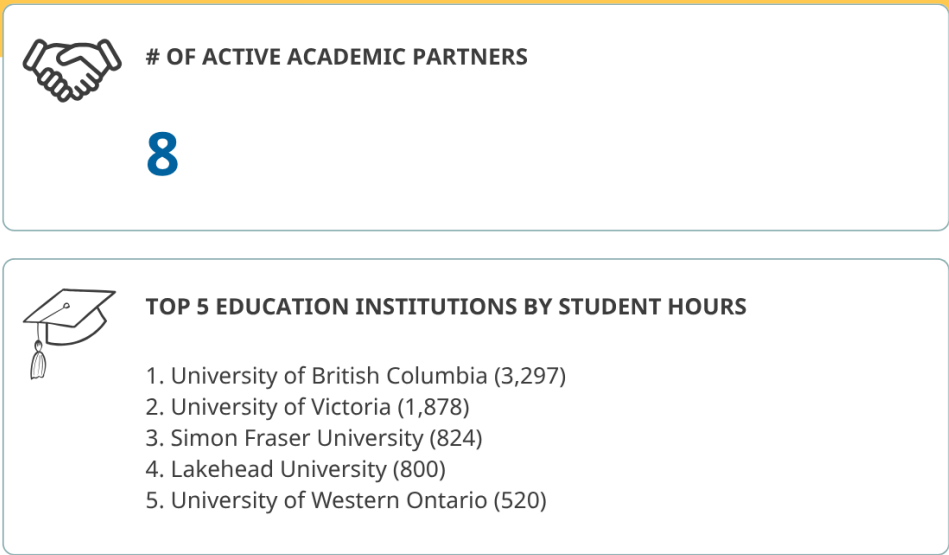


BC Centre for Disease Control
Provincial Health Services Authority

BUILDING STUDENT EDUCATION CAPACITY



BUILDING EFFECTIVE PARTNERSHIPS AND COLLABORATIONS TO SUPPORT INNOVATION





**BC MENTAL HEALTH
& SUBSTANCE USE SERVICES**

Provincial Health Services Authority

RESEARCH METRICS

STUDENT EDUCATION METRICS

RESEARCH METRICS

BC MENTAL HEALTH & SUBSTANCE USE SERVICES RESEARCH INSTITUTE



BC MENTAL HEALTH
& SUBSTANCE USE SERVICES
Provincial Health Services Authority

PRODUCING AND ADVANCING KNOWLEDGE



TOTAL GRANTS
AWARDED

\$2.1 M

↑ 132%

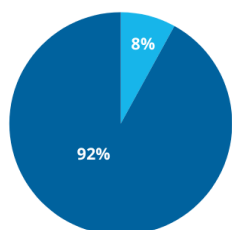


TOTAL # OF
PUBLICATIONS

120

↓ 17%

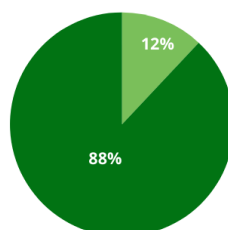
% BY SECTOR



Non-Profit
↓ 27%

Government
↑ 3%

% BY AWARD TYPE



Salary Awards
↓ 64%

Operating Grants
↑ 41%

CIHR PROJECT GRANT

No awards for CIHR Project Grant competitions (FY 24/25)

BUILDING RESEARCH CAPACITY



TOTAL # OF
RESEARCH
TRAINEES

163

↓ 10%



TOTAL # OF
RESEARCHERS

14.5

No change



RESEARCH
SUPPORT
FUND

\$71K

↑ 11%

ADVANCING HEALTH & POLICY BENEFITS



OF ACTIVE
CLINICAL TRIALS

7

↓ 13%



TOTAL CUMULATIVE
SUBJECT ENROLLMENT

369

↓ 19%

KEY OUTCOMES

BC MENTAL HEALTH & SUBSTANCE USE SERVICES RESEARCH INSTITUTE



BC MENTAL HEALTH
& SUBSTANCE USE SERVICES
Provincial Health Services Authority

BC Mental Health & Substance Use Services Research Institute has provided the following highlights. Details are available in the supplementary report.

