

The logo for doctors of bc, featuring the word "doctors" in a bold, dark blue sans-serif font, and "of bc" in a white sans-serif font inside a blue rectangular box. The background of the entire page is a collage of overlapping geometric shapes in various shades of blue and grey, with a central image of a mountain range and evergreen trees.

doctors
of bc

Better. Together.

*When we work collaboratively, we can be
influential in promoting change.
We are better together.*

2017-18 REPORT TO MEMBERS

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REPORT OF THE CEO

DELIVERING ON OUR PURPOSE

Allan Seckel, QC

As I mentioned in this space last year, Doctors of BC is committed to delivering on our purpose: Together, let's make a difference, so our doctors can make theirs.

In 2017, staff worked hard to achieve this goal on a number of fronts. Team members came together to support a significant change in the governance of Doctors of BC. They helped launch the first meeting of the Representative Assembly, an influential body of 106 members who represent members' interests and discuss issues of importance to the profession and offer guidance to the Board. Team members also supported the work of the smaller Board, whose goal is to set our strategic direction and policies.

Other achievements this past year include:

- Fostering the development of patient medical homes that empower doctors to be central in the creation and operation of primary care networks and ensure there is a high standard of primary care for patients in this province.
- Continuing the success of establishing new medical staff associations (MSAs) through the Facility Engagement initiative. We now have 69 MSAs that are empowering facility-based physicians to have a stronger voice in working with health authorities.

- Developing "employee experiences" for staff members to support them to grow and perform at their best. Doctors of BC was voted as having the Best Recognition Program by *Canadian HR Reporter*. In our annual Great Place to Work Survey, 94% of staff said "Taking everything into account, this is a Great Place to Work," the highest level since we began the survey six years ago.

I emphasize the internal accomplishments for a reason. When we, as a team, adhere to our values of *better together, excellence, courage, and seriously fun*, then we are providing the best service and the best value to our members. And that's at the very heart of what Doctors of BC is all about.

—Allan Seckel, QC
Chief Executive Officer

Doctors of BC is committed
to delivering on our purpose:
Together, let's make a difference,
so our doctors can make theirs.



REPORT OF THE PRESIDENT

Trina Larsen Soles, MD

The past year has been one of changes at Doctors of BC, beginning with our new governance structure that became effective in September. The sheer logistics of this organizational change were substantial, and I would like to commend everyone who has been a participant in this year of transition—not only our physician members but our staff at Doctors of BC as well. The new Board has been learning to work effectively in the smaller format, and the Representative Assembly has spoken out and engaged on many issues important to the profession. We are learning to better trust and respect each other, which is a good thing.

As president, I have had the opportunity to witness many accomplishments:

- The successful development and implementation of Facility Engagement projects that offer differences and innovations everywhere in the province.
- The hard work of Divisions of Family Practice physicians working with the Ministry of Health to tackle the rollout of patient medical homes, primary care networks, and urgent care centres.
- The Rural Issues Committee's work, which continues to foster health system improvements throughout BC that are good for patients and that help to improve our working conditions and ability to deliver care.
- The work of the Child and Youth Mental Health and Substance Use Collaborative, which has had a huge uptake as we work toward incorporating knowledge on adverse childhood experiences and trauma-informed care into all aspects of medicine.

I started the year as president by responding to the federal tax changes and the impact on small businesses, including our own. The magnitude of the interaction with and feedback from members, as well as the work with the CMA as we applied pressure, ultimately modified the outcome of much of the legislation and demonstrated the powerful impact of the actions of individual members.

Throughout the year I really appreciated the opportunity to hear from many of our members about concerns that affect our practices and to consider how our organization can support all of us working together. What has impressed me the most are the sheer numbers of hardworking and dedicated physicians striving to make medical care in BC better—ultimately benefiting not just our patients but the entire medical community. Thanks to you all for the privilege of working with you this year.

—Trina Larsen Soles, MD
President

What has impressed me the most are the sheer numbers of hardworking and dedicated physicians striving to make medical care in BC better—ultimately benefiting not just our patients but the entire medical community.



REPORT OF THE CHAIR OF THE BOARD

Jeff Dresselhuis, MD

"In our [physicians] job, you will never go home at the end of the day thinking that you haven't done something valuable and important."

—Suneel Dhand, MD

To suggest this has been a year of change would be an understatement. The shifts in our organization have been numerous: implementing a new governance model, electing a new and smaller governance Board, surveying members and Representative Assembly delegates for key input as we ramp up for PMA negotiations with a new government, commencing a comprehensive review of our committees and their mandates, and exploring innovative ways (conventional and virtual) to improve two-way communication between Board, the Representative Assembly, and all our members.

Work is now well underway for the development of our new strategic plan. This work will help guide our association from 2019 and beyond, as we continue to work to find better ways for staff to meet member needs, and help us to promote diversity in medical leadership and committee structure. This diversity, including age and gender, is key to advancing not only medical care but also physician quality of life, fair economic reward, and professional satisfaction—all factors critical to a healthy and long-lived physician workforce.

One focus of the association—service to members—never changes. Staff are constantly reviewing ways to improve member services, from preferred rates on insurance and communication products to the well-used Club MD discounts program.

And while the College of Physicians has a primary focus to protect the public, the role of Doctors of BC extends beyond improving medical care and patient safety. Your association understands it is critical to good patient care that we have a happy and healthy physician workforce. We have approximately 70 committees that

focus on advancing different aspects of physician and patient care interests, each chaired by a physician and each comprising numerous practising physician members. And many more of you are active participants in patient care improvement as you take part in initiatives and care incentives delivered through our SSC, GPSC, Shared Care, and JSC/Rural collaborative committees.

It is a challenge to synopsise all the work of the Board in a short report such as this. Many of you will have been able to keep up with the regular post-Board meeting updates emailed to all members from the chair. If you are not on the regular communication list, I would encourage you to update your email status with our staff.

Your association is here for you. Your interests are our interests. Your Board and Representative Assembly need to hear from you. Each one of us has a contribution to make. Thank you for the indispensable role you all play in advancing patient care in our province.

—Jeff Dresselhuis, MD
Chair of the Board

The role of Doctors of BC extends beyond improving medical care and patient safety. Your association understands it is critical to good patient care that we have a happy and healthy physician workforce.



REPORT OF THE SPEAKER OF THE REPRESENTATIVE ASSEMBLY

Michael Golbey, MD

I am pleased to provide Doctors of BC members with this first report from our new Representative Assembly (RA). The RA provides input from members to the Board, receives requests from the Board, and is charged with several responsibilities, including electing the Board of Directors and the members-at-large of the Governance and Nominating Committees.

At the inaugural meeting of the RA in September 2017, members had the opportunity to get to know each other and begin to understand how the assembly could best function. A significant number of members ran for all the positions to be elected, and all candidates were heard from before votes were cast.

Two subsequent meetings have been held to date: a conference call in November and a full-day meeting in February in which the RA participated in a negotiations workshop led by our chief negotiator. This will help inform the various negotiating teams and the Board as they work on final recommendations going into the next Physician Master Agreement negotiations.

As well, two separate RA committees have been formed: the first, the President-Elect Search Committee, makes sure at least one suitable candidate can be presented to the membership, in addition to any other Doctors of BC members who wish to run, with elections then taking place in the usual manner. A candidate's name was chosen from among a number of applicants for our upcoming election, but this is not intended to be an endorsement. Whether this committee is to continue will be discussed at a future RA meeting.

The second committee, the RA Planning Committee, will assist the speaker in formulating the

agenda for upcoming RA meetings. This committee consists of the assembly speaker and deputy speaker, the board chair or deputy chair, and two GPs and two specialists elected by the RA. The committee will solicit input from RA members to help plan our next meeting.

The final meeting of the RA for this year will occur in June, just prior to the Annual General Meeting. Please contact your elected district delegate to present your comments. This is your route to provide input into everything related to your association and will help the RA identify emerging issues and priorities of province-wide importance.

I wish to express my sincere thanks to our CEO and the numerous staff members who helped plan the meetings, as well as our deputy speaker, Dr Alan Gow.

I was honored to be elected the first speaker of the RA, and look forward to continuing to work with the RA as well as the Board and members of Doctors of BC as we move forward with our new representative governance model.

—Michael Golbey, MD
Speaker

Please contact your elected district delegate to present your comments. This is your route to provide input into everything related to your association.

DOCTORS OF BC ANNUAL GENERAL MEETING

DRAFT MINUTES—PAN PACIFIC HOTEL, 3 JUNE 2017

CALL TO ORDER AND MOMENT OF SILENCE FOR DECEASED MEMBERS

Mr Allan Seckel, Chief Executive Officer, called the meeting to order at 9:45 a.m. and welcomed members to the 2017 Annual General Meeting (AGM). He then invited members to stand and observe a moment of silence in remembrance of colleagues who passed away in the last year.

1. ELECTION OF CHAIR

Mr Seckel advised that he had received the name of Dr Michael Golbey as nominee to chair of the 2017 AGM and called for additional nominations.

There being no additional nominations, Dr Golbey was acclaimed as chair of the 2017 AGM.

2. MEETING STANDING RULES

Distributed material: Doctors of BC (BCMA) 2017 Annual General Meeting Meeting Standing Rules

Dr Golbey assumed the role of chair and reviewed the Annual General Meeting Standing Rules.

3. ELECTION OF RESOLUTIONS COMMITTEE

Dr Golbey advised that he had received the names of Drs Alan Gow and Jeff Dresselhuis as nominees to the Resolutions Committee and called for additional nominations.

There being no additional nominations, Drs Alan Gow and Jeff Dresselhuis were acclaimed to the Resolutions Committee.

4. APPROVAL OF AGENDA

Distributed material: Doctors of BC Annual General Meeting Agenda 3 June 2017

Dr Golbey referred members to the distributed draft agenda and inquired if there were any additions or deletions. There being none:

MOVED/SECONDED

RESOLUTION AGM17/06/03-01

That the agenda for the Doctors of BC Annual General Meeting of 3 June 2017 be approved, as circulated.

CARRIED

5. APPROVAL OF 2016 AGM MINUTES

Distributed material: Draft Minutes of Doctors of BC Annual Business Session and General Assembly of 4 June 2016

Dr Golbey referred the meeting to the distributed draft minutes of the 4 June 2016 Annual Business Session and General Assembly and inquired if there were any errors or omissions.

MOVED/SECONDED

RESOLUTION AGM17/06/03-02

That the minutes of the Doctors of BC Annual Business Session and General Assembly for 4 June 2016 be approved as presented.

CARRIED

6. PRESIDENT'S REPORT

Distributed material: Report of the President - Page 5 of the Doctors of BC Report to Members 2016-17

Dr Alan Ruddiman acknowledged the traditional territories of the Squamish, Musqueam, and Tsleil-Waututh Nations.

Dr Ruddiman noted that 2016-17 has been a historic year as the Doctors of BC embarked on a monumental governance change. He referenced the Report of the President and noted the significant issues of medical assistance in dying (MAID) and the opioid overdose crisis in which Doctors of BC has been involved over the past year. He expressed appreciation to the Doctors of BC staff, Executive Committee, and Board chair for their efforts and dedication. Dr Ruddiman then introduced incoming president, Dr Trina Larsen Soles, noting that she would be the seventh woman to serve as president of the Doctors of BC.

Dr Ruddiman recognized Dr Granger Avery for his leadership as President of the Canadian Medical Association. He then acknowledged Drs Ernie Chang and John Falconer, presidents of the Society of General Practitioners and the Specialists of BC, respectively, for their collaborative efforts in implementing the new Doctors of BC governance structure.

7. CHIEF EXECUTIVE OFFICER'S REPORT

Distributed material: Report of the CEO - Page 4 of the Doctors of BC Report to Members 2016-17

Mr Seckel commented that the Doctors of BC Report to Members 2016-17 reflects the efforts of the Doctors of BC staff during the past year. Doctors of BC has been certified as one of Canada's great places to work. Mr Seckel acknowledged the Doctors of BC staff involved in preparing for and executing the 2017 AGM. He then responded to a question from the membership.

8. REPORT OF THE STATUTORY NEGOTIATING COMMITTEE

Distributed material: Reports of the Negotiations Coordinating Group - Page 40, and Statutory Negotiating Committee - Page 46 of the Doctors of BC Report to Members 2016-17

Dr David Attwell, Statutory Negotiating Committee chair, noted that no active negotiations have occurred during the year but mid-term consultations with the Ministry of Health have been initiated to explore issues of common interest. Dr Attwell responded to questions from the membership.

9. REPORT OF THE BOARD OF DIRECTORS

Distributed material: Report of the Chair of the Board - Page 6 of the Doctors of BC Report to Members 2016-17

Dr Mark Corbett, Board chair, referenced the Report of the Chair of the Board. He noted that the Doctors of BC Board members completed their final meeting on 2 June 2017, and will transition to the new governance model in September 2017. Dr Corbett expressed appreciation to the Doctors of BC staff and commended his Board colleagues for the professional manner in which they have served.

10. REPORT OF THE AUDIT AND FINANCE COMMITTEE

Distributed material: Financial Statements of British Columbia Medical Association (dba Doctors of BC), for the year ended 31 December 2016 - Page 12 of the Doctors of BC Report to Members 2016-17

10.1 PRESENTATION OF FINANCIAL STATEMENTS

Dr Michael Curry, Finance and Audit Committee chair, led the review of a presentation titled, "Audit and Finance Committee Report." Dr Curry highlighted the variances from the prior year and noted the excess of revenue over expenses of \$656 012. He advised that the external auditors have verified the financial results. Dr Curry responded to questions from the membership.

MOVED/SECONDED

RESOLUTION AGM17/06/03-03

That the audited financial statements of the British Columbia Medical Association for the year ended 31 December 2016 be accepted.

CARRIED

10.2 APPOINTMENT OF AUDITOR

Dr Curry introduced the members of the external audit team and spoke of the Audit and Finance Committee's satisfaction with their work.

MOVED/SECONDED

RESOLUTION AGM17/06/03-04

That the firm KPMG LLP be appointed as auditors for the Doctors of BC for the 2017 fiscal year.

CARRIED

10.3 2018 MEMBERSHIP DUES

Dr Curry led a discussion on membership dues noting that the membership numbers have been increasing and that there has not been an increase in dues in the past several years. He stated that the Audit and Finance Committee recommends that there be no increase to the Doctors of BC membership fees for 2018. Dr Curry responded to a question from the membership.

MOVED/SECONDED

RESOLUTION AGM17/06/03-05

That there be no increase in the Doctors of BC membership dues for 2018.

CARRIED

10.4 HONORARIA FOR REPRESENTATIVE ASSEMBLY

Dr Curry reviewed the proposed honoraria to be paid to the members of the Representative Assembly and responded to questions from the membership.

MOVED/SECONDED

RESOLUTION AGM17/06/03-06

That the members of the Representative Assembly, including the speaker and the deputy speaker, be paid honoraria at the rate provided for members of a committee under the existing honoraria policy of the Doctors of BC and that the honoraria policy be amended accordingly.

CARRIED

MOVED/SECONDED

RESOLUTION AGM17/06/03-07

That the speaker of the Representative Assembly be paid an annual stipend, in addition to honoraria paid for attending meetings of the Assembly, in the amount of \$15 000 per year, with the stipend to be the total compensation for all work by the speaker in preparing for meetings of the Assembly.

CARRIED

MOVED/SECONDED

RESOLUTION AGM17/06/03-08

That the deputy speaker of the Representative Assembly be paid an annual stipend, in addition to honoraria paid for attending meetings of the Assembly, in the amount of \$5 000 per year, with the stipend to be the total compensation for all work by the deputy speaker in preparing for meetings of the Assembly.

CARRIED

11. REPORT OF THE GOVERNANCE COMMITTEE

Distributed material: Report of the Governance Committee - Page 34 of the Doctors of BC Report to Members 2016-17

Dr Bill Cavers, Governance Committee chair, referred to the report included in the Doctors of BC Report to Members 2016-17. Dr Cavers

congratulated the membership on the approval of the changes to the Doctors of BC governance structure and extended his thanks to staff for their efforts to achieve approval of the change. He responded to a question from the membership.

11.1 REPORT OF THE NOMINATING COMMITTEE

Distributed material: Report of the Nominating Committee - Page 40 of the Doctors of BC Report to Members 2016-17

Dr Cheryl Hume, Nominations Committee chair, reviewed the mandate and responsibilities of the Nominating Committee.

11.2 ELECTION OF THREE MEMBERS-AT-LARGE OF THE AUDIT AND FINANCE COMMITTEE

Dr Golbey advised that he had received the names of Drs Mark Corbett, Michael Curry, and Sanjay Khandelwal as nominees for members-at-large to the Audit and Finance Committee and called for additional nominations.

MOVED/SECONDED

RESOLUTION AGM17/06/03-09

That Drs Mark Corbett, Michael Curry, and Sanjay Khandelwal be elected as members-at-large to the Audit and Finance Committee.

CARRIED

12. INTRODUCTION OF NEW PRESIDENT BY THE PAST PRESIDENT

Dr Ruddiman introduced the new president, Dr Trina Larsen Soles.

13. REPORT OF THE TARIFF COMMITTEE

Distributed material: Report of the Tariff Committee - Page 47 of the Doctors of BC Report to Members 2016-17

Dr Brian Winsby, Tariff Committee chair, referred the membership to the report included in the Doctors of BC Report to Members 2016-17.

14. REPORT OF THE SPECIALISTS OF BC

Distributed material: Report of Specialists of BC- Page 59 of the Doctors of BC Report to Members 2016-17

Dr John Falconer, Specialists of BC president, highlighted the report provided in the Doctors of BC Report to Members 2016-17.

15. REPORT OF THE SOCIETY OF GENERAL PRACTITIONERS OF BC

Distributed material: Report of Society of General Practitioners of British Columbia - Page 58 of the Doctors of BC Report to Members 2016-17

Dr Ernie Chang, Society of General Practitioners of BC past president, referred members to the report provided with the distributed material and congratulated the membership on their approval of the Doctors of BC governance change.

16. NEW BUSINESS

Dr Golbey reported that one resolution had been received and the Resolutions Committee confirmed that the resolution was in order.

Members presented their views, concerns, and support for the recommendation that an additional Representative Assembly meeting be held for the 2017-2018 year, preferably in November 2017.

Main Motion

MOVED/SECONDED

That the Annual General Meeting of the Doctors of BC support having a fourth meeting of the Representative Assembly for the 2017-2018 year.

Amendment to the Main Motion

MOVED/SECONDED

That the Annual General Meeting of the Doctors of BC support having up to four meetings of the Representative Assembly for the 2017-2018 year.

DEFEATED

Question on the Main Motion

MOVED/SECONDED

RESOLUTION AGM17/06/03-10

That the Annual General Meeting of the Doctors of BC support having a fourth meeting of the Representative Assembly for the 2017-2018 year.

CARRIED

CONCLUSION

There being no further business the 2017 Annual General Meeting concluded at 12:11 p.m.

CARRIED

INDEPENDENT AUDITORS' REPORT

To the Members of British Columbia Medical Association (Canadian Medical Association – B.C. Division)
(dba Doctors of BC)

Report on the financial statements

We have audited the accompanying financial statements of the British Columbia Medical Association (Canadian Medical Association - B.C. Division) (dba Doctors of BC), which comprise the statement of financial position as at December 31, 2017, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the British Columbia Medical Association (Canadian Medical Association – B.C. Division) (dba Doctors of BC) as at December 31, 2017, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Report on other legal and regulatory requirements

As required by the Societies Act (British Columbia), we report that, in our opinion, the accounting policies applied in preparing and presenting the financial statements in accordance with Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with that of the preceding year.

"KPMG LLP"
Chartered Professional Accountants
April 13, 2018
Vancouver, Canada

Statement of Financial Position

December 31, 2017, with comparative information for 2016

	2017	2016
		(recast - note 3)
Assets		
Current assets:		
Cash	\$ 10,576,096	\$ 8,929,708
Accounts receivable (notes 4 and 13)	5,393,713	4,290,037
Prepaid expenses	531,545	407,375
Short-term investments (note 5)	3,251,066	1,770,354
	19,752,420	15,397,474
Investments (note 5)	20,317,446	21,373,857
Investment in BCMA Agencies Limited (note 6)	51	51
Capital assets (note 7)	8,453,287	8,695,749
Cash held for designated holding accounts (note 8)	602,182	1,070,236
	\$ 49,125,386	\$ 46,537,367
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 6,392,626	\$ 4,286,605
Prepaid membership dues	2,652,709	1,843,096
Group life premiums accounts (note 9)	348,661	372,653
Group insurance accounts (note 9)	1,975,175	2,019,814
	11,369,171	8,522,168
Designated holding accounts (note 8)	602,182	1,070,236
Deferred contributions (note 10)	645,857	632,175
	12,617,210	10,224,579
Net assets:		
Internally restricted (note 2)	9,385,683	7,214,312
Investment in capital assets	8,453,287	8,695,749
Unrestricted	18,669,206	20,402,727
	36,508,176	36,312,788
Commitments (note 12)		
	\$ 49,125,386	\$ 46,537,367

See accompanying notes to financial statements.

Approved on behalf of the Board:

Jeffrey Dresselhuis, MD
Board Chair

Statement of Operations

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Revenue:		
Membership dues	\$ 19,722,521	\$ 19,145,532
Less dues collected for Canadian Medical Association	(4,943,103)	(4,783,204)
	14,779,418	14,362,328
Contributions for designated programs (note 10)	828,009	827,405
Insurance administration fees	2,776,267	2,762,751
Management fees (note 13)	2,218,000	2,288,000
Investment and miscellaneous income	1,322,899	1,305,065
Building rents	1,010,334	932,074
	22,934,927	22,477,623
Expenses:		
Building - rented portion	\$ 816,781	\$ 684,418
Committee costs (note 14)	2,521,448	2,161,088
Consulting and professional fees	747,627	1,009,726
Designated programs expenses (note 10)	828,009	827,405
Marketing and communications	482,481	486,288
Occupancy	1,020,681	893,246
Office	1,997,868	2,525,300
Physician health program	850,000	750,000
Salaries and benefits	13,474,644	12,255,998
Loss on disposal of capital assets	—	228,142
	22,739,539	21,821,611
Excess of revenue over expenses	\$ 195,388	\$ 656,012

See accompanying notes to financial statements.