1

OAT ACCESS REDUCES OVERDOSE RISK AFTER INCARCERATION

Studies show that access to opioid agonist treatment (OAT) during incarceration is linked to significantly lower overdose risk after release. Findings support sustained OAT access across the justice system and evidence-based prescribing to reduce harm.

2

MENTAL HEALTH, SUBSTANCE USE, AND HIV – A CALL FOR INTEGRATED CARE

Research highlights how co-occurring mental and substance use disorders increase healthcare utilization and dementia risk among people living with HIV. The evidence underscores the urgent need for integrated care models that address these overlapping challenges together.

3

DEFINING RELAPSE IN SCHIZOPHRENIA: NEW GLOBAL CRITERIA

An international study of more than 2,300 patients identified a clear PANSS threshold to define relapse in schizophrenia and related disorders. This standardized definition improves monitoring, guides treatment, and strengthens comparability across clinical trials.

4

EXPANDING ACCESS TO COGNITIVE THERAPIES IN PSYCHOSIS

Research demonstrates how cognitive interventions—such as Cognitive Remediation Therapy (CRT), Metacognitive Training (MCT), and Cognitive Behavioural Therapy (CBT)—enhance cognitive function in psychosis. These studies expand clinician training and provide access to novel therapies not yet widely available.

KEY OUTCOMES

BC MENTAL HEALTH & SUBSTANCE USE SERVICES RESEARCH INSTITUTE



BC MENTAL HEALTH
& SUBSTANCE USE SERVICES
Provincial Health Services Authority

5

PSYCHOSTIMULANT SUBSTITUTION THERAPY: FIRST SYSTEMATIC REVIEW

The first systematic review on stimulant substitution therapy for people with both psychotic disorders and stimulant addiction found limited and mixed evidence. More rigorous studies are needed to guide safe and effective treatment strategies for this high-risk population.

6

ROAR CANADA: TRAUMA AS A KEY DRIVER OF OVERDOSE

Data from three Canadian centres revealed that trauma—especially lifetime trauma—is strongly linked to overdose risk among people with severe concurrent mental illness and substance use disorders. The findings highlight the need to embed trauma-informed care within treatment programs.

7

ADVANCING NEUROPSYCHOLOGICAL TESTING IN PSYCHOSIS

A novel facial affect naming test was shown to improve prediction of real-world outcomes in treatment-resistant psychosis. Incorporating this measure into clinical practice enhances individualized treatment recommendations and advances best practices in assessment.

8

IMPAIRED INSIGHT AND DRUG-SEEKING IN CONCURRENT DISORDERS

Research into impaired insight reveals how thinking problems, drug use, and self-awareness interact in people with concurrent disorders. Findings suggest potential for brain-based interventions combined with therapy to improve decision-making, recovery, and treatment engagement

STUDENT METRICS

BC MENTAL HEALTH & SUBSTANCE USE SERVICES



BC MENTAL HEALTH
& SUBSTANCE USE SERVICES
Provincial Health Services Authority

BUILD STUDENT EDUCATION CAPACITY



STUDENT
HOURS

53,994
↓11%



TOTAL # OF
STUDENTS

375
↓17%



ACTIVE
PRECEPTOR
PLACEMENTS

51



MEDICAL DOCTOR
UNDERGRADUATE
STUDENTS

8
No change



VISITING MEDICAL
DOCTOR
UNDERGRADUATE
STUDENTS

1
New Category added



POSTGRADUATE
MEDICAL
EDUCATION
RESIDENTS

16
↑23%

BUILD EFFECTIVE PARTNERSHIPS AND COLLABORATIONS TO SUPPORT INNOVATION



OF ACTIVE ACADEMIC PARTNERS

24



TOP 5 EDUCATION INSTITUTIONS BY STUDENT HOURS

1. University of British Columbia (11,427)
2. Douglas College (10,231)
3. Stenberg College (7,869)
4. BC Institute of Technology (5,088)
5. Kwantlen College (2,904)