BRITISH COLUMBIA MEDICAL ASSOCIATION (CANADIAN MEDICAL ASSOCIATION – B.C. DIVISION)
(dba Doctors of BC)

Statement of Changes in Net Assets

Year ended December 31, 2017, with comparative information for 2016

	Internally Restricted (note 2)										2017 Total	2016 Total	
	Student bursary fund	Staff reward and recognition fund	Professional development fund	Medical care fund	Negotiations stabilization fund	Capital asset replacement fund	Indemnification fund	Total	Investment in capital assets	Unrestricted			
Net assets, beginning of year	\$ 2,000,000	\$ 85,600	\$ 120,450	\$ 4,000,000	\$ 1,000,000	\$ —	\$ —	\$ 8,262	\$ 7,214,312	\$ 8,695,749	\$ 20,402,727	\$ 36,312,788	\$ 35,656,776
Interfund transfers (note 2)	—	—	—	—	—	3,000,000	(8,262)	2,991,738	(2,991,738)	—	(2,991,738)	—	—
Excess (deficiency) of revenue over expenses	—	—	(32,274)	—	—	—	—	(32,274)	(1,030,555)	1,258,217	195,388	195,388	656,012
Net additions to capital assets	—	—	—	—	—	(788,093)	—	(788,093)	788,093	—	—	—	—
Net assets, end of year	\$ 2,000,000	\$ 85,600	\$ 88,176	\$ 4,000,000	\$ 1,000,000	\$ 2,211,907	\$ —	\$ 9,385,683	\$ 8,453,287	\$ 18,669,206	\$ 36,508,176	\$ 36,312,788	\$ 36,312,788

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
		(recast - note 3)
Cash provided by (used in):		
Operating:		
Excess of revenue over expenses	\$ 195,388	\$ 656,012
Items not involving cash:		
Amortization	1,030,555	823,136
Amortization of bond premium	2,313	(76,880)
Loss on disposal of capital assets	—	228,142
Change in accrued interest included in investments	(120,618)	(185,370)
	<u>1,107,638</u>	<u>1,445,040</u>
Change in non-cash operating working capital:		
Accounts receivable	(1,103,676)	(1,950,385)
Prepaid expenses	(124,170)	161,361
Accounts payable and accrued liabilities	2,106,021	(5,834,441)
Prepaid membership dues	809,613	(156,728)
Group life premiums accounts	(23,992)	(30,692)
Group insurance accounts	(44,639)	216,951
	<u>2,726,795</u>	<u>(6,148,894)</u>
Investments:		
Purchase of investments	(2,069,090)	(2,262,427)
Proceeds from sale of investments	1,763,094	5,635,379
Purchase of capital assets	(788,093)	(5,182,304)
	<u>(1,094,089)</u>	<u>(1,809,352)</u>
Financing:		
Increase (decrease) in deferred contributions	13,682	(342,512)
	<u>1,646,388</u>	<u>(8,300,758)</u>
Increase (decrease) in cash	1,646,388	(8,300,758)
Cash, beginning of year	8,929,708	17,230,466
Cash, end of year	<u>\$ 10,576,096</u>	<u>\$ 8,929,708</u>

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended December 31, 2017

The British Columbia Medical Association (Canadian Medical Association - B.C. Division) (dba Doctors of BC) ("Doctors of BC") is a member-funded not-for-profit organization incorporated as a corporation without share capital under the Societies Act (British Columbia). Doctors of BC promotes a social, economic and political climate in which its members may provide the highest standard of healthcare services. Doctors of BC assists all physicians practicing in the Province of British Columbia (the "Province") by negotiating fee schedules and benefits on behalf of those physicians who practice medicine on a fee-for-service, sessional basis or other alternative methods of payment. Doctors of BC is exempt from income taxes.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada Handbook - Accounting.

(a) Revenue recognition:

Doctors of BC follows the deferral method of accounting for contributions.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

Membership with Doctors of BC is voluntary and therefore membership dues are recorded when received. Revenue from membership dues is recognized when services are provided. Amounts collected relating to subsequent periods are recorded as prepaid membership dues on the statement of financial position. Investment income is recognized as revenue when earned. Revenue from insurance administration fees, management fees, and building rents is recognized when the services are provided.

(b) Short-term investments and investments:

In accordance with Doctors of BC's investment policy, investments and short-term investments consist of corporate and government bonds, and money market funds.

Short-term investments are classified as such when they mature within one year of the balance sheet date.

(c) Capital assets:

Capital assets are recorded at cost. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to Doctors of BC's ability to provide services, its carrying amount is written down to its residual value. Capital assets are amortized on a straight-line basis over the assets' estimated useful lives as follows:

	Years
Building	30
Building improvements	4 to 15
Furniture and fixtures	10
Computer equipment	3
Office equipment	5

Notes to Financial Statements (continued)

Year ended December 31, 2017

(d) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year.

Significant items subject to such estimates and assumptions include the determination of useful lives for amortization of capital assets, carrying amount of capital assets, and provisions for contingencies. Actual results could differ from those estimates.

(e) Pension plans:

Effective January 1, 2017, Doctors of BC and its employees contribute to the Public Service Pension Plan (“PSPP”). PSPP is a multi-employer contributory defined benefit pension plan. Contributions to the PSPP are expensed as incurred.

(f) Financial instruments:

Doctors of BC’s financial instruments include cash, accounts receivable, short-term investments, investments, and accounts payable and accrued liabilities. Short-term investments and investments are solely comprised of bonds and money market funds.

Financial instruments are recorded at fair value on initial recognition and, other than investments in equity instruments that are quoted in an active market, are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. Doctors of BC has not elected to carry any such financial instruments at fair value. Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment.

2. Internally restricted net assets:

Doctors of BC has set up internally restricted funds which are approved by the board of directors to support the following activities:

- (a) **Student bursary fund** ensures that there will be adequate funding for the medical student bursary program.
- (b) **Staff reward and recognition fund** is established to reward and recognize employee contributions to Doctors of BC.
- (c) **Professional development fund** is designed to provide staff and officers with financial support when attaining graduate or post-graduate degrees.
- (d) **Medical care fund** is established to enhance the ability of physicians to provide quality medical care. These funds enable Doctors of BC to campaign for the economic rights of all physicians in the Province of British Columbia (the “Province”).
- (e) **Negotiations stabilization fund** is utilized to offset the budgeting fluctuations for negotiations as the expenditures can vary significantly from year to year.
- (f) **Capital asset replacement fund** is set aside to fund additions to capital assets.
- (g) **Indemnification fund** was established to reimburse certain physicians’ time and expenses for participating in Doctors of BC’s legal proceedings. The indemnification fund was closed by the Board of Directors in 2017 as per below.

The board of directors restricts the use of funds for operations by way of a resolution whereby only funds in excess of the internally restricted fund balances are available for the general operations of Doctors of BC. The internally restricted amounts may be used for special projects with the approval of the board of directors.

Notes to Financial Statements (continued)

Year ended December 31, 2017

2. Internally restricted net assets (cont'd):

During the year ended December 31, 2017, the board of directors internally restricted a total of \$3,000,000 (2016 - \$1,000,000) of its unrestricted net assets to the capital asset replacement fund and closed the indemnification fund of \$8,262. Internally restricted amounts are not available for other purposes without approval by the board of directors.

3. Recast of prior period comparatives:

During the year ended December 31, 2017, Doctors of BC determined that an immaterial adjustment was required to correct its comparative figures. Management has determined that the accounts receivable from related parties and accounts payable should be adjusted to reflect sales taxes owed. Management has corrected this immaterial error on a retroactive basis by recasting the comparative balances. As at December 31, 2016, accounts payable and accrued liabilities increased by \$1,935,640 and accounts receivable increased by \$1,935,640, with no impact on total net assets and on excess of revenue over expenses.

4. Accounts receivable:

As at December 31, 2017, accounts receivable includes allowance for doubtful accounts of \$971 (2016 - \$3,430), amounts due from BCMA Agencies Limited of \$108,836 (2016 - \$68,787) (note 6) and amounts due from related parties of \$3,762,777 (2016 - \$2,660,989) (note 13).

5. Short-term investments and investments:

Short-term investments and investments are comprised of bonds valued at amortized cost with maturity as follows:

	Greater than 1 year	Less than 1 year	2017	2016
Bonds	\$ 20,317,446	\$ 3,251,066	\$ 23,568,512	\$ 23,144,211

The bonds mature between 2018 and 2022 (2016 - between 2017 and 2021).

6. Investment in BCMA Agencies Limited:

Doctors of BC owns 100% of the share capital of BCMA Agencies Limited ("Agencies"), and has accounted for its investment using the equity method.

As at December 31, 2017, Agencies had assets of \$108,887 (2016 - \$68,838), liabilities of \$108,836 (2016 - \$68,787) and retained earnings of \$51 (2016 - \$51). For the year ended December 31, 2017, Agencies earned revenue of \$565,536 (2016 - \$337,011) and had expenses of \$565,536 (2016 - \$337,011), with cash provided by operations of \$40,049 (2016 - cash used in operations of \$322,127).

As at December 31, 2017, amounts receivable from Agencies of \$108,836 (2016 - \$68,787) is recorded in accounts receivable (note 4). For the year ended December 31, 2017, included in investment and miscellaneous income is Doctors of BC's share of Agencies' income of nil (2016 - nil).

Notes to Financial Statements (continued)

Year ended December 31, 2017

7. Capital assets:

			2017	2016
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 1,000,000	\$ —	\$ 1,000,000	\$ 1,000,000
Building and building improvements	13,796,458	8,199,531	5,596,927	6,262,129
Furniture and fixtures	1,658,459	492,196	1,166,263	1,285,860
Computer equipment	2,432,355	1,758,127	674,228	147,760
Office equipment	61,296	56,505	4,791	—
Work-in-progress	11,078	—	11,078	—
	\$ 18,959,646	\$ 10,506,359	\$ 8,453,287	\$ 8,695,749

8. Designated holding accounts:

Doctors of BC holds funds in cash that are designated for specific contracts that Doctors of BC administers. The activities of these accounts are not reflected on Doctors of BC's financial statements. The balance of these designated holding accounts is as follows:

	2017	2016
Benefit funds held in reserve	\$ 364,167	\$ 463,817
Other holding accounts	238,015	606,419
	\$ 602,182	\$ 1,070,236

9. Group life premiums and group insurance accounts:

Group life premiums account is comprised of amounts held for member insurance premium fluctuations.

Group insurance account is comprised of amounts collected from members and payable to third party insurance providers at predetermined terms.

10. Deferred contributions:

Deferred contributions represent unspent externally restricted contributions received by Doctors of BC for use on specific purposes. Changes in deferred contributions are as follows:

	2017	2016
Balance, beginning of year	\$ 632,175	\$ 974,687
Add net amount transferred in during the year	841,691	484,893
Less amount recognized as revenue in the year	(828,009)	(827,405)
Balance, end of year	\$ 645,857	\$ 632,175

Notes to Financial Statements (continued)

Year ended December 31, 2017

10. Deferred contributions (cont'd):

These deferred contributions consist of funds restricted for the following purposes:

	2017	2016
Government funded committees	\$ 229,103	\$ 229,103
General practice services committee	90,255	176,900
Protocol steering committee	227,235	89,262
Shared care and scope of practice committee	49,519	75,821
Specialist services committee	49,745	48,384
Lab reform committee	—	12,705
	\$ 645,857	\$ 632,175

11. British Columbia Public Service Pension Plan:

Doctors of BC and its employees contribute to the Public Service Pension Plan (a jointly trusted pension plan). The Public Service Pension Board of Trustees, representing plan members and employers, is responsible for administering the plan, including investment of assets and administration of benefits. The plan is a multi-employer defined benefit pension plan. Basic pension benefits are based on a formula. As at March 31, 2017, the plan has about 57,000 active members and approximately 46,000 retired members.

The latest actuarial valuation as at March 31, 2017, indicated a funding surplus of \$1,896 million for basic pension benefits. The next valuation will be March 31, 2020.

Employers participating in the plan record their pension expense as the amount of employer contributions made during the fiscal year (defined contribution pension plan accounting). This is because the plan records accrued liabilities and accrued assets for the plan in aggregate, resulting in no consistent and reliable basis for allocating the obligation, assets and cost to individual employers participating in the plan.

Doctors of BC paid approximately \$1,300,000 for employer contributions to the plan during the year-ended December 31, 2017.

12. Commitments:

Doctors of BC has committed to equipment leases until 2020. The minimum annual lease payments are as follows:

2018	\$ 19,712
2019	12,686
2020	559
	\$ 32,957

13. Related party transactions:

Doctors of BC has balances due from programs that are funded by the Province and for which Doctors of BC exercises significant influence. Each of these programs is controlled by a committee, on which there is equal representation between representatives of the Province and members of Doctors of BC, as governed by the Physician Master Agreement. Doctors of BC exercises significant influence over these programs by virtue of its equal representation on these committees. The purposes of the programs are to improve delivery of health services and patient health outcomes and/or provide services to doctors as described in the Physician Master Agreement. The activities of these programs are not reflected in the operations of Doctors of BC.

Notes to Financial Statements (continued)

Year ended December 31, 2017

13. Related party transactions (cont'd):

The balances due from related parties included in accounts receivable are as follows:

	2017	2016
		(recast - note 3)
GPSC Collaboratives Program	\$ 2,091,226	\$ 1,549,623
Physician Health Program	246,107	171,147
Shared Care Programs	574,191	448,168
Specialist Services Programs	851,253	492,051
	<u>\$ 3,762,777</u>	<u>\$ 2,660,989</u>

During the year, Doctors of BC also collected \$902,000 (2016 - \$972,000) from these programs for administrative services provided.

14. Committee costs:

For the year ended December 31, 2017, committee costs includes honoraria paid to directors of \$233,688 (2016 - \$407,236).

15. Financial risks:

Doctors of BC manages its investment portfolio to earn investment income and invests according to a policy approved by the board of directors. Doctors of BC is not involved in any hedging relationships through its operations and does not hold or use any derivative financial instruments for trading purposes.

Doctors of BC believes that it is not exposed to significant interest-rate, market, credit or cash flow risks arising from its financial instruments.

Additionally, Doctors of BC believes it is not exposed to significant liquidity risk as all investments are held in instruments that are highly liquid and can be disposed of to settle commitments.

ANNUAL REPORTS OF THE COUNCIL ON HEALTH PROMOTION

COUNCIL ON HEALTH PROMOTION

Drs I. Gillespie, Chair; K. Cadenhead, Nutrition; R. Gallagher, Geriatrics and Palliative Care; T. Gerschman, Athletics and Recreation; L. Oppel, Environmental Health; C. Rumball, Emergency and Public Safety; Drs C. Dy, M. Flanagan, J. Kancir, C. Maheswaran, H. Swinkels, S. Sze; Ms S. Garrett (invited guest). Staff: Ms M. Adair, Ms K. Bowers, Mr J. Harink, Ms B. Hodgson, Ms S. Shore, Ms H. Thi, Ms D. Viccars, Mr J. Wong.

With a focus on community health, health promotion, and quality of health care, the Council on Health Promotion (COHP) plays a large role in our association through its subcommittees, advocacy work, policy papers, and public campaigns.

We continue to align our work with the Doctors of BC's strategic plan by advocating for health promotion in a manner that influences positive change in population health. We received 10 excellent project proposals last year and refined methods to review and select our main recommendation to the Board. Succession planning and good role modeling are part of our work, too. Here is an update on COHP's 2017-18 key activities:

Activity 1: Policy paper on health emergency management. The Working Group for this policy development is chaired by Dr Chris Rumball. The policy paper will explore how to support physicians in all aspects of emergency management, focusing on activities related to planning and preparedness, response, and recovery. During the development of the paper, we reached out to physicians who were directly affected by the summer wildfires to understand their experiences. Additionally, we have engaged with numerous stakeholders in health emergency management to inform the development of the paper.

We are excited about the enthusiasm that various government representatives and other agencies have expressed in this project. The paper will feature specific recommendations to improve health emergency management in BC and commitments to help better prepare physicians responding to disasters.

Activity 2: Resolutions for Board approval. We submitted resolutions that the BC Caucus took to the Canadian Medical Association's General Council meeting last August. These included a resolution related to supporting the inclusion of physical activity history in the vital sign section of EMR systems that will help support health care providers to counsel patients when appropriate during routine medical visits and promote healthy living.

Activity 3: Oversight and facilitation of subcommittee health promotion initiatives. We oversee five subcommittees whose work continues to focus on advocacy, member and community engagement, and information sharing. The details of the work of the five subcommittees are summarized by their chairs throughout this annual report.

Thank you to all for supporting COHP's work.

—Ian Gillespie, MD
Chair

ATHLETICS AND RECREATION COMMITTEE

Drs T. Gerschman, Chair; J. Crookham; J. Krupa; S. Larigakis; R. Remick; K. Solmundson; J. Taunton; Mr R. Joncas (SportMedBC). Staff: Ms M. Adair, Ms K. Bowers, Mr J. Harink, Mr P. Higgins, Ms B. Hodgson, Ms S. Shore, Ms H. Thi, Ms D. Viccars.

The mandate of the Athletics and Recreation Committee is to promote active living by supporting initiatives to increase physical activity and prevent sport-related injury.

The committee supports the two main Doctors of BC programs that help to encourage physical activity: Be Active Every Day and Walk With Your Doc. Both are opportunities for physicians across BC to engage with their communities. In the fall of 2017, 56 doctors went to 40 schools across BC to speak with over 5800 school children about the importance of keeping active. The Be Active Every Day program targets children aged 5 to 11 years with a challenge to get 1 hour of exercise every day for the month of October. The children were particularly enthusiastic about the 2017 superhero theme. The Walk With Your Doc program took place 5-13 May 2018 and was another successful event that was partnered with the Physiotherapy Association of BC. All across the province, patients had an opportunity to get out and participate.

The committee also published topical articles in the *BC Medical Journal* about updates on concussion education (September 2017) and medical training for physicians about prescribing exercise to patients (April 2018). In regard to concussions, the committee is exploring the possible impact of the Canadian National Concussion Guidelines on practising physicians, which recommend that a physician document diagnosis and clearance of any concussed athlete prior to the athlete's return to sport. As awareness of concussions continues to increase, we want to ensure that BC

physicians are adequately prepared to meet these guidelines. We discussed the importance of supporting physicians to learn the latest guidelines and approach to concussions (CATT online).

The past year has also seen our committee advocate for the inclusion of physical activity history into our electronic medical records (EMRs). There is strong evidence to support improved patient outcomes if questions about physical activity are included in the vitals section of EMRs, and physicians are being educated on methods to briefly ask about physical activity and exercise on a regular basis. Doctors of BC brought forward a motion reflecting this goal at the 2017 Canadian Medical Association General Council meeting and was successful in having it adopted there. The Athletics and Recreation Committee hopes that with continued advocacy this motion can also be adopted in BC so that physicians will have a tool and a reminder about the importance of physical activity to the health of their patients.

—Tommy Gerschman, MD
Chair

EMERGENCY AND PUBLIC SAFETY COMMITTEE

Drs C. Rumball, Chair; J. Brubacher, G. Dodd, J. Ghuman, M. Murti, R. Purssell, P. Yoon; Mr S. Macleod (Superintendent of Motor Vehicles). Staff: Ms K. Bowers, Mr J. Harink, Ms B. Hodgson, Ms H. Thi, Ms D. Viccars, Mr J. Wong.

Over the past year, the Emergency and Public Safety Committee (EPSC) has been active in fulfilling its mandate to advise the Doctors of BC on public health issues pertaining to injury prevention, road safety, and disaster preparedness. Feedback on additional issues of public safety has also been provided when requested by Doctors of BC.

Disaster preparedness, employing the all-hazards approach, has also played a prominent role in the committee's activities. This initiative began in 2016 and was given greater relevance by the provincial wildfire situation last summer. The committee strongly endorses the need for improved physician participation in disaster planning at all levels and an enhanced role for primary care physicians and clinics, focusing first on personal, family, and staff preparedness, and on business continuity planning. Additionally, the committee has explored the issue of sustaining the availability of health care for existing patients, taking into account the significant psychosocial and health care access realities of disaster incidents.

Representing the Doctors of BC, the EPSC has continued to liaise with RoadSafetyBC, the BC Injury Prevention Alliance, and the Driver Fitness Advisory Group, and works directly with the Office of the Superintendent of Motor Vehicles on matters of road safety. Issues of particular emphasis in the past year have been the safety of vulnerable road users, the reporting of medically unfit drivers, distracted driving, impaired driving (whether by drugs, alcohol, or both) with special attention being paid to the potential impact of the legalization of recreational cannabis in the summer of 2018.

In the past year, committee members have published two articles in the *BC Medical Journal*: "Pediatric presentation and risks from consuming cannabis edibles" (October 2017) and "Medical conditions and driving: Changes from RoadSafetyBC" (March 2018).

—Chris Rumball, MD
Chair

ENVIRONMENTAL HEALTH COMMITTEE

Dr L. Oppel, Chair; Ms S. Babovic, Drs R. Copes, A. Crabtree, J. Lu, C. Maheswaran, M. Murti, E. Young. Staff: Ms M. Adair, Ms K. Bowers, Mr J. Harink, Ms B. Hodgson, Ms S. Shore, Ms H. Thi, Ms D. Viccars.

The Environmental Health Committee (EHC) advises Doctors of BC on matters related to human health and the environment. In addition, the EHC develops expertise within the medical profession on the impact of the environment on health.

Over the last year the EHC focused on:

- Monitoring evidence on topics such as ambient noise and urban wood smoke regulations.
- Monitoring the issue of environmental contamination from active and inactive mines.
- Writing two articles for the *BC Medical Journal*: "Responding to climate change in BC: What can physicians do?" (May 2017) and "Promoting active commuting in BC" (November 2017).
Upcoming topics for the committee include:
- Identifying and addressing the clinical effects of climate change.
- Establishing a stronger partnership with the BC Centre for Disease Control.
- Investigating the quality of drinking water on First Nations territories.

—Lloyd Oppel, MD
Chair

GERIATRICS AND PALLIATIVE CARE COMMITTEE

Drs R. Gallagher, Chair; M. Chung, R. Jones, D. May, L. McCoy, H. Rubensohn, J. Slater, Ms J. Trimble. Staff: Ms M. Adair, Ms K. Bowers, Mr J. Harink, Ms B. Hodgson, Ms S. Shore, Ms H. Thi, Ms D. Viccars.

This past year our committee supported several issues that could impact patients requiring geriatric or palliative care services, including the management of chronic noncancer pain with opioids. We were able to give input into the Doctors of BC chronic pain policy statement and supported its call for a pain strategy for British Columbia.

We crafted a few resolutions for the CMA General Council, one of which was eventually submitted and passed. It reads, “The Canadian Medical Association supports increased approval and funding of pharmacologic options for the management of chronic pain in older adults.”

Very few medications that could provide improved pain management with fewer side effects in older adults have been approved in BC, and these include opioid formulations that would fit the altered pharmacokinetics associated with aging and organ failure.

We met with UBC’s Active Aging Research Team to hear about their program to improve seniors physical and mental health through a free and flexible program that provides older adults with the motivation and support to become more active. Our committee linked them with the BC Hospice Palliative Care Association. This has resulted in urging hospice societies to become “choose to move” sites and link their grief support groups to this service.

Our articles appearing in the *BC Medical Journal* this year were, “Choosing wisely for frail older adults” (July/August 2017), and “Technology in seniors care” (Jan/Feb 2018).

—Romaine Gallagher, MD
Chair

NUTRITION COMMITTEE

Drs K. Cadenhead, Chair; I. Hale, M. Hinchcliffe, R. McCallum, M. Sweeny; Dr T. Mihalynuk (HealthLink BC), Ms V. Perrodou (PHSA), Ms M. Yandel (Ministry of Health). Staff: Ms M. Adair, Ms K. Bowers, Mr J. Harink, Ms S. Shore, Ms H. Thi, Ms D. Viccars.

The Nutrition Committee’s mandate is to advise Doctors of BC on the public health issues pertaining to nutrition, using scientific, evidence-based research, and to advocate for disease prevention and improved nutrition and health for the population of BC. The committee works on projects and policies to help support physicians providing nutrition counseling to patients in collaboration with the Ministry of Health, the Provincial Health Services Authority, and HealthLink BC.

Registered dietitians are key partners in ensuring patients have access to evidence-based advice on nutrition. As such, the committee has worked closely with registered dietitians to improve patient access to their services, particularly within the context of primary care networks and on nutritional supplements programs.

In the last year, the Nutrition Committee has monitored the ongoing consultation process to update the Canada Food Guide. The committee has also continued to support prevention programs for childhood obesity such as Shapedown, MEND, and the 5-2-1-0 healthy lifestyle message.

The committee drafted two articles for the *BC Medical Journal* focused on providing physicians with evidence-based advice on topical nutrition issues: one on the prevalence of food insecurity in BC and strategies for physicians to address it (June 2017) and one that highlighted the key elements of the new Pediatric Nutrition Guidelines (December 2017).

—Kathleen Cadenhead, MD
Chair

With a focus on community health, health promotion, and quality of health care, the Council on Health Promotion (COHP) plays a large role in our association through its subcommittees, advocacy work, policy papers, and public campaigns.

ANNUAL REPORTS OF DOCTORS OF BC COMMITTEES AND COUNCILS

ALLOCATION COMMITTEE

Drs S. Khandelwal, Co-Chair; M. Hill, D. Schaeffer.
Staff: Ms D. Mayhew, Ms T. Obradovic.

The Allocation Committee was formed in late 2015 as part of the Physician Master Agreement (PMA), and 2017-2018 is its third and possibly final year. This committee is replicating the work of the Alternate Payment Committee and is tasked with allocating new money for alternate payment physicians (APPs), who are primarily service and/or salaried physicians mostly working in health authorities through the entire province and represent approximately 1840 FTEs (full-time equivalents).

The primary mandate of the committee was to adjust the salary agreement ranges and the service contract ranges by allocating the funding identified in Sections 1.3(b), 1.4(c), and 1.5(b) of Appendix F to the 2014 PMA.

The PMA mandates \$11 million in funding this fiscal year to be awarded to the APP doctors, and our primary mandate is to review issues of equity and recruitment and retention.

The committee initially asked for submissions from all APP doctors concerning the mandate. We then met with the internal Alternate Payments Physicians Issues Committee (APPIC) in November 2017 before meeting with the government.

The physician members and Doctors of BC staff had multiple meetings prior to meeting with government, and over 400 pages of submissions and materials were reviewed by the committee prior to our first meeting with the government.

At the time of writing this report, we are continuing to work toward a consensus decision that will allocate the entire money assigned for the fiscal year for all APP service and salary physicians. A final decision must be rendered by 31 March 2018 or all \$11 million of new funding will be equally allocated to each FTE physician in BC who is eligible. The committee has not yet come to a final allocation agreement with the Ministry of Health and health authorities on the 2017-2018 allocation of funds.

This committee is notable for its strategic direction. We hope to engage with the Ministry of Health and with our physician colleagues to bring about better health outcomes for all residents of British Columbia.

It has been a privilege to work with the members and staff of this committee on behalf of the members of Doctors of BC. On a personal note, I would like to acknowledge and thank Drs Schaeffer and Hill for their tireless work and time on the committee. Special thanks

to Mr Ben Brzezynski who initially led our team and was very ably followed by Ms Deanna Mayhew.

—Sanjay Khandelwal, MD
Co-Chair

ALLOCATION SUPPORT COMMITTEE

Drs D. Brabyn, Chair; Y. Bawa, C. Bellamy, R. Jones, S. Plausinis

The Allocation Support Committee (ASC) was established by the Doctors of BC Board in 2010 to provide ongoing support to the allocation process. The ASC's terms of reference include a responsibility to determine an appropriate full-time equivalent (FTE) model required for Stage 1, as well as to provide data for Stage 2 of the allocation process to the Sectional Allocation Forum. There were no meetings required in the past year, and the ASC is waiting for work from the upcoming negotiations.

Dr Derek Plausinis was appointed to the ASC as a replacement for Dr Slobodan Djurickovic whose term on the committee had expired. I appreciated the valuable input and contributions from Dr Djurickovic over his term on the committee.

Once again, I would like to thank the other committee members for their diligence and useful input, and Doctors of BC staff for helping guide the committee and providing all the necessary data and calculations.

—David Brabyn, MB ChB
Chair

ALTERNATIVE PAYMENT PHYSICIAN ISSUES COMMITTEE

Drs R. Tukker, Chair; J. Card, J. Down, S. Fedder, D. Petrik, P. Tonseth, D. Wilton. Staff: Mr T. MacPherson, Ms D. Mayhew, Ms T. Obradovic.

There were three in-person meetings and one teleconference conducted by the Alternative Payment Physician Issues Committee (APPIC) over the past year: May, September, November, and January.

At each meeting, we have a roundtable process where each of the committee members has an opportunity to share with the group issues of significance to AP physicians that they have had contact with or represent. This process has been very effective in keeping all committee members informed on a broad range of issues facing the AP physicians we represent. This process

stimulates group discussion, which leads to ideas on how to assist AP physicians deal with various issues.

In addition to the regular activities of APPIC, advising and providing direction and input into alternative payment issues, the committee assisted on a few other important initiatives.

APPIC spent a great deal of time this past year assisting the Allocation Committee with the allocation process. We reviewed the applications and provided input to the Allocation Committee to help them allocate the funds to increase payment ranges for AP physicians.

APPIC also prepared a submission on behalf of AP physicians with input on important proposals to be considered in the upcoming PMA negotiations.

Finally, Dr Douglas McGregor stepped down from APPIC. The committee would like to acknowledge the work of Dr McGregor who has served on the committee for many years. Thank you for your hard work and efforts representing the interests of all AP physicians. Also, APPIC was fortunate to welcome a new member to the committee this year, Dr David Petrik, who we look forward to working with.

—Roderick Tukker, MD
Chair

AUDIT AND FINANCE COMMITTEE

Drs M. Curry, Chair; E. Cadesky, M. Corbett, S. Khandelwal, E. Leduc, L. Oppel, Mr M. Hartwick. Staff: Ms J. Turgeon, Mr A. Seckel, Ms S. Vergis.

Doctors of BC continues to maintain a strong, secure financial position, and a detailed report of the association's finances will be presented at the AGM.

The committee met twice during the year and fulfilled its duties and responsibilities by:

- Reviewing and recommending approval of the budget to the Board of Directors.
- Reviewing the monthly financial reports and monitoring the expenditures of various committees and projects to ensure they are within budget.
- Supervising the Doctors of BC's annual audit conducted by KPMG LLP. The committee normally meets twice a year with the auditors, first to review and approve the audit planning document, then to receive the audited financial statements, review recommendations from the auditors, and discuss any changes to accounting practices that may affect Doctors of BC.

- Reviewing and recommending approval of the Doctors of BC annual financial statements and report to the Board of Directors.
- Recommending the annual membership dues to the AGM.
- Overseeing adequate reserves to cover contingencies and provide for capital and long-term projects, and creating policy to administer reserve funds.
- Overseeing policies and ensuring governance is in place for the financial management of all funding, ensuring the funds are segregated and accounted for in compliance with financial best practices, and providing a framework for administration of the programs.
- Overseeing compliance with government regulations.

I would like to extend my thanks and appreciation to the committee members for their energy, insight, and time, and to the staff of Doctors of BC for their excellent work and support.

—Michael Curry, MD
Chair

AWARDS COMMITTEE

Drs K. Paton, Chair; D. Etches, K. McKeen.

The Awards Committee enjoys the gratifying and humbling task of identifying and recommending individuals and programs in the medical community and in the community at large for recognition of their endeavors in a variety of arenas: local, provincial, and national; medical innovation and excellence, volunteerism, philanthropy and leadership; general and specific; early, mid, and late career.

These awards provide an excellent opportunity to showcase hardworking doctors and their efforts to the public, the media, the health authorities, and the government.

These awards are:

- CMA Honorary Membership Award (10 being presented this year)
- Doctors of BC Silver Medal of Service
- Don Rix Award for Physician Leadership
- Changemaker Award

This year, the committee is also responsible for selecting the prestigious Bachop Gold and Silver Awards recognizing a senior physician and a graduating family practice resident whose career embodies the principles and qualities of Dr David Bachop, president of the BCMA in 1972 and servant of patients and organized medicine.

The Awards Committee serves the Doctors of BC's strategic objectives by promoting the visibility of professional excellence and innovation, and celebrating achievement in the public eye and within the profession. It engages the membership in the recognition of colleagues and mentors, and clearly from the response of awardees it provides satisfaction in being recognized by their peers. The committee also provides an important catalogue of the energy, drive, and creativity of dedicated individuals in their efforts to improve health and health care delivery and serve the public. It builds bridges between our history and our future. We can and must use this opportunity to demonstrate and celebrate what effects dedicated individuals produce.

The committee's ongoing challenge is garnering submissions for consideration of awards. We are renovating processes with online applications and support for gathering the required documentation for members to nominate individuals. We continue using the network of previous awardees, enhance widespread calls for nominations, and plan to engage the far-reaching connections of the Representative Assembly as their work settles into a manageable pattern.

In order to be prudent with the budget yet encourage participation from areas beyond the Lower Mainland, in 2017-18 the committee met both by teleconference and in person, and conducted business in between by email and telephone. We employ updated electronic technology to share documents and spare trees. New medals were struck, and a new recognition of potential midcareer leaders honoring a deceased dedicated member continues with slow progress.

The committee is delighted to serve Doctors of BC and its mandate and members, and we are eager to hear from members who would like to honor colleagues and participate on this worthwhile and convivial committee.

We thank the delightful Aria Gray for her professional service and attentiveness, and Lorie Welsh for her assistance.

—Katherine E. Paton, MD, FRCSC
Chair

BC MEDICAL JOURNAL

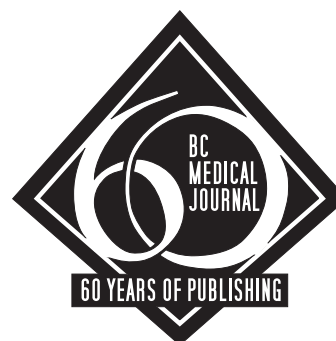
Drs D. Richardson, Editor: J.K. Chahal, D.B. Chapman, A.I. Clarke (to December 2017), B. Day, D.J. Esler (as of May 2018), T.C. Rowe, Y. Sin (as of January 2018), C. Verchere, W.R. Vroom (to April 2018)

It seems premature to craft another yearly report as I am sure I went through this process only 365 days ago.

In 2017 we said goodbye to another valuable board member as Dr Anne Clarke left to pursue new challenges in New Zealand. She will be tremendously missed as she added a unique and intelligent voice to all editorial meeting discussions. Her replacement, Dr Yvonne Sin, will be completing her family practice residency this year. She brings a much-needed younger and vibrant perspective to the *Journal* team, and we look forward to her many future contributions.

The *BCMJ* has reached another impressive milestone as we enter our 60th year of publication, and in celebration we plan to sprinkle this year's editions with little reminders of this accomplishment. The Editorial Board still consists of seven members as it did in 1959. In addition, despite our circulation increasing from approximately 2500 to over 14 000, only one staff member has been added. Also, the cost per issue to members has only increased from around \$2.00 to \$2.45.

All of the *BCMJ*'s Editorial Board members bring a special perspective to the publication and I appreciate every one of them. I thank them for their hard work and dedication and for making the meetings a highlight each and every month. I would also like to thank the *Journal* staff for the day-to-day running of our publication. Without their contributions the *BCMJ* would cease to exist. Mr Jay Draper, managing editor, keeps everyone in line (especially the editor) with his gentle leadership. Ms Kashmiri Suraliwalla, senior editorial and production coordinator, is the glue that keeps our ship from leaking. Ms Joanne Jablkowski, associate editor, keeps us afloat by doing the lion's share of the editing, as well the invaluable online and social media work. And speaking of



online, we are about to launch an all-new bcmj.org into the world on 1 June 2018.

The *British Columbia Medical Journal* remains a unique publication written by and for the physicians of BC. Rest assured your Editorial Board and staff will continue to work diligently to maintain the *Journal* to its expected high standard and to sustain it as a publication we can all be proud of. Please do your part to ensure its continued excellence by sending in your research, opinions, letters, and comments. Here's to the next 60 years and beyond.

—David R. Richardson, MD
Editor

CLINICAL FACULTY WORKING GROUP

Drs K. Blouw, S. Tulsiani, D. Wensley. UBC: Ms D. Dreffs, Ms S. Jordan Gaetz, Dr G. Parhar, Ms S. Paul. Staff: Ms D. Mayhew, Ms T. Obradovic.

The Clinical Faculty Working Group (CFWG) is a joint committee of UBC Faculty of Medicine and the Doctors of BC that was convened in 2011. The CFWG consists of three UBC faculty administrators and three Doctors of BC representatives. Their responsibilities are to consult on compensation and other issues affecting clinical faculty, and to make recommendations to the Dean of Medicine.

In January 2017, Doctors of BC conducted a large-scale survey of physician clinical faculty members, which had over 1000 responses. The results provided insights on clinical faculty views on teaching and, consistent with results of the 2015 survey, showed that members were frustrated with the level of compensation for clinical teaching.

The CFWG met three times in early 2017 to discuss the survey results and develop recommendations. In June 2017, the CFWG issued joint recommendations to the Dean of Medicine on several issues affecting clinical faculty, including the difficulty of balancing teaching with increasing clinical workloads, the recognition of clinical faculty, and the need to gather further data through the Teaching Tracking Payments System to support exploration of a new compensation model in 2018. In addition, the Doctors of BC members of the CFWG issued a separate recommendation on compensation for clinical teaching.

The dean substantively agreed to all joint recommendations. Further, in response to the separate Doctors of BC recommendation, the dean acknowledged that

the funding envelope for clinical faculty payments has been static for nearly a decade and advised he will raise this matter in discussions with involved ministries. The CFWG met in April to discuss the status of the recommendations and the next consultation process.

The CFWG would like to acknowledge the work of two long-serving members who stepped down: Drs David Houghton and Luay Dindo served as Doctors of BC representatives for several years, and their dedication and hard work representing clinical faculty is greatly appreciated. The CFWG would like to also acknowledge Mr Paul Straszak for his efforts and support.

—Suresh Tulsiani, MD
Doctors of BC representative

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) NUCLEUS COMMITTEE

Drs I. Schokking, Chair; B. Hobson, N. Mallek (procedural specialist), T. Morton, C. Newton, C. Northcott (specialist). Ex officio: Drs B. Lynn (UBC CPD); S. Johnston (RCCbc). Staff: Dr S.P. Bugis, Mr R. Hulyk, Ms G. Lynch-Staunton.

The CPD Nucleus Committee continues to play a unique role facilitating the coordination and networking among the many Doctors of BC initiatives including Divisions of Family Practice, medical staff associations, efforts to steer revalidation toward CQI (rather than CQA), etc. This year we plan to be even more purposeful in answering the following questions:

1. What do we individually need to fulfill our CPD objectives?
2. What do our communities need to fulfill our CPD objectives?
3. What role should Doctors of BC play in advocating for the above?
4. What resource, course, or product could we try out in rural areas this year?
5. What does our 5-year plan look like to augment CPD resources?

Election of Officers

Both Drs Hobson and Newton will continue on the committee for a second term ending in 2020. The surgical specialist representative position was filled by ophthalmologist Dr Noa Mallek after the Nominations Committee decided between two good candidates.

Annual General Meeting

There were six motions from our 2017 AGM.

Motion 1

That the Doctors of BC continue to fund representation at the CPD committee AGM from each community and add funding for representation from specialist section leaders, locums, students, and residents in addition to the Divisions of Family Practice, medical staff associations, medical educators, and faculty development leads as requested in 2016.

Moved/Seconded: Drs Ian Schokking/Shirley Sze

Motion 2

That the JCC explore the feasibility of the Doctors Technology Office to create an electronic repository for CQI learnings, CPD resources, and processes. This would facilitate communication between Divisions of Family Practice and medical staff associations allowing sharing of successes and failures.

Moved/Seconded: Drs Ian Schokking/Shirley Sze

Motion 3

That Doctors of BC support equity in access by creating video capacity for their meeting rooms and continue to support extended travel time to meetings.

Moved/Seconded: Drs Ian Schokking/Ray Markham

Motion 4

That Doctors of BC support the development of a business plan to look at the continued feasibility of a CME calendaring resource based on the learnings from the CPD4Me app.

Moved/Seconded: Drs Ian Schokking/Shirley Sze

Motion 5

That the CPD Committee continue to foster networking to build collaboration among generalists and specialists in rural and urban regions, with focus on CPD activities that address commonalities of quality practice including professionalism, communication, advocacy, and leadership.

Moved/Seconded: Drs Colleen Northcott/Ian Schokking

Motion 6

That multidisciplinary educators (for other health care professions) are welcome to attend the annual CPD Leaders Conference as special invitees but will not be funded.

Moved/Seconded: Drs Shirley Sze/Brenna Lynn

All BC community CPD coordinators are invited to the annual spring AGM. This year we also invited representatives from Divisions of Family Practice and the

medical staff associations. For the 7th year, we have appended a Physician Leadership Institute course, which was sold out with a long wait list, likely to generate approximately \$50,000 revenue.

The agenda of this year's conference, 27–29 April 2018, at the Westin Grand Hotel, Vancouver, included:

- Mentoring + Clinical Coaching for Excellence (Dr Kirstie Overhill)
- TEC4Home Initiative (Dr Kendall Ho) Physician Health Program Community Liaison Projects 2018 (Dr Kathleen McGarvey)
- Easy Credits Show + Tell—Tips for Navigating the CFPC + Royal College Credits Portals + A Review of Accreditable Activities (Ms JoAnna Cassie, Dr Rod McFadyen, Dr Ian Schokking)
- PSP Small Group Learning Modules and Progress in HDC (Drs Bruce Hobson, Shirley Sze)
- Developing a 3-Year CPD Committee Plan—Strategic Planning Session (facilitated by Ms Christine Vandebek)
- 2-Day PLI—Money + Sense: Leadership in the Delivery of Cost-Effective Health Care (Ian McKillop, PhD, FRSPH, Jeffrey Hoch, PhD)

—Ian Schokking, MD
Chair

COUNCIL ON HEALTH ECONOMICS AND POLICY

Drs D. Milliken, Chair; E. Cadesky, E. Chang, T. Gerschman, J. Ghuman, D. Horvat, G. Hutchinson, T. Larsen Soles, T. Monk, L. Oppel, J. Otte, A. Ruddiman, E. Weiss. Medical Undergraduate Society Guest: Ms T. Singh. Resident Doctors of BC Guest: Dr E. Stewart. Staff: Ms M. Adair, Ms K. Bowers, Mr J. Harink, Ms S. Shore, Ms H. Thi, Ms D. Viccars, Ms T. Webb, Mr J. Wong.

The Council on Health Economics and Policy (CHEP) is mandated to assist the Doctors of BC Board on the assessment and creation of policy options relating to the economics, organization, and management of the health care system. Under guidance of the Board, CHEP seeks consensus within the medical profession on key policy issues and assists Doctors of BC in creating a more effective dialogue with all levels of government to ensure the voice of the profession is heard at the federal, provincial, and interprovincial levels.

This past year CHEP addressed many issues relating to physician practice and safety, health care delivery, and health system stewardship, design, and renewal.

In June 2017, CHEP published the policy statement “Promoting Psychological Safety for Physicians,” which promotes psychologically safe workplaces where physicians are encouraged to speak out on issues relating to patient care. Recognizing there are inevitable tensions in the health care environment, this policy commits Doctors of BC to work with the BC Ministry of Health, health authorities, and other stakeholders to implement policies and practices that promote psychological safety for physicians and all health care providers. It also recommends supporting advocacy by physicians, promoting inclusive management practices, enhancing provider experience and quality improvement, and supporting fairness in dispute resolution systems.

In July 2017, CHEP released a policy statement on improving chronic pain management in BC. As one in five adults lives with chronic pain, effective pain management is crucial for improving their quality of life. The policy calls on the Ministry of Health, in collaboration with health authorities and other stakeholders, to develop and implement a provincial chronic pain strategy that supports timely access to multidisciplinary chronic pain services. The strategy should ensure the development of a stepped model of care to address the unique needs of those living with chronic pain and prioritize access to and funding for a continuum of multidisciplinary chronic pain assessment and treatment options in local communities. It should also support professional education on evidence-informed best practices in chronic pain management and the expansion of research capacity and quality improvement measures to support enhanced chronic pain services.

CHEP assists the Board to ensure that Doctors of BC continues to be an authoritative voice on health policy issues and management of health resources. To that end, it constantly scans the environment to stay on top of emerging issues and opportunities. In addition to developing policy on issues pertinent to physicians across the province, CHEP engages in provincial and national policy consultations, including the review of policies developed by the Canadian Medical Association.

I would like to thank all CHEP members for their commitment and contributions over the past year, and staff colleagues for their prompt and professional advice and assistance that has made our tasks much lighter. It has been my pleasure to be the chair for the past year.

—Donald Milliken, MB
Chair

DOCTORS OF BC-WORKSAFEBC LIAISON COMMITTEE

Drs C. Jackson, P. Rothfels, Co-Chairs; C. Dunn, C. Martin, E. Weiss. WorkSafeBC Staff: Ms C. Akizuki, Ms G. Jacobson. Doctors of BC Staff: Ms F. Ferdowsi, Mr R. Hulyk.