STUDENT EDUCATION METRICS

STUDENT METRICS

BC EMERGENCY HEALTH SERVICES

BUILDING STUDENT EDUCATION CAPACITY



STUDENT HOURS

95,366 ↑ 1%



TOTAL # OF STUDENTS

873 ↑ 6%



ACTIVE PRECEPTOR PLACEMENTS

160

BUILDING EFFECTIVE PARTNERSHIPS AND COLLABORATIONS TO SUPPORT INNOVATION



OF ACTIVE ACADEMIC PARTNERS

3



TOP 3 EDUCATION INSTITUTIONS BY STUDENT HOURS

1. Justice Institute of BC (54,794)
2. Columbia College (39,612)
3. Sprott Shaw College (960)

**PROVINCIAL
PROGRAMS,
REGISTRIES AND
DATASETS**

RESEARCH METRICS

RESEARCH METRICS

PROVINCIAL PROGRAMS, REGISTRIES AND DATASETS

PROVINCIAL PROGRAMS, REGISTRIES AND DATASETS AT A GLANCE



Additional information on registries and datasets is available in the appendices on the PHSA Research website.

TOP 3 WAYS PROVINCIAL PROGRAMS, REGISTRIES AND DATASETS SUPPORT RESEARCH

1

INFORMING RESEARCH PRIORITIES & INNOVATIONS

Research example includes:

- Overcoming barriers to immune therapy for acute leukemia. (BC Children's BioBank)
- Impacts of arthritis medications on maternal & neonatal outcomes. (BC Perinatal Database Registry)
- Obesity and burn wound outcomes. (BC Trauma Registry)

2

LEVERAGING LINKED DATASETS FOR RESEARCH

Research example includes:

- A modular platform for harmonized, multiplex immune profiling across Canadian institutions. (Tumour Tissue Repository)
- Geographic distribution of kidney diseases. (PROMIS – BC Renal)
- Performance and adjustment of DynaMELD algorithm for transplant allocation fairness. (PROMIS – BC Transplant)

3

ENSURING RESEARCH QUALITY & STANDARDS

Research example includes:

- Pembrolizumab + Lenvatinib treatment impacts. (BC Cancer Registry)
- Vaccine myocarditis vs non-myocarditis healthcare utilization. (BCCDC COVID-19 Dataset)
- Physician letters vs postcards for screening return rates. (Breast Cancer Screening Database)
- Gender/sexual minority perspectives in endometriosis care. (Endometriosis Cohort)

APPENDIX 1

RESEARCH METRICS WORKING GROUP MEMBERSHIP

BCCHR

Vicki Chiu - Executive Director, Research Administration and Operations

BCCRI

Karen Lemmen - Executive Director, Research Administration and Operations

WHRI

Kathryn Dewar - Senior Research Manager

BC/UBC CDC

Priscilla Vuong - Manager, BC/UBC Research Development Unit

BCMHSUSRI

Deborah Ross - Provincial Director, Strategic Initiatives

Rhonda Ellwyn - Manager, Researcher Operations

PHSA

Aditi Bhardwaj - Manager, Research Services

Kaylie Choi - Research Project Coordinator, Research Services

Greg Martyn - Chief Administrative Officer, Research & Academic Services

(as of October 2025)

APPENDIX 2

FRAMEWORK FOR RESEARCH METRICS

1. Indicator: Producing and Advancing Knowledge

This category includes measures reflecting discoveries/new knowledge, and contributions to scientific literature.

- a. Total annual grant awards by agency/research entity and PHSA
- b. Total annual external grant awards by agency/research entity, identified by major funding categories (e.g., tri-council, provincial, Genome Canada/BC, international, private sector, etc.)
- c. Annual grant application success rate by agency/research entity and PHSA
- d. Total # Publications
- e. Citations

2. Indicator: Building Research Capacity

This category includes measures reflecting enhancements to both human resource and infrastructure capacity.