With the WorkSafeBC agreements ratified in July 2015, this committee increased its existing role to include midterm addition or modification of WorkSafeBC fee items. This change in scope gives WorkSafeBC and Doctors of BC greater flexibility to review issues and consult with individual physicians and appropriate section groups, and make the necessary changes to fee items. It also allows for greater collaboration between this committee and the Projects and Innovation Committee, and it will provide an opportunity to address challenges on certain fees without the need to wait for the next round of negotiations.

A focus for the committee this year was resolving a number of issues emerging from the agreement related to multiple procedures and amendments to the 40-day expedited emergency surgery and new out-of-office surcharges. Following several discussions with WorkSafeBC and with the support of Doctors of BC staff and negotiators, a resolution was reached. Both physicians and WorkSafeBC are looking to implement these solutions, while recognizing some challenges still exist.

Other issues discussed during 2017 include Form F8/F11 inconsistencies, retro invoice rejections, new WorkSafeBC fees for psychiatry, and severed records for WorkSafeBC. Overall, WorkSafeBC and Doctors of BC continues to work collaboratively at the committee and staff level.

I would like to thank the members of the committee for their assistance. Any Doctors of BC members with concerns about their interactions with WorkSafeBC are invited to contact this committee by emailing Farnaz Ferdowsi at fferdowsi@doctorsofbc.ca.

—Colin Jackson, MD
Co-Chair

DOCTORS OF BC-WORKSAFEBC PROJECTS AND INNOVATION COMMITTEE

Drs T. Goetz, C. Martin, Co-Chairs; I. Connell, C. Dunn, E. Weiss. WorkSafeBC Staff: Ms C. Akizuki, Ms G. Jacobson, Mr P. Whalen. Doctors of BC Staff: Ms F. Ferdowsi, Mr R. Hulyk.

In accordance with the 2015 Doctors of BC-WorkSafeBC agreement, the Projects and Innovations Committee (PIC) was created to identify areas for improving both disability management of injured workers, and quality and efficiency of care for injured workers. PIC develops and implements pilot projects for new care models or refinements of existing models from the external physician community and WorkSafeBC.

PIC provides opportunities for physicians to improve patient care and modernize the delivery of care, with the potential development of new fee codes. It also provides opportunities for WorkSafeBC to develop and evolve care models that improve the clinical and functional outcomes of injured workers and return-to-work rates.

Although several different efforts are being made to solicit ideas and projects from members, the number of proposals coming from members has been low. In the coming year, emphasis will be placed on getting WorkSafeBC to utilize the committee to address inefficiency, obsolescence, and deficiencies.

In 2017, PIC successfully completed a radiology project and is near completion with the restrictions and limitations project. The radiology project includes epidemiology from the LAIDBACK study in MRI reports to improve GP understanding of the report findings, reduce further consultations, and address opioid prescriptions with intervention.

The restrictions and limitations project focuses on testing a new form that helps inform case managers and medical advisors on restrictions, limitations, rehabilitation, planning, and reintegration into the workforce.

PIC has also received and reviewed several proposals that will be underway in mid-2018. New and potential projects include the Form F8/F11 uptake, return to work, muscle reinnervation, X-ray access at the Vancouver Surgical Centre, complex regional pain syndrome, and multisensor robotic limbs.

PIC continues to accept new project proposals on improving outcomes and efficiency of care for WorkSafeBC patients, and improving communications or lowering administrative barriers between doctors and WorkSafeBC. For more information please contact

Farnaz Ferdowsi: fferdowsi@doctorsofbc.ca or 604 638-6059.

—Thomas Goetz, MD
Co-Chair

GENERAL PRACTICE SERVICES COMMITTEE

Dr S. Ross, Mr T. Patterson, Mr D. Hughes, Co-Chairs. Doctors of BC: Drs F. Duncan, M. Fagan, K. Hendry, G. Watson, J. Young. Ministry of Health: Mr M. Armitage, Drs R. Crow, J. Hamilton, Mr R. Jock, Ms S. Ooms. Health Authority Representatives: Ms D. Arsenault, Mr J. Giesbrecht, Ms M. Hawkins, Mr P. Lawrence, Dr S. McDonald, Ms C. Park, Ms V. Salmons. Doctors of BC Staff: Ms D. Bales, Dr J. Clarke, Ms A. Godin, Ms C. Grafton, Dr B. Hefford, Ms K. Hill, Ms P. Lolić, Ms M. Markovic, Ms A. Moradi, Ms C. Rimmer. Ministry of Health Staff: Ms A. Micco, Ms J. Richards.

Under the Physician Master Agreement, the General Practice Services Committee (GPSC) has a specific mandate to serve as a vehicle for representatives of government, the Doctors of BC, and the Society of General Practitioners to work together on matters affecting the provision of services by general practitioners in British Columbia. The GPSC identifies changes in current physician service delivery that could result in improvements in patient care, more effective use of physician and other health care resources, and measurable savings in expenditures. It supports the integration and alignment of physician services with other health service delivery, and encourages appropriate collaborative practice with other physicians and integration of physicians with other health professionals. The committee also provides incentives for GPs to provide full-service family practice that benefit patients.

Over the last few years, the GPSC has set out a clear vision to contribute to an integrated system of care to ensure doctors are better supported to care for patients by working more closely with other providers, teams, and networks, and through seamless links to and from the community. This integration will build capacity in the system and enable better access to continuous primary care for more patients.

At the heart of an integrated system of primary and community care is the patient medical home (PMH). The GPSC adapted the Canadian College of Family Physician's PMH model to the BC context, and through strategic discussions, a targeted communication plan, and engagement with communities and stakeholders

across the province, it is acknowledged as the foundational aspect of primary care. The BC PMH model is now well recognized around the province among physicians, health authorities, and the Ministry of Health, and has been shared with other jurisdictions nationally and internationally, showcasing the GPSC as a leader in primary care transformation.

Over the last year, the GPSC moved forward with further endorsement of and tangible supports for the PMH. This included developing 12 changes to the current GPSC incentives in response to information gathered through a visioning process and supporting the strategic objectives of the PMH. These changes simplified and streamlined the incentives, and they support team-based care by enabling the delegation of some services to nursing and allied health professionals. The Practice Support Program developed new resources and continues to evolve their current offerings to support physician practice, particularly focused on PMH and team-based care. Examples of tools include the GPSC PMH Practice Assessment and the team-based care Small Group Learning Sessions. Supporting physicians in practice helps them to be more efficient and embed quality, and to understand and engage in the strategic vision of the GPSC. Empowering physician leaders through the GPSC Leadership and Development Program and divisional, regional, and provincial involvement continues to be a key priority for the committee.

Information technology (IT), plays a significant role in physician practice, and the GPSC has provided support through Doctors Technology Office to ensure physician input is incorporated into provincial strategy, to develop closer relationships with EMR vendors, to update privacy and security information for physician offices, and to directly support complex physician practice IT issues. In addition, the GPSC supports the physician-led Pathways referral resource and the Health Data Coalition initiative, which are continuing to grow.

Primary care networks (PCNs) are a current priority of the Ministry of Health, and significant resources are being dedicated to this work. Under the leadership of the GPSC, 10 initial communities were selected to form PCNs. The committee is working to ensure that PCN implementation builds on the foundation of previous work, and that physicians retain significant leadership and influence on this policy to ensure it continues to support GP practice, with PMH remaining as the foundation. Therefore, divisions of family practice and the interdivisional strategic councils are playing an increasingly

important role in developing an integrated system of primary and community care.

The committee will continue to refine incentives and supports in a way that best enables GPs to offer comprehensive, longitudinal care within PMHs and PCNs.

It has been a pleasure to co-chair the GPSC with Mr Doug Hughes and Mr Ted Patterson from the Ministry of Health. My thanks go to Ms Shana Ooms and Mr Mark Armitage for their roles as acting co-chairs during the transition this past year.

—Shelley Ross, MD
Co-Chair

GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

Dr J. Gray, Ms S. Ooms, Co-Chairs. Doctors of BC: Drs D. Chandler, M. Dawes, A. Harris, B. Hobson, D. Holmes, A. Lee, D. Ngui, T. Parnell, J. Pawlovich, H. Ranchod, A. Tejani, D. Wilson, K. Tan. Ministry of Health: Drs S. Lee, D. McTaggart, Mr W. Pang. Doctors of BC Staff: Dr B. Hefford, Ms P. Lolić.

The Guidelines and Protocols Advisory Committee (GPAC) is an advisory committee to the Medical Services Commission and a joint collaboration between the Doctors of BC and the Ministry of Health. GPAC is mandated to provide recommendations to BC practitioners on delivering high-quality, appropriate care to patients with common medical conditions, with particular focus on circumstances in BC. These recommendations are published as easy-to-read clinical practice guidelines under our brand name, BC Guidelines, on our website, www.BCGuidelines.ca.

Guidelines and Protocols Published/Revised in 2017-18

Existing guidelines revised:

- Frailty in Older Adults: Early Diagnosis and Management

New guidelines developed:

- Ultrasound Prioritization Guideline (in collaboration with Medical Imaging Advisory Committee)
- Opioid Use Disorder (summary version), in collaboration with the BC Centre on Substance Use



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Guidelines and Protocols in Development in 2017-18

Existing guidelines being revised:

- Vitamin D
- Testosterone Testing
- Osteoporosis
- Iron Deficiency
- C-Reactive Protein (formerly Erythrocyte Sedimentation Rate)
- Thyroid Function Tests

New guidelines being developed:

- Alcohol Use Disorder (in partnership with the BC Centre on Substance Use)
- Prostate Cancer, in collaboration with the Family Practice Oncology Network
- Adverse Childhood Experiences

There are a number of other guideline topics currently being considered for the GPAC 2018-19 Work Plan, but they will not be formally approved by the Medical Service Commissions until late May.

Other GPAC updates

- GPAC is seen as a leader in guideline development in BC and continues to be approached by stakeholders seeking to collaborate. Collaborative relationships continued with the Medical Imaging Advisory Committee, the BC Centre on Substance Use, Trauma Services BC, and BC's Agency for Pathology and Laboratory Medicine.
- A collaborative process has been established between GPAC and BC's Agency for Pathology and Laboratory Medicine. GPAC invited Dr Kennard Tan to join the GPAC General Committee, representing the agency.
- GPAC attended the BC College of Family Practice fall medicine conference, the BC Nurse Practitioners conference, and St. Paul's CME conference to reach out to our target audience of BC practitioners, promote our guidelines, and increase brand awareness. Our booths are very popular and we continue to receive positive feedback on our guidelines.
- We have had very positive reception of the new BC Guidelines mobile app, which we released in April 2017.
- The newly established Doctors of BC Representative Assembly has been engaged in the external review process of the guidelines, and has provided valuable feedback.

—Jim Gray, MD
Co-Chair

INFORMATION PRIVACY AND SECURITY STANDING COMMITTEE

Dr Eugene Leduc

The Information Privacy and Security Standing Committee (IPSSC) is a subcommittee of the Ministry of Health Information Management and Information Technology Standing Committee (IMITSC). The mandate of the IPSSC is to promote and govern health information and privacy across the BC health sector and report to the IMITSC. Having a Doctors of BC representative on this committee meets the Doctors of BC strategic objective to engage with its partners to achieve a high-quality health care system by engaging with government on the development and implementation of policies and programs that promote the best standard of health care, specifically health information privacy policy and governance that affects physicians and their patients.

For the past year, this Committee has formed several working groups to address policy development of importance to physicians, specifically to:

- Facilitate the sharing of patient information in the new primary care networks.
- Harmonize privacy and security policies of the health authorities in order to make it easier to move information and provide secure messaging across their boundaries.
- Address the particular privacy concerns of Indigenous peoples

—Eugene Leduc, MD
Doctors of BC Representative

INSURANCE COMMITTEE

Drs M.A. McCann, Chair; M. Curry, A. Frayne, R. Jones, L. Vogt. Staff: Ms S. Luciuk, Ms K. Pelletier

The Insurance Committee met throughout the year to study, review, and enhance the various insurance plans offered to our members. The committee monitored the plans to ensure they are financially sound and conducted negotiations with the various supplying insurance carriers and brokers. Additionally, the committee advocated on behalf of individual members who have contacted the committee for insurance assistance throughout the year.

In 2017, the committee worked on implementing various coverage enhancements for physicians, such as lowered premiums for the health and dental plan through Great-West Life. The committee also focused efforts on

providing coverage for medical students. With approval from the Board of Directors, the committee arranged for the implementation of no-cost disability insurance for medical students to cover them throughout medical school. The premium for this coverage is being subsidized by Doctors of BC.

Summary of Plans

- Physicians' Disability Insurance (PDI—premiums sponsored by the Medical Services Commission)
- Disability Income Insurance (supplemental to the PDI plan)
- Life Insurance (term life plan shared with the AMA and SMA)
- Professional Expense Insurance
- Critical Illness Insurance
- Accidental Death and Dismemberment Insurance (AD&D)
- Health Benefits Trust Fund (health and dental plans for physicians, families, and medical staff)
- Office Contents and Liability, Homeowners, Optional Automobile, Directors and Officers, Personal Liability Umbrella Policy (brokered through Mardon Group Insurance)
- MEDOC Travel Insurance (brokered through Johnson Inc.)
- Specialty Insurance (individual coverage offered by Doctors of BC advisors through various carriers to meet unique member needs)

In 2017, total premiums of \$44.4 million were generated, broken down as follows:

	No. Enrolees	\$ Premium
PDI	8024	\$17 000 000
Disability Income	3407	3 000 000
Life Insurance	5457	4 100 000
Professional Expense	1065	821 000
AD&D	1304	260 000
Health and Dental	3602	9 000 000
Critical Illness	2111	1 200 000
Office Contents/Homeowners		7 400 000
MEDOC Travel Plan		798 000
Specialty Individual Coverage		850 000

Insurance Advisory Services

Doctors of BC, together with other provincial medical associations, are part of an insurance alliance with MD Financial Management. As an outcome of this alliance, the participating provincial associations, including Doctors of BC, have taken responsibility for fulfilling

all lifestyle insurance products (e.g., term life, disability, critical illness, office overhead) including individual products. To facilitate this activity, BCMA Agencies Ltd., a wholly owned subsidiary of Doctors of BC, offers members access to complimentary insurance review and planning services of licensed, noncommissioned insurance advisors. The goal of the advisors is to provide members with objective advice regarding their Doctors of BC and other third-party insurance programs. This service continues to be extremely well received by members.

—Michael A. McCann, MD
Chair

JOINT BENEFITS COMMITTEE

Drs M.A. McCann, Co-Chair; M. Corbett, S. Rabkin; Mr J. Cook. Ministry of Health: Mr R. Murray, Co-Chair; Ms E. Ackerman. Staff: Ms S. Luciuk, Ms J. Turgeon, Ms S. Vergis.

The Benefits Committee is responsible for general oversight and administration of the benefit plans as outlined in the Benefits Administration Agreement. The primary function of the committee is to oversee and allocate funds between the negotiated benefit programs: the Physicians Disability Insurance (PDI), the Contributory Professional Retirement Savings Plan (CPRSP), the Continuing Medical Education Fund (CME), the Parental Leave Program (PLP), and the Canadian Medical Protective Association Dues (CMPA) Rebate Fund. While the Physician Health Program is the other benefit program outlined in the Benefits Subsidiary Agreement, its budget does not fall under the jurisdiction of this committee.

The 2014 Benefits Subsidiary Agreement outlines specific funding to be allocated to the benefit programs until 2018-19. The committee has been directed to use surplus funds in any of the benefit programs other than CMPA Rebate program to maintain the benefits at their 31 March 2014 levels.

For 2017-18, the CPRSP maintained its maximum basic benefit and length of service benefit of \$4020 and \$3430 respectively, with a minimum income threshold for the length of service benefit of \$60 000 gross. This minimum income is reviewed by the Benefits Committee biennially.

The maximum CME benefit for 2017 was \$1800. The entitlement amount will be paid automatically to physicians, provided they have been revalidated by

the College of Physicians and Surgeons to ensure that they have completed their educational requirements for licensing.

The PLP maintained its maximum benefit of \$1000 per week for 17 weeks. The program allows physicians who work up to 15 hours per week to claim a half benefit and/or to claim their 17 weeks of benefit over a 1-year period, making the benefit more accessible.

CMPA dues have increased again in 2017. Though the funding under the current Benefits Subsidiary Agreement contained substantial new CMPA rebate funding, it has not been possible to provide a full reimbursement of CMPA dues, and this will likely continue to be the case for the term of this agreement. As such, the Benefits Committee developed a new allocation methodology for the CMPA rebate based on two principles approved by the Doctors of BC Board of Directors: eliminate the current cross-group subsidization of the CMPA rates by allocating the rebate based on 2017 rates, and establish cross-group subsidies for only those high-risk work codes where CMPA increases will result in recruitment and retention issues.

The PDI benefit has been maintained at the \$6100 per month maximum. The PDI benefit provides a 1-year maximum benefit payment for disabilities occurring between age 65 and 70 as well as a partial residual benefit. The increasing number of physicians, other demographic changes, and increased claims experience has affected the performance of the PDI plan over the last couple of years. It was necessary to allocate additional funding to the program to maintain the benefit level.

The table below outlines the benefit levels over recent years.

Program	Year	Benefit Maximum	Program Funding
PLP	2014-15	\$1000/wk	\$5.30 million
	2015-16	\$1000/wk	\$4.30 million
	2016-17	\$1000/wk	\$4.80 million
	2017-18	\$1000/wk	\$5.30 million
CME	2014-15	\$2300	\$22.54 million
	2015-16	\$1800	\$18.82 million
	2016-17	\$1800	\$18.50 million
	2017-18	\$1800	\$19.43 million
PDI	2014-15	\$6100/mo	\$14.00 million
	2015-16	\$6100/mo	\$16.33 million
	2016-17	\$6100/mo	\$19.50 million
	2017-18	\$6100/mo	\$19.89 million
CPRSP	2014-15	\$7600	\$53.57 million
	2015-16	\$7450	\$54.17 million
	2016-17	\$7450	\$53.70 million
	2017-18	\$7450	\$53.67 million

Program	Year	Benefit Maximum	Program Funding
CMPA	2014-15	n/a	\$25.00 million
	2015-16	n/a	\$48.20 million
	2016-17	n/a	\$45.90 million
	2017-18	n/a	\$51.10 million

—Michael A. McCann, MD
Co-Chair

JOINT STANDING COMMITTEE ON RURAL ISSUES

Dr A. Ruddiman, Co-Chair, Doctors of BC (Oliver);
Mr R. Frechette, Co-Chair (Ministry of Health).
Secretariat: Mr D Baird (Ministry of Health), Ms S. Yule (Ministry of Health). Members: Drs J. Card (Mackenzie), N. Humber (Lillooet), E. Marquis (Prince George), S. Moola (Nelson), J. Soles (Clearwater). Alternates: Drs J. Card (Mackenzie), S. Gryzbowski (Salt Spring Island), E. Marquis (Prince George), S. McLaren (Nelson). Ministry of Health: Ms M. Tye, Ms S. Walker. Alternate: Mr D. Blackie. Health Authority Representatives: Dr J. Beselt (VIHA), Dr D.R. Brown (VCH), Dr S. MacDonald (IHA), Ms Dr S. McDonald (FNHA), Dr B. Temple (NHA). Guests: Mr D. Blackie (Ministry of Health), Dr R. Markham (RCCbc), Ms C. Martin (Ministry of Health), Dr J. Pawlovich (REAP). Staff: Mr J. Aikman, Ms M. Cormier, Ms A. Macdonald, Ms T. Webb.

The Joint Standing Committee on Rural Issues (JSC) is a Joint Collaborative Committee (JCC) of the Doctors of BC and the Ministry of Health that manages the Rural Subsidiary Agreement (RSA). It is the formative JCC and has been in place since 2000. The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of BC by addressing some of the unique, demanding, and difficult circumstances physicians face in providing those services.

The JSC continues to manage the broad suite of BC's rural physician programs. Examples include the Rural Retention Program (RRP), the locum programs, the Northern Isolation Assistance and Travel Program (NITAOP), and the Rural Continuing Medical Education (RCME) Program.

In alignment with its 2017-18 work plan, the JSC has made significant improvements to some of its long-standing rural programs. This includes the successful transition of the locum programs to Health Match BC, and further improvements were implemented in April 2018. The RCME program was changed from an application reimbursement system to having funds flow directly

to physicians. The JSC also agreed to a 15% lift on the flat fee portion of the RRP implemented in April 2018.

During the first year of the UBC Chair of Rural Health, the JSC provided funding to establish a Rural Research Network. Further, in keeping with its mandate and goals to support rural education, the JSC has extended its funding of \$250 000 annually to the Rural Pre-Medicine Program at Selkirk College in Nelson until 2020.

Another highlight of 2017-18 was implementing the plan for rural surgical and obstetrical networks (RSON). The JSC has also committed to funding initiatives to strengthen the partnership between rural communities and the First Nations Health Authority (FNHA), as well as funding the GPSC initiative to implement the patient care network in rural BC.

As part of achieving its goal to address chronic physician vacancies, the JSC continues to support the Sustainable Communities Initiative and the Virtual Care Initiative, and further continues to fund the Practice Readiness Assessment Program (PRA-BC), which assesses internationally trained GP/FP physicians seeking BC licensure. The program intends to increase the supply of practice-ready family physicians to BC, and the JSC has allocated funding to the program until March 2019 for a total of \$7.6 million. The 3-year return-of-service commitment required by this program has resulted in 73 physicians working in 36 rural and remote communities across BC that were experiencing challenges to health access.

The JSC continues to provide funding for, and work closely with, the Rural Education Action Plan (REAP) the Rural Coordination Centre of BC (RCCbc), and the Rural and Remote Division of Family Practice. This includes providing support to annual events such as the Rural Locum Forum and the BC Rural Health Conference, and committing funding of a \$1000 stipend to any rural physician who attends the national annual Society of Rural Physicians of Canada (SRPC) Rural and Remote Medicine Course. These events are invaluable to bring together speakers, students, and residents for CME/CPD and networking opportunities that foster and promote recruitment and retention for our rural and remote communities.

During 2017-18, REAP provided 34 Rural Interest Awards of \$5000 each to medical students who showed an interest in rural medicine. REAP continues to provide funding to 3rd- and 4th-year medical students and residents who participate in rural rotations in RSA communities. The new Rural eMentoring BC (ReMBC) program has now been launched in School District 20

(Trail) and is expanding to additional rural communities around the province.

The Comprehensive Approaches to Rural Emergencies (CARE) Course was delivered 15 times in 2017-18. RCCbc and REAP called for applications for the first cohort of the Rural Physician Research Support Project grant and the Rural BC Leadership Bursary, respectively, in January 2018. Successful applicants will be notified by early April 2018.