- a. Total # trainees by agency/research entity
- b. Scholarships/fellowships by agency/research entity
- c. Total # researchers by agency/research entity
- d. Infrastructure investments (i) Hospital research fund, BCCHR, capital projects etc. (ii) Databases (patient, tissue) etc
- e. Research Support Fund

3. Indicator: Achieving Economic Benefits and Innovation

This category includes measures reflecting commercialization of discoveries, revenues and other economic benefits resulting from discoveries, and general impacts on the BC economy.

- a. # Intellectual property disclosures, patents by agency/research entity
- b. Licenses, royalty income, spin-off companies
- c. New research hires to agency/research entity - job creation
- d. Policy initiatives

4. Indicator: Advancing Health and Policy Benefits

This category includes measures reflecting individual and population health impacts of research in prevention, diagnosis and treatment.

- a. Clinical trials (translational research)/patient outcome data
- b. New clinical guidelines/patient outcome data
- c. New drugs funded/patient outcome data
- d. Policy initiatives/patient outcome data

APPENDIX 3

STUDENT EDUCATION COORDINATING COMMITTEE MEMBERSHIP

BCEHS

Samantha Rea — Senior Leader, Transition to Practice

Alex Shemko — Director, Learning and Education Delivery

BC Cancer

Heena Vadgama — Education Coordinator

Anneke Vink — Director, Learning and Development

BCMHSUS

Miranda Barnas — Clinical Nurse Educator, Interprofessional Practice

Mindy Hartleib — Social Work Educator, Correctional Health

Becky Hynes — Director, Interprofessional Practice, Red Fish Healing Centre

Neeta Nagra — Director, Nursing Professional Practice

Alana Prashad — Professional Practice Consultant, Allied Health

Stephanie Svensson — Clinical Practice Manager, Forensic Hospital

BC Children's & Women's

Michelle de Jaray — Coordinator, Academic Practice, Learning and Development

Sandra Harris — Senior Leader, Clinical Education

Sandy Tatla — Director, Learning and Development

Sylvia Wu — Senior Manager, Education, Department of Pediatrics, UBC

PHSA

Ellison Chung — Clinical Education Consultant

Fairouz Devji — Clinical Education Consultant

Christie Diamond — Executive Director, Academic Services

Simmie Kalan — Senior Director, Clinical Education

Hollis Mackenzie — Coordinator, Academic Services

Greg Martyn — Chief Administrative Officer, Research & Academic Services

Aasta Thielke — Leader, Academic Services

Sarah Titcomb — Business Analyst, Academic Services

BCCDC

To Be Announced

(as of October 2025)

APPENDIX 4

FRAMEWORK FOR STUDENT EDUCATION METRICS

1. Indicator: Building Practice Education Capacity

This category includes measures that demonstrate level of commitment to students, preceptors, and post-secondary institutions as part of mandate to provide excellence in education and training.

- a. # of Students, Placement Hours by Discipline & Sub-Discipline
- b. # of Medical Students and Residents (Under-grads and Post-grads) by Specialty
- c. # of Confirmed Placement Requests by Month
- d. # of Confirmed and Declined Placements by Educational Institution
- e. # of Declines by Reason (Most Frequent)
- f. # of Staff Participants in Preceptor/Educator Training
- g. # of Preceptors in HSPnet With a Placement

2. Indicator: Building Effective Partnerships and Collaborations that Support Innovation

This category includes quantitative measures of PHSA's relationships with academic partners.

- a. # of Affiliation Agreements by Region and Sector
- b. Top % of Education Institutions by Student Hours

Indicator: Monitor the Quality of the Clinical Learning Environment and Results

This category includes measures for monitoring quality and outcomes.

- a. # of hires at PHSA with a previous placement
- b. # of Placements by Educational Institution for New Hires

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