For the past decade the JSC has hosted and conducted one of its yearly meetings at an offsite venue in a rural BC community in order to reach out to the local physicians, attend their health authority acute care facility where one exists, and experience the challenges faced in that community. In September 2017 the meeting was held and hosted in Golden. The 2018 rural meeting is scheduled to be hosted in the Pemberton Valley.

It is with great respect and gratitude that I thank the rural physician JSC members as appointed by the Doctors of BC Board who contribute incredible leadership, time, and commitment to ensure that the rural programs are managed and supported at their highest possible level. The drive, advocacy, and expertise tirelessly offered by our rural physician members supports the JSC to enhance the availability and stability of physician services in rural and remote areas of BC, and is invaluable to our operations to improve health service delivery to our patients and populations in underserved BC communities. Rarely does one get the opportunity in their professional life to interact with such a competent, thoughtful, collegial, hardworking, and thoroughly friendly group of people—our JSC members, our RCCbc peers, REAP consultants, and our Doctors of BC staff.

The outstanding efforts and dedication of our Doctors of BC staff Mr Jim Aikman, Ms Meredith Cormier, Ms Ann Macdonald, and Ms Tania Webb continue to be of extraordinary value to the committee and for me in the role of co-chair. We and all of our rural colleagues are most indebted to them.

—Alan W. Ruddiman, MBBCh
Co-Chair

LAB REFORM COMMITTEE

Drs C. Bellamy, Chair; K. Berean, J. O'Connell, C. Sherlock.
Staff: Ms C. Cordell, Mr P. Melia.

The committee continues to be actively involved in the evolving process of provincial laboratory reform and has held eight meetings during 2017. Following the

allocation of 28 new pathologist positions from the Laboratory Medicine Clinical and Academic Pathology Workload Project, completed in March 2016, all but two of these positions have now been filled.

The committee has carefully monitored the progress of the Provincial Lab Agency, meeting with Mr John Andruschak, executive lead, and Dr Jim Cupples, VP, Medicine. The agency has completed a comprehensive strategic service delivery plan, which was tabled in late 2017 and is now in the hands of the ministry.

The committee was successful in their efforts to have the Lab Agency form a new standing discipline committee in general pathology and this was initiated in October.

The committee, together with BC Association of Laboratory Physicians, continues to dialogue with the ministry regarding the importance of evolving the existing anatomical and clinical pathology workload models as a means of ensuring appropriate pathologists staffing for the safe practice of laboratory medicine at all sites. The ministry has recently instructed the Lab Agency to undertake this project.

This year, 2018, promises to be eventful for pathologists following the recent change in the reporting structure of the Provincial Lab Agency, which is now under the auspices of the Provincial Health Services Authority. It will be critical for the committee to continue to be tireless advocates for the active participation of pathologists in the evolving laboratory medicine landscape.

I would like to thank all the committee members for their commitment to these activities and especially to Ms Cathy Cordell for the countless hours she has devoted to laboratory medicine and pathologists.

—Chris Bellamy, MD
Chair

MEASUREMENT SYSTEM FOR PHYSICIAN QUALITY IMPROVEMENT STEERING COMMITTEE (MSPQI)

Dr K. Hughes, Co-Chair (Doctors of BC), G. Fradet, Co-Chair (Health Authorities). Doctors of BC: Drs S.P. Bugis, F. Duncan, F. Ervin, A. Ruddiman. Ministry of Health: Mr D. Byres. Health Authorities: Dr B. Clifford, Ms L. Dempster.

This committee is in the process of being formed from the recommendations of the mid-term Physician Master Agreement Consultation Committee on Quality

Improvement. That consultation and the subsequent recommendations were approved by the Doctors of BC Board.

The committee has not yet met.

MSPQI has equal representation from the government and Doctors of BC. It is responsible for developing a framework for a measurement system of physician quality improvement by:

- Establishing measurement priorities.
- Approving measures based on recommendations of the measures working groups.
- Approving acceptable use and security policies for access to the data.
- Overseeing the working groups.

—S.P. Bugis, MD
Doctors of BC Representative

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

Dr R. Halpenny, Chair (Government). Doctors of BC: Drs W. Cavers, M. Chow, W. Rife. Government: Ms H. Davidson, Mr C. Kinsley. Public: Ms J. Code, Ms E. Godfrey, Mr K. Werker.

The Medical Services Commission (MSC) is a nine-member statutory body composed of three representatives from government, three members nominated by Doctors of BC, and three public members who are nominated jointly by Doctors of BC and government to represent MSP beneficiaries. Appointments to the commission are made by the lieutenant governor in council.

The MSC administers the Medical Services Plan (MSP) in accordance with the Medicare Protection Act and Regulations. The MSC schedules approximately 10 one-day meetings annually in Victoria or Vancouver, including an annual planning day.

Mandate

The mandate of the MSC is to facilitate reasonable access throughout BC to quality medical care, health care, and diagnostic facility services for BC residents.

Responsibilities

The responsibilities of the MSC are to ensure that all BC residents have reasonable access to medical care, and to oversee the provision, verification, and payment of medical services in an effective and cost-efficient manner. The MSC directly oversees the physicians' fee-for-service budget of approximately \$2.6 billion. The

MSC also signs off on over \$1 billion of services that are not within the fee-for-service budget, and over which the MSC has less direct responsibility and oversight. The commission is a cosignatory to the Physician Master Agreement together with the provincial government and Doctors of BC.

Activities

The MSC oversees and receives reports from the Reference Committee, the Guidelines and Protocols Advisory Committee, the Advisory Committee on Diagnostic Facilities, the Audit and Inspection Committee, and the Patterns of Practice Committee.

The commission functions as an administrative tribunal for beneficiaries and practitioners in such matters as dispute about nonresident and out-of-country MSP coverage, and makes the final decision on any dispute over fee items not resolved by the Tariff Committee.

The MSC monitors the use of all fee-for-service activities in order to manage the available amount. Legal issues occupy a significant portion of the MSC's resources. This includes oversight of audit and billing integrity programs, and extra billing.

Publications

The MSC Annual Report provides an accounting of the business of the committee, its subcommittees, and other delegated bodies. The MSC Financial Statement (Blue Book) contains an alphabetical listing of payments made by the MSC to practitioners, groups, clinics, hospitals, and diagnostic facilities for each fiscal year. They are both available on line.

The work of the MSC is supported by the staff of Doctors of BC, the Ministry of Health, and the MSC. Their work is greatly appreciated.

—William Rife, MD
Doctors of BC Representative

NEGOTIATIONS COORDINATING GROUP

Drs T. Larsen Soles, Chair; Drs P. Asquith, S. Fedder, H. Fox, F. Kozak, M. Moran, A. Ruddiman, T. Scott, D. Wilton. Staff: Mr J. Aikman, Mr T. MacPherson, Ms T. Obradovic, Mr P. Straszak.

The Negotiations Coordinating Group (NCG) had four meetings scheduled leading up to the start of negotiations in June 2018.

The NCG is responsible for making recommendations to the Negotiations Forum on the mandate, including the strategic plan, core objectives, proposals, and the best alternative to a negotiated agreement for all provincial negotiations. It is also responsible for supporting communication between the Statutory Negotiating Committee and the Subsidiary Negotiating Representatives during provincial negotiations.

The results of member surveys and broad-based consultation with members and groups within Doctors of BC are reviewed and considered in developing the mandate. The recommendations are forwarded to the Negotiations Forum and then sent to the Board for approval.

—Trina Larsen Soles, MD
Chair

NEGOTIATIONS FORUM

Drs B. Fritz, Chair; C. Clelland, J. Cunningham, F. Din, R. Fernandez, S. Goodchild, B. Gregory, A. Harris, R. Jones, K. McMeel, A. Meyers, M. Robinson.
Staff: Mr J. Aikman, Mr T. MacPherson, Ms T. Obradovic, Mr P. Straszak.

The Negotiations Forum typically meets only during active negotiation cycles. It did not meet this year, and therefore has nothing to report.

—Bradley Fritz, MD
Chair

NOMINATING COMMITTEE

Drs C. Hume, Chair; E. Cadesky, T. Larsen Soles, A. Ruddiman, T. Sorokan, S. Sze, A. Yu.
Staff: Ms. C. Donnelly.

The Nominating Committee is a statutory committee fulfilling one of the strategic aims of Doctors of BC: membership involvement and engagement with the organization. It is responsible for ensuring that all internal committees are populated with members and that Doctors of BC is represented in the public domain at the local, provincial, and national level. It reports directly to the Board and at the Annual General Meeting to all members.

The Nominating Committee solicits and reviews applications for committee appointments for recommendation to the Board. Committee members are involved in a time-consuming and detailed process of respectfully

considering each application, recognizing the obligation to ensure a balanced, fair, and objective assessment of all applicants and the need to safeguard a balance on committees between experienced and new members or sectors not represented. We review committee mandates, core functions, and demographic configurations with respect to type of practice, geographic location, stage of practice, and gender balance. The qualities, skill sets and type of experience required by the committee is assessed and input from the committee chairs and Doctors of BC staff is considered.

The Nominating Committee currently recommends members-at-large to 58 different committees:

- 4 statutory committees.
- 13 standing committees.
- 5 subcommittees.
- 2 ad hoc committees.
- 14 joint committees.
- 7 MSC advisory committees.
- 13 external committees.

From June 2017 to June 2018, the Nominating Committee met five times for full-day meetings and considered the applications for numerous committee positions including the Medical Services Commission, Specialist Services Committee, and Tariff Committee.

The Nominating Committee was required to support the filling of a vacant specialist delegate position on the Representative Assembly (RA) for District 4. The failure to nominate policy was followed with success in filling the vacancy.

The Nominating Committee has identified a need to clarify and align a consistent process regarding the length of term and the selection for committee members and chairs, and the importance of transition planning within committees. The Governance Committee has been asked to address this matter for recommendation to the Board.

The Nominating Committee has had another busy and productive year and has been encouraged by the enthusiasm and interest from members in becoming involved with Doctors of BC during this first year of the new RA and Board structure.

—Cheryl Hume, MD
Chair

OVERHEAD COMMITTEE

Drs B. Fritz, Chair; M. Baker, E. Chang, C. Jackson, K. Wong.

The Overhead Committee was established in 2015 at the direction of the Doctors of BC Board to undertake a new physician overhead cost study. MNP was selected as the consultant to undertake both a traditional overhead study and a new model office approach to allow for comparison.

The focus of the work for the last year was distributing the overhead surveys and the initial data analysis by MNP. The physicians selected to participate were contacted in February 2017 and asked to complete the survey by June 2017. With lower-than-anticipated response rates, the deadline was extended to the end of December, and a secondary sample of physicians was selected to participate to ensure a sufficient number of responses. MNP is currently analyzing the data and is also using the responses to develop the characteristics (e.g., staff and office requirements) to be included in the model office study.

Model office characteristics will be developed for each section. Starting in June 2018, section representatives will be asked to review the characteristics before they are made available to all physicians for their comment and input.

We anticipate that the results from both approaches, traditional overhead and model office, will be available in the late fall of 2018.

—Bradley Fritz, MD
Chair

PATTERNS OF PRACTICE COMMITTEE

Drs L. Verhulst, Chair; J. Evans, G. McInnes, M. Szipakowicz. College Representative: Dr A. Sear. MSC Representative: Dr S. Dadachanji, Medical Consultant, Billing Integrity Program. Doctors of BC Staff: Dr S.P. Bugis, Ms J. Grant, Ms T. Hamilton, Ms S. Fox.

In March 2017, the Patterns of Practice Committee embarked on a new journey by providing educational opportunities to physicians relating to audit and billing. Communications were sent to all the section heads and divisions offering physician groups the opportunity to invite one of our speakers to present at one of their regular scheduled meetings, annual general meetings, or education days.

There are three CME accredited audit and billing sessions currently being offered:

- Why an Audit: The Audit Process in BC Explained
- Avoiding Audit Pitfalls
- Introduction to Understanding Your Mini-Profile

These three sessions are for physicians and are eligible for up to two Mainpro+ credits of the College of Family Physicians of Canada and up to two Maintenance of Certification Section 1 credits of the Royal College of Physicians and Surgeons of Canada.

In 2017 there were 37 physician groups that expressed interest or scheduled one of our sessions. To date, we have spoken to 24 physician groups and approximately 553 physicians. There has been a tremendous amount of interest from physicians in hearing about the audit process and the common audit pitfalls revealed in audits. This unique opportunity allows physicians to be proactive and make changes to their pattern of billing if required.

I would like to take this opportunity to thank all of the Doctors of BC staff, the Patterns of Practice Committee members, and the Billing Integrity Program for their support in making these sessions such a success. We expect to do more sessions in 2018 and reach even more physician groups.

The first phase of bringing the mini-profile in-house has been completed. The second phase has begun as we explore enhancements to the practice mini-profile in terms of content and accessibility.

The committee welcomed Dr G. McInnes to the Committee in early 2018.

—Lorne Verhulst, MD
Chair

PHYSICIAN HEALTH PROGRAM STEERING COMMITTEE

Dr C. Maheswaran, Co-Chair (Doctors of BC),
Mr D. Blackie, Co-Chair (Ministry of Health). Doctors of BC: Drs Y. Bawa, A. Krishnamoorthy. Ministry of Health: Drs S. Lawrie, D. Williams. Staff: Dr A. Clarke.

The Physician Health Program (PHP) of BC helps physicians and their families by fostering an environment of health and wellness; offering prompt personalized assistance with a variety of issues, and advocating for the individual and collective health of physicians. The PHP Steering Committee governs the program by producing a multiyear strategic plan that aligns with the priorities of the funders, approving the program's annual work

plan and budget, and by approving and periodically revising its policies.

In 2017, the second year of operation under the restructured governance model, the committee met four times: on 20 February and 8 May by teleconference, and on 14 August and 27 November in person. The priority of the committee in 2017 was to ensure that the program could maintain the capacity to provide high-quality and timely services to the physicians and trainees who request them. This was accomplished by adding staff to meet increasing demand, while maintaining a balanced budget.

In addition, a meeting of an external clinical review panel was held to reassure the committee that staff are adhering to the highest standards of clinical care while maintaining the confidentiality of those requesting service. The committee also began to adopt a uniform standard for documenting the policies governing the provision of services, devised plans to increase awareness of the services offered, and assessed the opportunities to expand service provision to other provinces with less-mature physician health programs. These efforts led to the negotiation of an agreement to provide services to Prince Edward Island physicians, which is scheduled to begin in the second quarter of 2018.

—C. Maheswaran, MD
Doctors of BC Co-Chair

REFERENCE COMMITTEE

Membership: Confidential

The Reference Committee acts in an advisory capacity to the Medical Services Commission (MSC). It reviews disagreements between MSP and physicians about specific services rendered under the MSC Payment Schedule and makes recommendations to resolve these disputes.

The committee met twice in 2017 to review 21 cases that were referred to them. Of these cases, four were resolved prior to review. The majority of the cases continue to be surgical in nature, with nine vascular cases, five general surgery cases, two orthopaedic cases, and one cardiology case.

The committee welcomed a specialist in emergency medicine in early 2018.

The committee would like to thank the Doctors of BC staff: Dr Sam Bugis, Ms Juanita Grant, and Ms Tara Hamilton for their support, and MSP staff Dr Ray Dykstra,

Dr M.C. Fabian, and Ms Val Johnson, for getting the cases to us in a timely manner.

—Chair
Reference Committee

REQUISITION COMMITTEE

Dr C. Clelland, Co-Chair (Doctors of BC); Ms C. Rudden, Co-Chair (Ministry of Health). Doctors of BC: Drs T. Maung, R. Welsh. Ministry of Health Staff: Mr W. Tournquist, Mr V. Yan. Doctors of BC Staff: Dr S.P. Bugis, Ms F. Ferdowski.

The Requisition Committee met over the past year through one in-person meeting in October and five teleconference meetings. In 2017 the committee reviewed the strategic direction for the coming year knowing due to changes in the Laboratory Services Act effective 1 October 2016, the responsibility for all laboratory requisitions would move under the direct jurisdiction of the Minister of Health.

The mandate of the Requisition Committee in the future will be to standardize nonlaboratory outpatient diagnostic requisitions and support the evolution of the provincial health care system, including transition to an electronically enabled system for ordering outpatient diagnostic services.

After approval by the Medical Services Commission (MSC) of the Requisition Committee Revitalization Project Strategic Plan, the committee finalized a revised terms of reference, and a consolidated policy document that will be submitted for approval by the Doctors of BC Board and the MSC.

To improve efficiency of workflow, the committee has formalized its operational procedures and implemented tools to monitor the progress of developing and revising standard outpatient requisitions. It has also formalized a standard form to capture stakeholder feedback for new and revised requisition forms.

The committee continues to work closely with its stakeholder groups, including the Ministry of Health and Guidelines and Protocols Committee. It has worked to strengthen and expand its engagements with existing and new stakeholders, and groups such as the BC Radiology Association, Medical Imaging Advisory Committee, and Doctors of BC Physicians Technology Office.

Turning to the years ahead, the committee is reflecting on the need to adapt to the change in EMR and other mechanisms. How we work across multiple agencies and vendors is as important as getting the right

elements on requisition forms. We will work with the Ministry of Health to develop approaches to do this and ensure physicians are supported during these changes.

I would like to thank the committee members for their hard work, insight, and diligence during the past year. I would also like to give a special thank you to both the Ministry of Health and Doctors of BC staff whose hard work makes our committee's efforts effective.

—Catherine Clelland, MD
Co-Chair

RURAL ISSUES COMMITTEE

Drs G. Avery, Chair 2017 (Port McNeill), E. Marquis, Chair 2018 (Prince George), J. Card (Mackenzie), N. Humber (Lillooet), C. Hume (Trail), E. Marquis (Prince George) (2017), T. Larsen Soles (Golden), S. Sohmer (Penticton). Guests: Drs C.S. Johnston (Oliver), O. Kalaci (Resident Doctors of BC Representative), R. Markham (Valemount), A. Ruddiman (Oliver). Staff: Mr J. Aikman, Ms M. Cormier, Ms T. Webb.

The Rural Issues Committee (RIC) is a standing committee of the Doctors of BC Board that advises on issues affecting rural medicine and the working conditions of physicians practising in rural areas of BC.

Through the Doctors of BC Board, the committee is also responsible for providing direction for rural negotiations with government, which has been its main role in 2017-18.

The RIC meticulously led, engaged, and directed committee discussions to put forward rural BC health care priorities for the upcoming negotiations of the 2019 Physician Master Agreement (PMA). These priorities are aimed at addressing the unique challenges and opportunities faced by our rural patients, physicians, and communities in order to advocate for improving health care delivery and access to services within this province.

The RIC has provided continual support to the Joint Standing Committee on Rural Issues (JSC) with drive to improve the quality of rural health care throughout this province, and will continue to do so. In particular, this past year the RIC has supported the JSC through experiential advice and comprehensive guidance to transition the locum programs to Health Match BC, improve the RCME program, develop rural surgical obstetrical networks, and provide continued guidance for rural education and evaluations of the BC Rural Physician Programs.

Over this past year the RIC has proudly welcomed many experienced, collaborative, and dedicated physician leaders as members, and we humbly bid farewell to our esteemed colleague and past chair, Dr Granger Avery. We offer our sincere thanks to Dr Avery for his lifelong dedication to rural medicine in our province and across our nation, and for his foresight and progressive ideals of generalist medicine and holistic care through the lens of a continuity network.

I am grateful to the Doctors of BC Board for their steadfast confidence and appointment of me as the chair so that I may continue to lead the valuable discussions and work of the committee. I would like to thank the members and guests of the RIC for their ongoing tireless and enthusiastic drive and commitment to advocate for the remote and critical rural communities of BC, and for working diligently to provide innovative provincial solutions to address key challenges and emerging issues to rural practice. A close relationship with the RCCbc remains paramount for coordinating and disseminating our efforts.

Lastly, our staff support remains an invaluable and essential resource to our committee's functioning, and my thanks go to Mr Jim Aikman, Ms Meredith Cormier, and Ms Tania Webb for their outstanding service.

—Ed Marquis, MD
Chair

SHARED CARE COMMITTEE

Dr G. Hoag, Ms M. Copes, Co-Chairs; Mr B. Abbott, Drs M. Fagan, K. Hughes, J. Li, E. Moniwa, S. Ross, Ms S. Stewart, Dr G. Watson.

The Shared Care Committee (SCC) works with a unique mandate to enable GPs, specialists, and GPs with focused practice to improve the flow and experience of care for both providers and patients.

As the committee's initiatives have matured, successful work has been shared and adapted across BC, and in some cases, Canada. In addition to its core role, the SCC provides coordinating support to shared activities of the Joint Collaborative Committees (JCCs).

Following are updates of the committee's initiatives.

Child and Youth Mental Health and Substance (CYMHSU) Use Collaborative

Designed as a 4-year, high-intensity system change initiative, the CYMHSU Collaborative wrapped up activities in December 2017.

In its final phases, the opportunity was taken to introduce trauma-informed practice and adverse childhood experiences (ACEs) provincially, which led to the ACEs Summit in fall 2017. Almost 600 health care providers and policy leaders from Canada and the US attended, resulting in broad support to begin incorporating ACEs into practice and policy.

As a legacy activity, the SCC has committed to sustaining a community of practice for physicians and other health professionals working with this unique population. Over 150 physicians have joined, and nearly half attended the inaugural in-person gathering.

Provincial Maternity “Spread Network” Initiative

To support accelerated spread of successful work, SCC has initiated a new “spread network” for maternity care in BC. This growing network is anchored on successful results in improving interdisciplinary collaboration and is facilitated in partnership with the General Practice Services Committee's Maternity Working Group, the JSC Rural Issues Rural Obstetric Surgical Network, and Perinatal Services BC.

Partners in Care/Transitions in Care (PiC/TiC) Program

This program enables GP and specialist physicians to co-lead activities to improve care for patients and address local and regional issues. This year, 73 local projects were supported. Examples include RACE (Rapid Access to Consultative Expertise), Hospital to Community Electronic Information Sharing, Improving Transgender Care, Coordinated Care for Addictions, and Coordinated Specialist Outreach in a Rural Area.

A retrospective analysis of the total body of work is currently underway, including the evaluations of the more than 240 projects completed to date.

Specialist Engagement in Primary Care Transformation

Throughout the year, the SCC supported engagement of specialist physicians to develop community models through the primary care strategies. SCC is providing funding and staff support for communities committed to taking a fully integrated approach to improving coordination of care between GPs and specialist physicians (and others) for adults with multiple complex conditions and/or frailty, including those who may require surgical care.

Polypharmacy Risk Reduction

After delivering training to more than 625 physicians across the province, the Polypharmacy Initiative has

shifted its attention from residential care to acute and community care environments. Meaningful medication reviews in residential care settings will continue to be sustained by GPSC's Residential Care Initiative.

JCC Champions of Change

In partnership with the BC Patient Safety and Quality Council, Shared Care led the planning for this year's Champions of Change event on 21 February in Vancouver. Through rapid-fire presentations, group discussions, posters, and inspiring speakers, more than 480 attendees shared their knowledge and commitment to expand on the successful work that has taken place throughout the province.

—Gordon Hoag, MD
Co-Chair

SPECIALIST SERVICES COMMITTEE

Dr Matthew Chow, Co-Chair, Doctors of BC,
Dr Ron Carere, Co-Chair, Health Authorities (Providence).
Doctors of BC: Drs F. Ervin, P. Gajecki (alternate),
G. Hoag (alternate), A. Karimuddin (alternate), K. Lee,
S. Virani. Ministry of Health: Mr B. Abbott, Ms M. Copes,
Mr R. Murray. Health Authorities: Drs D. Furstenburg
(alternate), R. McFadyen; Ms. G. Miller; Drs D. Muthayan
(alternate), P. O'Connor (alternate), A. Stewart (alternate),
B. Wagner (alternate), N. Wieman (alternate).
Guests: Dr J. Falconer (SBC), Ms K. Hill and Dr K. Hughes
(Shared Care), Ms S. Taylor (HEABC). Staff: Ms M. Adair,
Mr J. Aikman, Dr S.P. Bugis, Ms A. MacDonald,
Ms L. Anderson, Ms E. Babcock, Ms C. Beck,
Mr A. Hundal, Mr A. Leung, Ms A. McMaster, Ms C. Myles,
Ms J. Pannekoek, Ms R. Steele, Ms K. Stein, Mr J. Yu.

In 2017-18 the Specialist Services Committee (SSC) continued to support specialists through its 3-year strategic plan (2016 to 2019) and a work plan for 2017-18 that focuses on three priority areas: Engaging physicians, enabling health system improvement, and supporting specialists to deliver quality care.

Key Activity 1: Engaging Physicians

Facility Engagement Initiative

There are 57 sites now approved for full funding, and 69 physician groups from across BC have initiated more than 500 facility engagement activities. Medical staff associations (MSAs) are gaining a stronger voice and increased opportunities for meaningful involvement in decision making with health authorities. Several regional

meetings have been held with physicians and health authorities to share lessons learned and experiences, and to identify opportunities for improved collaboration and partnerships.

The provincial evaluation of the Facility Engagement Initiative is underway to better understand what physicians and other MSA members are experiencing on the ground, with 44 MSA chairs interviewed to date. In 2018, increased efforts are underway to survey facility-based health authority representatives to better understand those perspectives and common goals that can support future collaborative achievements. A new and improved Site Engagement Activity Tracker online submission form has been launched to assist with tracking facility engagement activities. A provincial website has been developed and 138 resources uploaded to help facilities find important information and guidance to support growth and success through the initiative.

Physician Quality Improvement (PQI) Initiative

The SSC created the PQI initiative by working in collaboration with health authorities to enhance physician capability in QI by providing training and opportunities to act on QI activities. The PQI Initiative is a critical component in creating a QI culture within the physician community. It is managed locally within each of the health authorities through a joint steering committee with representation from the SSC, patients, clinically active physicians, and senior health authority leaders.

In 2017-18 the PQI Initiative successfully met its targeted work plan, including supporting 144 physician-led QI projects, training 509 physicians in QI, and hiring technical staff to build a team of 45 individuals to support this work. Moreover, a visit to the Mayo Clinic took place in fall 2017, where 18 physicians and 4 administrators were able to learn over 2 days from Mayo leaders. A provincial evaluation to assess the first 3 years of PQI has been launched.

Key Activity 2: Enabling Health System Improvement

During 2017-18, the SSC continued to support specialist-led quality and innovation projects to improve patient care. All projects completed in 2017-18 were supported to plan for sustainability, and for the majority of the projects, improvements will be sustained. SSC worked to increase the profile of successful projects through communication and media activities.

SSC is continuing to support the implementation of remaining projects by training in project sustainability, increasing projects' links to health authority sponsors

and stakeholders, and encouraging communication activities.

In January 2018 SSC hosted a BC Summit on Surgical Improvement in partnership with the Joint Collaborative Committees and BC Patient Safety Quality Council. It successfully connected engaged physicians, allied health professionals, and staff involved in surgical care who learned about local projects, discussed sustainment and growth of enhanced recovery, and engaged in planning of provincial support for surgical optimization work.

Key Activity 3: Supporting Physicians to Deliver Quality Care

As utilization of the SSC fees continued to grow in 2017-18, the committee had to address pressures to its fixed budget, and therefore engaged with specialty section heads to make changes to better align utilization with the original intent of the fees. The SSC also worked with specialty sections receiving Labour Market Adjustment (LMA) fee funding to review and adjust utilization. The SSC recognizes the challenges that specialists face with the adjustments that had to be made and the difficulties of managing utilization growth of the fees that support patient care coordination under a fixed budget. An evaluation to assess the impact of the fees was conducted in 2017-18; in addition, some LMA sections are working to evaluate their own fees.

Through the SSC's Leadership and QI Scholarship Fund, over 160 specialists were supported to attend various leadership and QI training courses, including the UBC Sauder Physician Leadership Program.

Overall it has been a very busy and productive year. In particular, the SSC is proud of the solid strides made with the Facility Engagement and Physician Quality Improvement initiatives. The SSC would like to thank Dr Sean Virani for his years of dedicated service as the Doctors of BC co-chair.

—Matthew Chow, MD
Co-Chair

STATUTORY NEGOTIATING COMMITTEE

Drs T. Larsen Soles, Chair; H. Fox, F. Kozak, M. Moran, D. Wilton. Staff: Mr J. Aikman, Mr T. MacPherson, Ms T. Obradovic, Mr P. Straszak.


Over the past year, along with other members appointed by the Board of Directors, members of the Statutory Negotiations Committee (SNC)

participated in mid-term Physician Master Agreement (PMA) consultations with representatives of the government. The aim was to explore collaborative approaches to address the government's priority of measuring the quality and cost-effectiveness of physician services. SNC members on this committee were to ensure that progress in mid-term consultations aligned with member interests in PMA negotiations.

The mid-term consultation committee developed a recommendation that established a joint committee structure to oversee the implementation of a measurement system for physician quality improvement. The joint committee will be governed by a set of foundational principles designed to protect physician interests, and key decisions will be made by consensus. The Statutory Negotiations Committee reviewed and supported the joint recommendation, which was subsequently approved by the Board of Directors.

In the upcoming year, the SNC will turn its attention to the negotiation of a new PMA for which meetings are expected to be in June 2018.


—Trina Larsen Soles, MD
Chair



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ANNUAL REPORTS OF SECTIONS AND SOCIETIES

SECTION OF ANESTHESIOLOGY BC ANESTHESIOLOGISTS' SOCIETY

Drs C. Smecher, President; D. Sweeney, Chair;
B. Merriman, Economics Chair; A. Chau; S. Dandina; H.
Gill; M. Scheepers; K. Wong.

The British Columbia Anesthesiologists' Society (BCAS) continues to represent its members in multiple forums—directly with the Ministry of Health at the Provincial Surgical Executive Committee level and through various Doctors of BC committees, including the Representative Assembly and the Specialists of BC.

We are actively involved in leading quality improvement in BC in both our ORs and hospitals, and in the health authorities.

We have continually promoted the best interests of our patients through our efforts to address our physician recruitment and retention problems. Sharing the workload will improve the work-life balance of our members. Despite our ongoing efforts, we still have a significant shortage of anesthesiologists in the province. This is apparent in the more rural sites, but also at large urban and tertiary care hospitals. We remain concerned about our future human resource issues since so many of our members are nearing retirement, and the training programs are unable to keep up with the current demand. This shortage has direct effects on surgical care in BC and the surgical wait lists, and jeopardizes both the care of our patients and the success of the government's surgical wait time initiatives.

We continue to promote comprehensive patient care through the Perioperative Surgical Home model, the surgical analog of the Patient Medical Home that looks to provide comprehensive medical care for our patients through their family doctors. The Perioperative Surgical Home provides the specialized care to optimize the patient's journey, from the time of surgical decision through to return of function.

Academically, we continue to have a very successful joint scientific meeting with our Washington State colleagues, and this year we added a multiformat spring academic meeting. The Section of Anesthesiology has also been very active in supporting professional development through the use of simulation resources across BC.

—Curt Smecher, MD
President

SECTION OF CLINICAL FACULTY

Drs D. Wensley, President; M. Curry, K. Emmott, D. Haughton, J. Heilman, E. Hillary, E. Mah, R. Paterson, A. Rae, J. Yee.

The Section of Clinical Faculty represents its members and works with the Doctors of BC and UBC to promote excellence in teaching future doctors, and excellence in patient care in order to promote the health of the citizens of the province.

The section works with Doctors of BC on the joint Doctors of BC-UBC Clinical Faculty Working Committee. Our major success to date has been providing UBC with a clear understanding of the issues and grievances concerning clinical faculty. These include issues relating to promotion of clinical faculty (which affects remuneration in some departments), timely payments for teaching, and the initiation of the Teacher Tracking Project developed by UBC.

Unfortunately, although the Working Group recommended an increase in stipends for clinical teaching (there has been no change in the rates for over 10 years) this is not yet forthcoming.

During the year, there were many discussions with individual clinical faculty to provide advice in their dealings with UBC and the departments.

Clinical faculty members of Doctors of BC who teach medical students and residents play a major role in rejuvenating the profession and tackling the current severe physician shortage. Unfortunately, this role is added to current high workloads of practising physicians. There is minimal compensation for the time and resources required for this teaching, and many excellent teachers are limiting their time spent on this activity or discontinuing it altogether. The section asked the Representative Assembly for support for teaching to be included in the upcoming Physician Master Agreement negotiations. Much work needs to be done in this area.

The redesign of family medicine is occurring and many documents are in circulation regarding this. A strategy to support teaching within this new model will be important to attract the next generation of doctors.

—David Wensley, MD
President

SECTION OF DERMATOLOGY

Drs E. Tuyp, President; C. Hong, Past President and Economics Representative; S. Kalia, Treasurer; S. Rossi, Secretary.

Dermatology still has the greatest workforce shortage in the province. It has the largest number of posted opportunities on the Health Match BC website relative to both size of the section and the length of time it would take for the UBC Department of Dermatology and Skin Science graduates to fill these positions (at least 8 years). By that time, a similar or greater number of dermatologists can be expected to have retired considering their average age. Recruitment is hamstrung by BC having the lowest dermatology fees in the country. Neither the government nor UBC Medical School have addressed the problem.

The past year has seen the retirement of Dr Marian Akrigg (Vancouver), Dr Robert Conklin (Richmond), and Dr Nhiem Nguyen (Richmond), as well as the passing of Dr Alan Dodd (Burnaby).

Waiting lists are no longer increasing as more communities no longer have a dermatologist to wait for.

The Section of Dermatology is hopeful that the upcoming Physician Master Agreement will at least address one part of the issue—interprovincial fee disparity.

—Evert Tuyp, MD
President

SECTION OF EMERGENCY MEDICINE

Co-Presidents: Drs Q. Doan (BCCH) conference/academic medicine; S. Fedder (Richmond) App Committee Chair; G. McInnes (Kelowna) FFS Chair; Secretary—Vacant (minutes taken by Raincoast Ventures Ltd.); K. Lindsay (SPH), Treasurer. Members-at-large: Drs P. Balcar (RCH-APP rep); J. Braunstein (RCH-HA/IT/Website); A. Chahal (VGH-APP rep); W. Choi (RCH-Website); M. Ertel (Kelowna, FFS chair); B. Farrell (Victoria General-HA/IT); J. Ghuman (SMH-FFS and HA/IT rep); A. Gilchrist (Delta-App rep); S. Hamersley (Campbell River-Small Sites Liaison); J. Heilman (Cranbrook-HA/IT); M. Holloway (Langley-HA/IT); K. Hutchison (RIH-Kamloops-HA/IT); J. McGrogan (LGH-HA/IT); K. McMeel (Nanaimo-App Rep); L. Oppel (UBC-Provincial Privileging Project); R. Street (RCH-Overcrowding/HA/IT); N. Szpakowicz (Surrey-FFS/Membership); B. Tuyp (RCH/ERH-Resident rep); K. Weibe (Chilliwack-FFS rep).

Executive

After the retirement of our dedicated, longstanding president, Dr David Haughton, we initiated a co-president leadership structure. Our active executive has diverse representation of emergency physicians, including the addition of a trainee representative. Meetings of the executive remain open to all interested members. Executive members remained active in committee work outside the Section of Emergency Medicine (SEM), including Emergency Services Advisory Committee (ESAC), Patterns of Practice Committee, Representative Assembly, Tariff, Negotiations Committee, Alternate Payment Physicians Issues Committee, and Specialist Services Committee.

Bylaws document update

We have reviewed and updated our 2001 constitution and bylaws. We will seek approval of key changes at our AGM, which include allowing for more than one president of the section and changing remuneration guidelines of executives.

Emergency medicine compensation

Our efforts targeted improving critical care and trauma codes, retooling our unreleased billing field guide, rewriting the Emergency Medicine Preamble for further billing clarification, advocating for increased staffing to meet workload demands at Alternative Payments Program (APP) sites, and petitioning for an increase in APP income via the Doctors of BC Allocation

Committee. In preparation for the upcoming Physician Master Agreement renegotiation, we have surveyed our members and have been pushing the section's priorities through meetings, liaising with other sections, and drafting appropriate documentation for submission.

Our top items include financial recognition for off-hours work directed toward both APP and fee-for-service (FFS), fully funding the APP Workload Model, and funding to initiate innovative changes to support delivery of patient care at FFS sites.

AGM and annual conference

Last year's AGM and spring conference, "Successful Communication Style and Strategies for the Emergency Department Clinician," was attended by 53 clinicians who evaluated it positively.

Collaborating with government to improve health care

Two section representatives at ESAC provided content expertise in emergency department operations and epidemiology, significantly contributing to a document titled *Crowding in BC Emergency Departments: Recommendations and Action Plan*. This report will serve as a vehicle to guide the Ministry of Health in addressing emergency department congestion and will also be shared with relevant Doctors of BC working groups to support efforts in crafting a coordinated approach to improving health care.

Electronic Health Record

The section monitored the implementation of electronic medical records at various sites across BC. The section position paper, *EMR in Emergency Departments*, remains relevant as it outlines adequate design, transition, training, and evaluation (impact on efficiency and quality of care).

Contracts

APP-remunerated physicians across the province have continued to deal with contract-related issues on increases in deliverables, erosion of contracted hours definitions, and increased reporting requirements.

WorkSafeBC

The section has been advocating for a WorkSafeBC classification modification (with associated lower fees) for incorporated facility-privileged physicians in BC to

better reflect their low claims rate and lack of need for this insurance for physicians.

—Quynh Doan, MD, Steven Fedder, MD,
Gordon McInnes, MD
Co-Presidents

SECTION OF ENDOCRINOLOGY AND METABOLISM ENDOCRINOLOGY AND METABOLISM SOCIETY OF BC

Drs M. Dahl, President; M. Pawlowska, Vice President; S. Sirrs, Secretary-Treasurer; D. Kendler; G. Tevaarwerk.

Health Human Resources

There are 40 full-time-equivalent (FTE) endocrinologists in BC, based on Doctors of BC's FTE methodology. There have been three retirements and/or relocations and three recruitments.

There continues to be a problem with availability of consultative services in most of BC. There is one endocrinologist in Kelowna, one in Nanaimo, one in Chilliwack, one in Abbotsford, and the rest in the Greater Vancouver and Greater Victoria areas.

Innovations

The use of telemedicine and virtual care has been increased to deal with geographic unavailability of care and to increase patient access. Approximately 20% of endocrinology office follow-up visits are now delivered virtually. We are grateful to the Specialist Services Committee (SSC) for funding an evaluation of virtual endocrinology care with the assistance of the firm MNP. We expect to report on the financial implications and patient, referring doctor, and endocrinologist experience by mid-2018.

We are also completing an SSC-funded needs analysis of diabetes care in BC with expected completion and reporting in 2018.

We would like to extend thanks to Ms Alyson Thomas and Dr Sam Bugis for their expert assistance.

—Marshall Dahl, MD
President

SECTION OF HOSPITALIST MEDICINE

Drs M. Paletta, President; K. Nair, Treasurer; R. Tukker, Secretary; D. Harris, Past President. Members-at-large: Drs S. Khandewal, V. Yousefi.

The Section of Hospital Medicine had its AGM in association with the Fraser Health Authority-sponsored BC Hospital Medicine Education Day in April. It was very well attended and our new executive was elected then. The only amendment to our bylaws was to specify that our executive strongly supports there being a representative from each health authority on the executive to ensure better representation from across the province.

Members of the executive have been working hard to support hospital medicine programs throughout the province through teleconference discussions, and in some cases with a planned visit to liaise with hospitalist leaders on Vancouver Island. Support for various local and regional negotiations has kept our group busy.

In addition, preparing for and participating in the lead up to the Physician Master Agreement reopener led to many meetings over the last few months. As part of that we asked for and received entries from other sections where we felt there was common interest in improving the level of care and working conditions facing our members. We extend special thanks to the sections of Emergency Medicine and Anaesthesia for their support and cooperation.

We continue to push along with our fellow hospitalists across the country for recognition of our specialty through the CCFP and the Royal College. The Canadian Core Competencies for Hospital Medicine have gained better recognition and acceptance helping solidify our request for more formal status along with the sections of Palliative Care, Sports Medicine, and Emergency Medicine.

—Michael Paletta, MD
President

SECTION OF INFECTIOUS DISEASES *BC INFECTIOUS DISEASES SOCIETY*

Drs D.A.N. Ferris, President; G. Deans, Vice President; Y. Arikan, Treasurer; T.S. Steiner, Secretary; W. Ghesquiere, A. Hamour.

The British Columbia Infectious Diseases Society (BC-IDS) represents 63 practising infectious diseases specialists in the province. Currently, of our full members,

30 are Royal College-certified specialists, in addition to 12 associate nonvoting members, which include retired members, student trainees, and noninfectious diseases physicians.

We are the professional voice for infectious diseases specialists in BC and provide leadership and guidance to the Doctors of BC and the Specialists of British Columbia. Our specialists continue to face ongoing infectious disease threats occurring locally and internationally. These include multidrug-resistant organisms, influenza, and the Zika virus. We also champion appropriate antimicrobial stewardship and support good infection control practices.

Our society continues to be active in both the Doctors of BC and Specialists of British Columbia. Ongoing significant disparity issues face non-procedural internal medicine subspecialists, including infectious diseases consultants. We continue to fight for corrected inter-sectional disparity issues and advocate on behalf of our members ahead of the Physician Master Agreement negotiations which are scheduled for 2019. Our goal is to reduce disparity between our subspecialty section and our colleagues in family practice, general internal medicine, and other procedural subspecialties.

We applied last year's disparity correction funds to move the specialist HIV care fee code 33645 from the fixed budget of the Labour Market Adjustment (LMA) codes of the Specialist Services Committee into the Medical Service Plan budget. We hope to apply our final year of disparity correction funds to get the home IV management fee code 33655 into MSP. Unfortunately, due to budget restrictions under the LMA, in 2017 we had to reduce the home IV management code from 7 days per week to 4 days per week.

We continue to await the results of the Medical On-Call Availability Program (MOCAP) review. We support uniform application of MOCAP across all health authorities. To date, our colleagues in both Fraser Health and Northern Health are not able to access MOCAP support, which exacerbates difficulties with recruitment and retention. We also await the 2017 overhead study results to help support ongoing disparity correction.

Our 2017 annual general meeting was held in conjunction with the 20th annual Infectious Diseases Update on 27 October 2017 in Victoria. The meeting was attended by 11 of our full voting members. We acknowledge and recognize the work that Dr Wayne Ghesquiere and his team provided in organizing this educational weekend and for dedicating a room for our annual general meeting. We are pleased to announce that our 12th annual

general meeting will be held in conjunction with the Infectious Diseases Update in Victoria on Friday evening, 26 October 2018.

The positive financial situation of the BCIDS resulted in fixed membership fees for 2018, and we reduced our fees for associate members, including students and retired physicians to zero.

Our society appreciates and acknowledges the dedicated service that my executive colleagues have provided over the last year, including Dr Greg Deans, vice president, Dr Yasemin Arikan, treasurer, Dr Ted Steiner, secretary, Dr Wayne Ghesquiere, our member-at-large representative of Island Health, and Dr Abu Hamour, our member-at-large representative of the Northern Health Authority.

Our society continues to extend our deepest gratitude to my administrative assistant, Ms Tracy Fold, who provides exceptional services to our section and is an ongoing resource to all our members. We also extend our gratitude to Ms Alyson Thomas at Doctors of BC who provides administrative assistance to the BC Infectious Diseases Society, and to Ms Lainie Burgess, administrative director at the UBC Division of Infectious Diseases, in helping to maintain our current membership list.

—Dwight A.N. Ferris, MD
President

evolving concepts were presented to the executive with a healthy exchange of ideas. By November 2017, the service delivery model plans were complete and a final presentation was made to the BCALP executive. There was extensive debate, largely centred on the envisioned funding model and plans for consolidating microbiology services within the Vancouver region. This exchange of ideas was fruitful and led to recognition within the final report that there was not unanimous support for some of the changes planned.

The second major activity of the BCALP involved engaging with the Ministry of Health in discussions of workload models, their best application, and their use in contracts between health authorities and pathology groups. These activities involved select members of the executive meeting with a variety of ministry representatives. Ultimately, the ministry agreed to have the problems studied in a joint project between BCALP and the agency. The intent of the project is to report to the ministry with recommendations for applying workload models, and to consider the possibility of updating them to recognize changes in practice, particularly in anatomic pathology, that have taken place since their introduction. Unfortunately, recent changes to the agency and lack of clarity in the project charter have delayed the implementation of this activity.

—Kenneth Berean, MD
President

SECTION OF LABORATORY MEDICINE *BC ASSOCIATION OF LABORATORY PHYSICIANS*

Drs K. Berean, President; C. Bellamy, R. Cleve, A. Finn, J. Lo, M. Moss, J. O'Connell, T. Smith, L. Steele, M. Trotter, S. VerCauteren.

In 2017, the BC Association of Laboratory Physicians (BCALP) had two major focuses of activity. The first involved the Agency for Pathology and Laboratory Medicine, which was created in 2016 and spent the latter portion of that year and most of 2017 developing a service delivery model to provide pathology services to the province. This development took place within a number of discipline groups created by the agency, including anatomic pathology, medical microbiology, medical biochemistry, and hematopathology. It involved many lab physicians in the province, the majority of them BCALP members.

Throughout the year, there was ongoing dialogue between the agency and the executive of the BCALP. On a number of occasions, provisional reports and

SECTION OF NUCLEAR MEDICINE

Drs P. Cohen, President; C. Mohamed, Vice President; D. Worsley, Treasurer.

This is the first year that nuclear medicine became recognized as a formal section within Doctors of BC. Until 2017, nuclear medicine had been a subsection of the Section of Laboratory Medicine. The request to form a section relates to the growing importance of nuclear medicine as a separate specialty, new technologies, and the end of fee-for-service within MSP for the Section of Laboratory Medicine.

The main issue facing nuclear medicine in BC is lack of access to PET (positron emission tomography) services. This is well documented in a 2011 TRIUMF study looking at PET resources in Canada. BC was cited as inadequate, having only two PET cameras for the entire population of 5 million. This is the same or fewer PET scanners than many city hospitals in the United States, Europe, Asia, or Quebec. The addition of a PET camera

to Victoria in 2019 and to Kelowna in 2020–21 is unlikely to change access significantly, although it is a step in the right direction.

Report of the 2017 Canadian Agency for Drugs and Technologies in Health inventory for diagnostic imaging equipment showed BC with 0.63 PET units per million population, the lowest number in any Canadian province or territory, except Prince Edward Island. The result is lack of diagnostic PET services and radiotherapies that are dependent on PET, which has been shown to change management in oncology 40% of the time, according to studies within the BC Cancer Agency. Further, limiting PET cameras to the BC Cancer Agency denies PET diagnostic tests to noncancer patients with infectious diseases, and diseases in neurology, GI, and cardiology.

—Philip F. Cohen, MD
President

SECTION OF NEUROSURGERY

Drs C. Honey, President; A. Lee, Secretary-Treasurer; D. Warren, Economics Representative.

The Section of Neurosurgery met during the annual Canadian Federation of Neurological Sciences meeting in Victoria, 22 June 2017. At this meeting the constitution and bylaws for the section were unanimously adopted. There is now an annual fee of \$250 to belong to the section.

The bulk of the meeting dealt with economic issues and information that were presented by Dr Warren and discussed by the group. The selection of members-at-large was confirmed so that there is now representation from each of the neurosurgery groups as follows: Dr Chevalier from Kamloops, Dr Golpen from Kelowna, Dr Janicki from Lions Gate Hospital, Dr Ailon from the VGH Spine Group, Dr Honey from VGH, Dr Warren from Victoria, Dr MacDonald from BCCH, and Dr Lee from New Westminster.

Notice was given for candidates to put forward their name for election to the Board.

Discussion has begun on the possibility of standardizing equipment in neurosurgery across the province with the goal of saving health care funding dollars.

The Section of Neurosurgery next met during the 40th Annual BC Neuroscience Day in Vancouver, 7 March 2018. Members were updated on the section's requests to the Doctors of BC negotiating team dealing with the government Physician Master Agreement. Our requests were in keeping with many surgical sections,

which included compensation for more complex surgery, after-hours surgery, more complex patient cases, and support for qualified assistants during surgery.

Dr Warren reviewed the list of new fee codes, altered fee codes, and deleted fee codes for neurosurgery. All spinal surgery codes will now be under the neurosurgery umbrella.

—Christopher Honey, MD
President

SECTION OF OBSTETRICS AND GYNECOLOGY

Drs S. Kaye, B. Wagner Co-Presidents; J. Cooper, Secretary-Treasurer.

This is a year of change for our section. For years we enjoyed the expert leadership of Dr Doug Waterman as our Economics Representative. Doug successfully supported great change in our fees during his 20-year tenure. Doug was supported by a number of presidents through the years and our able secretary-treasurer, Dr John Cooper, and was the voice of experience and knowledge for us for many years. Thankfully, Doug is supporting the new leadership team: Drs Stephen Kaye, Brenda Wagner, Roy Jackson, and John Cooper. We were also fortunate to hire Ms Jen Welch as our new executive assistant. In addition, a number of members have joined a wider leadership committee to provide input and ensure our section is well supported into the future: Drs Michelle Belanger, William Kingston, Kristi Kyle, Marius Pienaar, Helen Robson, Claudine Storness-Bliss, Mina Wesa, and Owen Yoshida.

Some of the major issues facing our section are growth in CMPA costs, appropriate funding for advanced laparoscopic procedures, and disparity correction. Rising CMPA costs have resulted in approximately \$10 000 out-of-pocket costs for obstetricians. Thankfully, the JSC on Rural Issues provides relief for these costs for rural members, but for urban obstetricians and gynecologists this is a significant issue, particularly in communities where obstetricians are not doing primary care.

Laparoscopic hysterectomies were funded through the SSC Labor Market Adjustment funding, but the increased uptake could not be supported by the budget. Work with the Doctors of BC Tariff Committee will hopefully see these fees sustainably funded. Our section believes appropriate funding for obstetrics and gynecology is essential to ensure women and their newborns get the care they deserve. The outdated fee guide does

not meet the current needs of our patients. Our section views disparity correction as a justice issue for our patients and their families.

One of our major goals for this year is to increase communication and awareness in our section. We have created a Facebook page for communication and are sending regular newsletters.

This June, our section will be hosting a meeting to coincide with the SOCG meeting in Victoria. We hope to see many of our members there.

—Brenda Wagner, MD
Co-President

SECTION OF OPHTHALMOLOGY BC SOCIETY OF EYE PHYSICIANS AND SURGEONS

Drs D. Dhanda, President; R. Baldassare, W. de Bruin, P. Gupta, W. Johnston, F. Law, C. Pollock, B. Sexton, L. Wittenberg.

The increasing age of BC residents combined with previously nonexistent treatment options constantly adds to the demands on specialists dealing with the burgeoning issues of the population. Ophthalmologists invest heavily in technology and increases in staffing to meet the growing requirements of the volume of British Columbians requiring access to sight-saving surgery or treatment. Experts predict a 100% increase in all age-related eye conditions (cataract, glaucoma, diabetic retinopathy, and age-related macular degeneration) over the next 15 to 20 years.

Despite the section being subjected to a 21% decrease in the fee for cataract surgery in 2013, ophthalmologists have continued to work longer and harder. Province-wide initiatives to reduce wait lists resulted in 3577 more surgeries performed the year after the fee was reduced. Given the aging population, surgeons continue to perform more cataract surgeries than in the past. This trend will continue.

In the face of this, 34% of ophthalmologists are age 60 or over. MSP's most recent Physician Resource Report notes that ophthalmologists are, on average, working more days per year than previously—more than almost all other specialists, and this poses the question, "Will there be enough ophthalmologists to serve the demand of an increasing senior population?"

Notwithstanding, in June 2017, the Ministry of Health proposed that cataract and lens surgeries, follow-up visits, and some testing be reduced by 70% to 80%. At

the time of writing, this is under discussion with the ministry.

Ophthalmologists have also responded to the government-initiated age-related macular degeneration treatment program, aimed at combating the most common cause of blindness in the country with new treatments not previously available. Physicians in the program have the exclusive burden of caring for these patients. This requires multiple office patient visits, and regular, repeated intraocular injections, all of which have increased over the years because of the aging population and the prevalence of this disease. While the program has resulted in some physician corporations' gross billings significantly increasing, it has controlled costs and provided significant savings for the government and the taxpayers of BC.

The blurring of the definition between physicians and non-MDs persists. Optometrists go by the title of doctor, which makes them indistinguishable from medical doctors to both the public and government. As a result, the expansion of scope of practice of optometry continues, with growing numbers of patients with serious blinding eye disease, such as glaucoma, being seen and managed only by nonphysicians. This results in increases in sight loss for individuals and increased costs to taxpayers and society.

The society's annual meeting was held on 12 May 2017. The major clinical topic was cataract surgery with consideration of a wide range of complicating factors.

—Dhar Dhanda, MD
President

SECTION OF ORTHOPAEDIC SURGERY BC ORTHOPAEDIC ASSOCIATION

Drs A. Younger, President; K. Wing, Past President; K. Panagiotopoulos, Secretary-Treasurer. Regional Directors: Drs P. Dryden (VIHA); S. Arneja (FHA); D. Wickham, D. Viskontas (NHA); R. Purnell, D. Nelson (VCHA); E. Calvert, M. McKonkey (IHA); J. Splawinski, D. Plausinis. Directors-at-large: Drs V. Jando, S. Krywulak, M. Moran, R. Outerbridge. WSBC liaison: Dr C. Jackson.

The annual general meeting of the BC Orthopaedic Association (BCOA) was held on 4 May 2018 in conjunction with UBC Orthopaedic Update. The following is a brief summary report of the past year:

Timely access to orthopaedic care in BC

The BCOA continues to advocate for our patients' access to care. It is our top priority. Our country's universal health care system was created over 50 years ago. At that time, only 10% of the population was 65 or older. By 2030, this age group will make up 25% of the population. This will also be the group that will require the most orthopaedic care to relieve pain and restore mobility impaired by degenerative conditions. Our health care system at the national, provincial, and regional levels has not kept pace with the demand, and our patients do not have timely access to the care they need.

We call on our national and provincial governments—our partners in health care—to help us provide immediate care for all urgent orthopaedic problems and appropriate care within 90 days for all other nonemergency orthopaedic problems.

Orthopaedic health care teams need the financial and management resources to deliver the best and most affordable care possible. Innovative models need sufficient hospital resources to make sure all orthopaedic patients can get timely surgical solutions when needed. There are also human resource issues that we must all tackle to get the system working optimally.

The BCOA produced several videos highlighting the breadth and diversity of orthopaedic health care programs throughout BC that are making a positive, measurable difference in the wait time for surgery, treatment, and patient outcomes. These videos acknowledge the challenges that patients and orthopaedic surgeons face in our current health care system. They can be viewed on our website www.bcoa.ca.

BCOA wait time initiative

The BCOA continues to work with Cambian to collect meaningful wait time data that will support optimal ways to best manage surgical wait lists in BC and help to effectively manage resource allocations in the regions. BCOA and Cambian are working to expand collaboration with more physicians and more EMR applications participating in wait time reporting, referral triage, and patient-reported data.

Upcoming negotiation of the Physician Master Agreement

Section priorities for the upcoming Physician Master Agreement are:

- Wait-list management.
- Income disparity.

- Developing a dispute resolution mechanism for billing multiple fee items.
- Increasing after-hours surcharges.
- Increasing the fees for multiple surgeries.
- CMPA rebates.

—Alastair Younger, MD
President

SECTION OF PAIN MEDICINE PAIN MEDICINE PHYSICIANS OF BC SOCIETY

Dr O. Williamson, President and Section Head,
Drs B. MacNicol, Secretary; R. Trow, Treasurer;
P. Etheridge, P. Inkpen, B. Lau, G. Lauder, S. Wiseman.

The last 12 months have been particularly challenging for the Pain Medicine Physicians of BC Society (PMPoBC Society).

The precipitous increase in deaths due to illicit fentanyl overdoses has overshadowed the plight of the one in five British Columbians living with persistent pain.

The PMPoBC Society has, however, been working behind the scenes to advocate for people living with pain to have timely and affordable access to safe and effective therapies.

Members of our society participated in the 2017 BC Pain Summit and continue to inform the development of a provincial pain strategy.

PMPoBC Society cosponsored the Doctors of BC *Improving Chronic Pain Management in BC* policy statement. We continue to correspond with the Tariff Committee regarding the process of developing fee codes for our members who are specialists and family physicians.

PMPoBC Society has been critical of the College of Physicians and Surgeons of BC's Professional Standard and Guidelines for the *Safe Prescribing of Drugs with Potential for Misuse/Diversion*. We continue to seek changes to align their document with the *2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain*.

We have also been involved in discussions with several regulators regarding the credentialing of physicians and community facilities that provide interventional pain services. We fear uninformed regulation will lead to the loss of pain management services in regional, rural, and remote communities.

Several members of the PMPoBC Society have successfully challenged the RCPSC Pain Medicine exams, but we rely on the efforts of all our members to assist with the education of medical students, residents,

allied health professionals, people living with pain, and the general public.

PMPoBC Society looks forward to the continuing support of the Doctors of BC leadership team and invites all other sections to collaborate with us to more efficiently and effectively deal with issues of mutual interest.

PMPoBC Society wishes to acknowledge and thank all its members for their continuing support for the one in five British Columbians living with persistent pain.

—Owen D. Williamson, MD
President and Section Head

SECTION OF PALLIATIVE MEDICINE

Drs D. McGregor, President; S. Minhas, Past President (FHA); G. Kimel, Treasurer and Secretary. Executive members: Drs P. Edmunds (VCH); B. Fehlau (VIHA); P. Hawley, (PHSA); G. Kimel (Providence); I. Reddy (NHA and President-Elect); S. Sze (IHA). Members-at-large: Drs D. Barwich, L. MacDonald.

The Section of Palliative Medicine in the Doctors of BC is currently a 90-physician group. Our section currently faces a number of issues. The Royal College now recognizes palliative medicine as a new subspecialty, including differing training pathways. Additionally, the College of Family Physicians recognized both extra training for those who completed the Year of Added Competency (YAC) and those who have been leaders in palliative medicine across Canada with the designation Certificate of Added Competence (CAC). A final wave of grandfathered physicians will be recognized through a practice experience route.

Issues

There is a serious recruitment and retention problem. In particular there are unfilled positions in PHSA (BC Cancer Agency Pain and Symptom Management/palliative care clinics) in Fraser Health and in Richmond.

Salaries for palliative care physicians in other provinces are at least \$50 000 higher than in BC. New Royal College palliative medicine specialists will be expecting to be paid at the rates that align with other internal medicine physicians and comparably with their colleagues in other provinces if we hope to attract/retain them.

We are currently facing a threatened decline in our incomes. Those receiving payments through the Medical On-Call Availability Program (MOCAP) have

been alerted to the fact that the MOCAP Review Committee may recommend that the monies be reduced to Level 3. Currently, for example, a MOCAP Level 2 contract (at 80%), \$132 000 shared between 10 physicians, will drop to \$56 000. We will appeal this as a section.

We are developing our own fee codes. Currently, we use a mixture of fee codes (mostly from general practice) for our work when we are not on sessional or service contract time. We anticipate that some of the new Royal College specialists who practise both internal medicine and palliative care will seek to be paid this way.

With fee codes we will actually demonstrate how much work we do. Our work is necessarily time consuming. Fee codes will include some time-based element. For smaller programs, fee-for-service billing often provides a “bridge” to get the program established.

Our membership continues to adapt to a new reality of medical assistance in dying (MAID). Recognizing that members have strongly held views, we have avoided polarizing divisions by having respectful conversations.

We submitted two proposals for the 2019 Physician Master Agreement renegotiations:

- That our sessional contracts and service contracts be increased to the level that matches other provinces.
- That the full-time equivalent funding for palliative care physicians by the ministry to health authorities increase to recognized benchmarks for the population, recognizing the needs of individual communities

—Douglas McGregor, MD
President

SECTION OF PEDIATRICS

BC PEDIATRIC SOCIETY

Drs A. Poynter, President, Director Fraser Health Authority; W. Abelson, Secretary-Treasurer; T. Sorokan, W. Abelson, Economics Representatives; W. Arruda, Advocacy Chair; A. Eddy, UBC Department of Pediatrics Representative; G. Ward, Member-at-large; Kirk Schultz, AFP Representative; K. Miller, Director Northern Health Authority; K. Gross, Director Interior Health Authority; N. Jain, Director Vancouver Coastal; J. Balfour, Director Island Health; A. Foran, A. Chomyn, Residents' Representatives; P. Thiessen, CPS representative.

The vision of the BC Pediatric Society (operating as the Section of Pediatrics at the BC Medical Association) is that all BC infants, children, adolescents, and their

families will attain optimal physical, mental, and social health. To accomplish this vision, the society will work with allied care providers, government, regional, provincial, and national organizations and support the professional needs of its members.

Advocacy

Our advocacy work centred on the following themes:

- **Economics:** We have put forward a new fee application for community pediatricians to allow for transition of patients 16 to 19 years of age, which was turned down by MSP; this is now under review. We provided input for the negotiation of the upcoming Physician Master Agreement. We are planning to meet with the Tariff Committee shortly to discuss issues regarding time-based fees.
- **Transition:** We are finishing off a grant from the SSC that focuses on the transition process as community pediatricians transfer patients into adult care. We have developed tools and resources including a Medical Transfer Summary Form. These are all posted on the BCPS website: <http://bcpedsa.ca/Programs/showcontent.aspx?MenuID=3525>.
- **Mental health services:** When we traveled the province this year gathering feedback on these transition tools, the concern we heard most often was the access and quality of mental health services for children and youth. Our advocacy leads (Drs Arruda and Poynter) traveled to Victoria numerous times over these last years, meeting with the Ministries of Child and Family Development, Health, and Education. Additionally, we have worked with the CYMHSU Collaborative and now with the Departments of Neuropsychiatry and Psychiatry at BC's Children's Hospital to improve access for psychiatric services and support for pediatricians who provide these services for children.
- **Education:** We have talked to both the Ministry of Children and Family Development and the Ministry of Education about school-based wellness centres. The Barsby Wellness Centre in Nanaimo is an excellent example of how a school-based clinic can serve the needs of students with mental health challenges. We've also been working with the Ministry of Education on an update to the designation form and brochure for use by pediatricians who are consulted to assess students with learning difficulties.
- **Immunization:** We focused on immunizations, particularly the HPV vaccine for boys (and for girls, as the uptake on this vaccine isn't what it should

be). Resources for the HPV vaccine can be found at <http://bcpedsa.ca/Programs/showcontent.aspx?MenuID=3563>, and more resources on other vaccines at <http://bcpedsa.ca/Programs/npfv.aspx?MenuID=1763>.

- **Childhood obesity:** Last year we decided to move SipSmart, a school-based program aimed at reducing sugar-sweetened beverages (in grades 4 to 6), over to the Childhood Obesity Foundation. This move will be finalized in the next month or two.
- **Secure care:** A working group has been established to look at the possibility of secure care for severely addicted youth (within an integrated set of services). In terms of education opportunities, we have a blanket CME accreditation for evening journal club dinners. We present a dinner approximately every 2 months. These dinners are broadcast via telehealth and WebEx throughout the province. We also organize an annual 2-day CME accredited conference. Planning is underway for 2018.

Finally, the BCPS has a website aimed at both physicians and family audiences (www.bcpedsa.ca). It has been substantially redesigned and the new page went live in April.

—Aven Poynter, MD
President

SECTION OF PHYSICAL MEDICINE AND REHABILITATION

Dr E. Weiss, President, Secretary-Treasurer.

The Section of Physical Medicine and Rehabilitation meets up to four times per year concurrently with the UBC Division of Physical Medicine and Rehabilitation meetings. Updates are provided on issues that are relevant to the section, including those pertaining to compensation and the work environment.

In the past year, concerns about WorkSafeBC compensation were highlighted. Colleagues were encouraged to participate in discussions.

—Elliott Weiss, MD
President

SECTION OF PLASTIC SURGERY

Drs N. Van Laeken, President; O. Reid, Secretary-Treasurer.

Physician Master Agreement

The Section of Plastic Surgery collated the following topics for submission for the Physician Master Agreement negotiations:

- Plastic surgeons support enhanced payment for multiple procedures done under one anesthetic.
- Enhancement of after-hours surcharges: the Section of Plastic Surgery would like to support the other specialty divisions who have requested the same.

With the implementation of the new standards for office-based procedures through the College of Physicians and Surgeons of British Columbia, it is recognized that it will be prohibitively expensive for surgeons to perform MSP-insured services in their offices. This will aggravate what are currently excessive wait times for management of skin cancers and minor hand problems. It is requested that the tray fee be increased in value making it feasible for surgeons to provide this service to patients. It is reasonable that this may be requested as additional funds because the decision was a unilateral one made by the College which has altered the equipment/supplies cost. This issue addresses both quality of care as well as access issues.

As a continuum of the above request, it is recommended by the Section of Plastic Surgery that surgeons have an opportunity to have increased access to day procedures outside of public facilities. It is requested that all options should be explored to recruit any resources available to manage the wait list. Surgeons are currently not able to meet the wait time targets according to the priorities set forth by the current government. One of their mandates has been to review the opportunity to access private facilities to get all of the procedures with wait time targets completed within those wait time targets. This would necessitate the government's obligation to reconcile their promise to reduce wait times but will require additional funds be infused to support these promises.

In the last round of negotiations, money was allocated for physician engagement. Section members do not feel that these funds have been optimally utilized to facilitate medical staff relationships with the health authorities or each hospital administration.

By optimizing these relationships, it should be possible to better allocate funds in the areas of patient need. The joint collaborative committees have a responsibility

to use the funding that has been allocated to enhance patient access to care. It would be up to the hospital administration to mandate that these relationships be consolidated and used productively. This would also facilitate organization of multidisciplinary care processes including centralized booking and patient distribution for those areas of maximum need, appropriate multidisciplinary care rounds for better disposition of patients with a more efficient diagnostic and treatment pathway grid to follow, and optimization of telehealth and teleconferencing.

The Section of Plastic Surgery requests that the government revisit an opportunity for patient-focused funding. If complex tertiary and quaternary level patients are being centralized in certain health authorities, or in certain institutions, then those institutions require the funds to provide subspecialized care in a timely and efficient fashion without compromising that institution's ability to service other patient needs.

The Section of Plastic Surgery also requests more timely payment from MSP for billed services.

College issues

There are two issues with the College of Physicians and Surgeons that are currently at the forefront of a number of the subspecialty groups for the Doctors of BC. One involves the College's implementation of new criteria for minor procedures that will be done across multiple specialties in physicians' offices. This includes effectively every subspecialty area because all of the procedures performed, including intravenous infusion of therapies to the completion of minor surgical procedures. There are new standards that must be met. This will likely involve additional nursing staff, additional cost for equipment for the office, and additional sterilization and equipment management.

There was a meeting to address this issue with representatives from the College. They were not sympathetic to the requests by the physicians. It was decided at the most recent Specialists of BC meeting that the next step would be for the physicians to meet directly with the Ministry of Health. The ministry will be advised that wait lists for minor procedures and patient access to care will be severely limited if the College is allowed to implement their new standards. The ministry will either have to provide additional financial support for physicians who wish to perform these services in their offices, or ask that the standards be revisited.

The second important issue involving the College is about inaccurate and false advertising by nonspecialists

on various online sites, most specifically RateMDs.com. The College has not been able to adequately police these fraudulent physicians. Most recently, the dermatologists and the plastic surgeons have filed several complaints against family physicians who are advertising themselves as being cosmetic surgeons or cosmetic specialists. Further investigation of these false advertisements and a strategic plan will have to be devised. This is not only an intraprovincial problem. As noted by the Canadian Society of Plastic Surgeons, it is also a national problem with plastic surgeons identifying across the country doctors who would like to advertise themselves as qualified plastic and reconstructive surgeons, but who are clearly not. Further details to follow.

—Nancy Van Laeken, MD
President

SECTION OF PSYCHIATRY BC PSYCHIATRIC ASSOCIATION

Drs B. Mathew, President; A. Bates, President-Elect; R. Randhawa, Secretary; K. Stevenson, Treasurer/Interior Representative; C.-A. Saari, Past President; T. Black, Child and Adolescent Psychiatry Representative and Economics Chair; P. Campbell, Psychosomatic Medicine Representative; P. Chan, Geriatric Psychiatry Representative; B. Chow, M. Danilewitz, Resident Representatives; N. Collins, Governance Chair; T. Isomura, I. Hussain, FHA Representatives; A. Jagdeo, Governance Representative; B. Kane, NHA Representative; V. Karapareddy, Addictions Psychiatry Representative; F. McGregor, Advocacy Chair; D. Miller, C. Northcott, VCH Representatives; D. Morgan, Forensic Psychiatry Representative; W. Song, VIHA Representative.

The past year was a busy one for the BC Psychiatric Association (BCPA). The election of the president-elect for the Canadian Psychiatric Association was held from BC. Dr Wei-Yi Song was duly elected and will assume office in September 2018.

The BCPA annual Residents' Dinner was held at Seasons in the Park in March 2017 and was very well attended. Dr Pouya Azar was the keynote speaker and addressed the topic of addictions in Vancouver. Dr Biju Mathew welcomed the guests and gave a brief account of the BCPA's activities while Dr Alan Bates spoke about the Resident Advocacy Award and invited residents to participate.

The BCPA Education Day and AGM were held on 4 November 2017 at the Coast Coal Harbour Hotel in Vancouver and were attended by over 120 delegates. The theme was "The Opiate Crisis, Concurrent Disorders, and Violence in the Workplace." Speakers included Drs Alan Bates, Paul Daag, Marlon Danilewitz, Brian Emerson, Sharleen Gill, Lingsa Jia, Anson Koo, Biju Mathew, Patrick McDonald, Debra Miller, Venu Reddy, Rajeev Sheoran, Nachiketa Sinha, Christy Sutherland, Lakshmi Yatham, and Steve Wiseman.

—Biju Mathew, MD
President

SECTION OF RADIOLOGY BC RADIOLOGICAL SOCIETY

Dr A. Harris, Section Head and President. Executive Council members: Drs L. S. Greek, Z. Kotwall, P. Kurkjian, E. Lee, M. Martin, K. Seland, K. Sharma, W. Siu, P. Trepanier, P. Vos, W. Yap, C. Yong-Hing. Resident representatives: Drs R. Dhatt, S. Tolhurst. Administrative consultants: Mr. B. Rauscher, Ms. C. Rentz-Bennett.

Changes to Executive Council

Dr Alison Harris continues in the role of president of the section and Dr Siu remains on the executive as the past president. New members to the Executive Council include Dr Kristina Sharma as the secretary-treasurer and Dr Zenobia Kotwall is the women's imaging representative. The Executive Council continues to be well represented by radiologists from all regions of the province along with representatives from the UBC Radiology Residency Program.

CME Sessions

The BC Radiological Society (BCRS) continues to provide valuable continuing medical education (CME) for the membership. In 2017, the BCRS held a Prostate Intensive MRI Educational Day (PrIMED) and Breast Imaging Update event in Vancouver as well as a Neuroimaging Symposium in Victoria. We also held our final Managing Radiological Emergencies Workshop in November in conjunction with our AGM.

In 2018, the BCRS will offer a Liver Imaging course on 14 April 2018, and a Pediatric Radiology Update for general radiologists in November.

Sponsorships

The BCRS is pleased to announce that we have established a Leadership in Radiology Resident Scholarship

for residents this year. This award will allow one radiology resident to attend the next CRF/CAR/UBC Sauder School of Business Leadership in Radiology course held in conjunction with the Canadian Association of Radiologists Annual Scientific Meeting in Montreal, Quebec, in April. The inaugural award has been presented to Dr Dennis Parhar, a PGY-2 resident.

The Section of Radiology continues to sponsor three BCIT awards: two entrance scholarships for students in the Medical Radiography and Diagnostic Medical Sonography programs and one First-Year Achievement Award for a student entering their second year of the Diagnostic Medical Sonography program.

2018 Activities

In 2018, the BCRS continues to work with its members and other stakeholders, such as the Ministry of Health, Doctors of BC, health authorities, the Medical Imaging Advisory Committee, WorkSafeBC, and the Canadian Association of Radiologists on the following activities:

- Development of accredited CME programs for radiologists.
- Implementation of the Physician Master Agreement.
- Development of a peer-reviewed quality improvement program for radiologists.
- Provincial advanced imaging strategies.
- Development of a modernized breast-imaging fee schedule.
- Modernization of interventional radiology fees.
- Appropriateness and standardization of medical imaging studies.

—Alison Harris, MD
President

SECTION OF RHEUMATOLOGY *BC SOCIETY OF RHEUMATOLOGISTS*

Drs J. Kur, President; J. Wade, Treasurer; M. Teo; M. Uh.

Labor Market Adjustment Fee Codes

Funding through the Labor Market Adjustment (LMA) for innovative fees codes has transformed rheumatology practice and access to care in the province over the past 5 years. The Section of Rheumatology is embarking on further evaluation of the impact of these codes on practice, physician recruitment, and patient care. Projects are underway to review the rheumatology workforce in the province, access to outpatient nursing care, and patient satisfaction with the nursing model of care. We

are advocating for longer-term solutions to address the challenge of capped LMA funding.

Models of Care Education

The BC Society of Rheumatology (BCSR), in conjunction with support from the Doctors of BC, held a very successful and well-attended half-day workshop on models of care and office practice.

Pharmacare-mandated, nonmedical biosimilar switching

Many biosimilar medications for rheumatologic diseases are entering the marketplace. It is anticipated that Pharmacare will mandate switching patients from originator biologic to less-expensive biosimilars for an anticipated cost savings. Members have been very engaged and vocal in ensuring patient safety and consent in this process. This process will also put added burden on physician resources given the added time and visits needed to counsel patients on the matter.

Wait times

In an effort to improve access to rheumatologic care, BCSR annually surveys its members to identify those physicians who may have shorter wait times for routine rheumatologic referrals. This list can be found at: <http://bcrheumatology.ca/initiatives/>. In addition, all rheumatologists prioritize referrals for inflammatory disease (rheumatoid arthritis).

The major meeting of the BCSR will occur in conjunction with the BC Rheumatology Invitational Education Series on 28 September 2018 in Vancouver.

—Jason Kur, MD
President

SECTION OF SPORT AND EXERCISE MEDICINE

Drs C. Shearer, President; R. Martel, Vice President; J. Ames, Treasurer.

Our section held its annual general meeting in November 2017. For the last three years we have been holding our AGM in conjunction with a CME event organized by our section. This has led to the desired result of a very necessary and significant increase in the number of attendees at our AGM. This year's CME meeting was a joint effort of our section and the BC chapter of the Canadian Physiotherapy Association—our AGM being held during a prolonged lunch break. It was

a very successful and well-attended CME event and we received very positive feedback.

Our section members who provide sport medicine consulting provide valuable services. We are an important referral resource for our general practice colleagues and we also receive referrals and redirections from our FRCP colleagues such as specialists from orthopaedics, rheumatology, physiatry, general surgery, and pediatrics. We provide access to consultations in athletes, general musculoskeletal medicine for the active and inactive population and the aging population, concussions, and exercise as medicine, etc. We have expertise in nonoperative management of musculoskeletal problems and we are increasingly in demand from orthopaedic surgeons to optimize nonoperative management and screen patients prior to being seen by the orthopaedic surgeon. We also teach medical students, family practice residents, and sometimes specialist residents (such as those in rheumatology and orthopaedics). We also save the system money by providing musculoskeletal consulting services and we reduce wait lists for the orthopaedic surgeons.

However, we currently have many concerns about the health of our section because the number of our members providing consulting services is dwindling, graying, and retiring. We believe it is at risk of becoming extinct. Of the last 20 graduates of the UBC Allan McGavin Fellowship in sport medicine (the only such training program in BC) only three are practising a significant amount of sport medicine—two are doing 3 days a week of sport medicine consulting and one is full-time. The rest have decided not to practise sport medicine consulting as the financial rewards are so poor.

We are struggling because we have very specialized practices, with specialist overheads and needs but bill at the low end of the GP fee schedule. Furthermore, we have no real economic representation. Although the SGP has been generally supportive of our interests, our issues are different from theirs. Therefore, we struggle away, trying to do good, but we are at risk of extinction. Otherwise, all is well.

—Carl Shearer, MD
President

SOCIETY OF GENERAL PRACTITIONERS OF BC

Drs S. Goodchild, Chair; W. Amirault, President; P. Asquith, Economics Chair; E. Chang, Past President; R. Dosanjh, President-Elect; R. Fernandez, Secretary; M. Fagan, Treasurer; H. Fox, SNC; G. Watson, GPSC. Staff: Ms S. Brewster, Executive Coordinator; Dr B. J. Clarke, Executive Director.

The Society of General Practitioners (SGP) of BC is the economic and political voice of family doctors in the province. We have been busy on both fronts over the last year.

In August 2017, the president and president-elect attended a Family Medicine Forum in Quebec City. Attendees representing most of the provinces, the armed forces, and the College of Family Physicians of Canada were there to exchange information about the state of family medicine in their areas and to discuss new policies and innovations across the country.

Summer 2017 was busy preparing for the inaugural Representative Assembly (RA) of the Doctors of BC. The SGP selected their delegates and organized an event for them to meet and network. At the second RA meeting, the SGP invited all the GP delegates to get together to discuss issues of common interest. The SGP is now reviewing its own governance structure to see what changes will best support our organization's mission and advocacy work following the changes to the Doctors of BC governance structure.

Health care transformation has been our major priority this year and will likely continue to be so for a number of years. We are working on many fronts through our three members on the GPSC, and quarterly meetings are held with GPSC physician members and the SGP Economics Committee. This issue is also debated and discussed at our Board meetings. In preparation for future change, SGP-GPSC developed a set of principles designed to inform any talks on alternate funding models.

We have developed a prioritized list of requests for the Physical Master Agreement negotiations both for family doctor compensation and items that would benefit all physicians. The SGP Economics Committee was tasked with reviewing medical assistance in dying fees and proposing readjustments to the Doctors of BC Tariff Committee. We are now reviewing how fee changes can best support opioid agonist treatment.

In other work, the SGP has representatives on the BC College of Family Physicians, Child Health BC, the BC Immunization Committee, and the Doctors of BC

Council on Health Economics and Policy. We have also been active in succession planning, both at the Board and organizational level. Ten of the society's RA representatives are in their first 10 years in practice. Our executive director, Dr Jean Clarke, is retiring at the end of 2018, and we are preparing for that transition.

I wish to thank Dr Jean Clarke for her help during my presidency and her always wise counsel. Presidents come and go, but our executive director is the ongoing face and voice of our society to the many groups we interact with, and Dr Clarke has represented us with skill, wisdom, and integrity.

—Wendy Amirault, MD
President

SPECIALISTS OF BC (FORMERLY SOCIETY OF SPECIALIST PHYSICIANS AND SURGEONS OF BC)

Drs J. Falconer, President; L. Oppel, Chair of Council; D. Kendler, Secretary-Treasurer. Members-at-large: Drs M. Baker, Medicine; T. Smith, Alternatively Paid Physicians; D. Wickham, Surgery; W.W. Yap, Diagnostics. Executive delegates: Drs B. Blumenauer, T. Gerschman. Council of Specialists representatives: Drs W. Abelson/A. Poynter, Pediatrics; E. Aymong, Cardiology; R. Cleve, Laboratory Medicine; S. Comeau, Geriatric Medicine; M. Dahl, Endocrinology/Metabolism; D. Dhanda, Ophthalmology; S. Fedder, Emergency Medicine; D. Ferris, Infectious Diseases; M. Fishman, Gastroenterology; G. Ganz, Nephrology; T. Hartl, Otolaryngology; O. Hrebicek, Neurology; H. Kanji, Critical Care Medicine; K. Kazemi, Vascular Surgery; D.S.H. Kim, Residents of BC; J. Kur, Rheumatology; B. Merriman, Anesthesiology; O. Nazif, Urology; T. Scott, General Surgery; K. Shih, Medical Undergraduate Society; D. Stark, Allergy/Immunology; E. Tuyp, Dermatology; N. Van Laeken, Plastic Surgery; P. Vos, Radiology; B. Wagner, Obstetrics Gynecology; I. Waters, Respiriology; E. Weiss, Physical Medicine/Rehabilitation; S. Wiseman, Psychiatry; P. Yenson, Hematology and Oncology; A. Younger, Orthopaedic Surgery; A. Yu, Doctors of BC.

Specialists of BC continues to be the voice of all specialist physicians and surgeons in British Columbia. We have a hard-working Council of Specialists (Board of Directors), and every section is able to send a representative to the quarterly meetings. The Executive and Council supported all specialists over the last year in a number of areas:

- The Doctors of BC undertook an overhead and income survey. Despite our best efforts, participation was uneven, and we are not sure if it will serve to help in correcting income disparity.
- The Physician Master Agreement is coming up for renewal, and the Specialists of BC has been active presenting alternative negotiation scenarios to our specialist members.
- The BC College of Physicians and Surgeons has taken on a new mandate to certify nonhospital medical facilities. Unfortunately, this initiative may result in offices and private surgical facilities being burdened with an additional accreditation fee from \$4000 to as much as \$88 000 per year. We have been lobbying on behalf of our fellow specialists.
- Doctors of BC has moved ahead with its new governance model of a small executive and a large representative assembly (RA). Specialists of BC has a seat on the RA, and together with the other specialty representatives has been working very hard to make sure the RA is as useful as it can be.
- Specialists of BC has been regularly conferring with our GP colleagues at the Society of General Practitioners on matters of mutual interest. We would like to continue these conversations as the introduction of patient medical homes moves along.
- Our membership increased by more than 25% last year, enabling us to lower our annual membership dues for 2018, something you don't see often!

Thanks to our executive director, Ms Andrea Elvidge, our Council, and the specialists who support our work through their dues.

—John Falconer, MD
President

ANNUAL REPORTS OF EXTERNAL COMMITTEES AND AFFILIATED ORGANIZATIONS

ADVISORY COMMITTEE ON DIAGNOSTIC FACILITIES

Ms T. Braidwood-Looney, Chair; Dr I. Allan, Ms L. Evanow, Ms A. Gardner, Dr A. Hoffman, Dr M. Kolodziejczyk, Ms K. McEwan, Dr G. Scheske, Ms L. Storie.
Staff: Mr W. Turnquist.

The Advisory Committee on Diagnostic Facilities (ACDF) consists of three members from Doctors of BC, three members from government, and three members from the public. The mandate of the ACDF is to “provide advice and assistance to the Medical Services Commission (MSC) with respect to diagnostic services and diagnostic facilities and to consider certain applications.” Public and privately owned outpatient facilities that bill, or wish to bill, the Medical Services Plan (MSP) fall under the responsibility of the ACDF.

Throughout the year the committee receives and assesses applications for new, expanded, or relocated outpatient diagnostic services facilities. The primary role of the ACDF is to approve or recommend denial of applications based on MSC-approved policies and guidelines. Applications that are recommended for denial are forwarded to the MSC to confirm or overturn the denial.

The committee meets quarterly throughout the year. Recommendations were made to the MSC for each application, which included acceptance, acceptance with conditions, or denial/rejection.

The significant issues from the past year include the following (also available on ACDF website, <http://www.gov.bc.ca/diagnosticfacilities>):

- Deregulation of referred ECG services (effective 14 February 2018). Facilities are no longer required to seek approval from the ACDF in order to bill the Medical Services Plan (fee code 93120) for ECG services.
- Recommendation to approve seven existing privately owned ultrasound facilities to perform and receive payment for noncardiac Doppler studies on a trial basis. Expanded approval will be considered following assessment of this trial.
- Recommendation that distance reading of ultrasound studies can be added to an existing ultrasound facility Certificate of Approval. Authority has been given for the ACDF chair (or committee as a whole) to approve health authority applications for distance reading.
- Update of relocation policy for existing diagnostic facilities (MSC approval 13 June 2017), available on the ACDF website.

- Update of the Application for Certificate of Approval for Polysomnography Facilities (MSC approval 13 June 2017).

The temporary moratorium on ultrasound applications for diagnostic outpatient facilities has been extended indefinitely.

—Glenn Scheske, MD, FRCPC
Doctors of BC Representative

BC MEDICAL QUALITY IMPROVEMENT COMMITTEE

Dr M. Wale, Chair (Ministry of Health). Doctors of BC: Drs P. Barnsdale, S. Bugis, L. Halparin, B Hefford.

The BC Medical Quality Initiative (BCMQUI) Committee is a Ministry of Health initiative that addresses quality assurance activities. It has also tried to address quality improvement activities as part of lifelong learning that maintains competence and standard of practice. It has done this by establishing a Physician Quality Improvement Working Group and a Multidisciplinary Quality Improvement Working Group. The BCMQUI Committee (that oversees the various working groups) and the Physician Quality Improvement Working Group, on which Doctors of BC has representation and leadership respectively, have not met in 2017.

—S.P. Bugis, MD
Doctors of BC Representative

DRIVER FITNESS ADVISORY GROUP

Mr S. Roberts, Chair; Drs I. Bekker, A. Hoffman.
Staff: Ms S. Shore, Ms D. Viccars.

The Driver Fitness Advisory Group (DFAG) was formed in 2005 on the initiative of the Superintendent of Motor Vehicles. It is an external committee comprising representatives from RoadSafetyBC and the health professions that may be required to report concerns that arise under Section (230) - Report of medical condition or impairment of the Motor Vehicle Act. Professions represented are physicians, psychologists, optometrists, occupational therapists, and nurse practitioners. The respective colleges are also invited to send representatives, as the topics often relate to professional responsibility issues. Doctors of BC representatives include a specialist and a general practitioner.

The mandate of the committee is to be advisory to a focus group of health care professionals who discuss

current policy and possible revisions, all from the perspective of the clinicians' experience with driver fitness issues.

Road safety falls under the mandate of the Emergency and Public Safety Committee (EPSC), a subcommittee of the Council on Health Promotion. Updates from DFAG are a standing item on the EPSC agenda.

Since the reporting deadline for the 2017 annual general meeting, DFAG held meetings on 5 April 2017, 20 September 2017, and 18 January 2018. At these meetings, the following items were covered:

- A revised Report of a Condition form was launched in 2017. This revision was promoted by the Doctors of BC representatives to improve identification of urgent concerns, to better characterize cognitive impairment, and to provide a faxed reply from RoadSafetyBC to physicians indicating the form has been received. The form has enabled faster processing within RoadSafetyBC, which should remove unsafe drivers from the road faster.
- Under the guidance of an occupational therapist with specialized knowledge, RoadSafetyBC developed an improved on-road assessment of the typical cognitive losses that can affect driving. This Enhanced Road Assessment, launched in March 2018, is offered at most ICBC driver-testing facilities across the province, ensuring that this important assessment is no longer restricted to urban areas. As of 28 February 2018, DriveABLE is no longer used for cognitive and medical assessments. The Road Safety leadership and DFAG Committee continue to discuss how to best assess drivers' ability as they age. A number of studies are ongoing to inform decisions in this area.
- RoadSafetyBC continues to meet with similar provincial groups to improve the CCMTA Guide. The latest edition, which was released in March 2017, contains updates in the section on psychiatric disorders, along with a number of other minor changes. DFAG continues to review proposed changes to the CCMTA Guide as brought to our attention by RoadSafetyBC.
- The upcoming legalization of cannabis is a topic for consideration by DFAG in 2018

—Ian Bekker, MD, and Alan Hoffman, MD
Doctors of BC Representatives

EMERGENCY SERVICES ADVISORY COMMITTEE

Dr N. Barclay, Co-Chair; Mr D. Rains, Co-Chair;
Mr A.J. Brekke, Drs R. Chan, J. Christensen,
Ms M. de Moor, Ms R. den Otter, Dr Q. Doan,
Ms S. Feltham, Ms D. Gault, Ms C. Hay, Ms M. Hoover,
Drs J. Hussey, S. Jenneson, Mr D. Lange, Ms E. Leask,
Dr. J. Marsden, Ms A. Mazza, Dr G. McInnes, Dr G. Meckler,
Mr J. Oliver, Dr P. Rowe, Mr P. Thorpe, Dr J. Wale,
Ms M. Van Osch.

The Emergency Services Advisory Committee (ESAC) is an external committee that provides expert advice and guidance on emergency services to the Ministry of Health and the Integrated Primary, Acute, and Community Care Committee. Drs Quynh Doan and Gord McInnes serve as Doctors of BC representatives on ESAC.

The committee has been primarily focused on better understanding emergency department congestion. One of its main tasks was to review and update the 2009 recommendations from the report *Improving Access to Emergency Department Care: Emergency Department Overcrowding Solutions Framework* by using both a critical review of the literature and comprehensive datasets (e.g., NACRS and DAD).

During the summer of 2017, the results of the data analysis and literature review informed an updated set of recommendations that were approved by ESAC. These recommendations are being brought forth to the Standing Committee on Health Services and Population Health with the purpose of informing forthcoming policy direction to help government achieve its mandate while also raising awareness on the impacts of policy decisions on emergency services.

ESAC also provided feedback on the report *Improving British Columbia's Long-Term Demand Forecast Models for Emergency Department Visits*. This report was commissioned by the Health Performance Measurement and Analytics Working Group.

Additionally, an ESAC working group developed a sexual assault emergency department protocol and toolkit. These tools will be established across all health authorities ensuring consistent best practices across BC.

—Q. Doan, MD and G. McInnes, MD
Doctors of BC Representatives

MD UNDERGRADUATE ADMISSIONS POLICY ADVISORY COMMITTEE

Dr M. Johnston.

It was a quiet year for the UBC Admissions Policy Committee (APC), but significant change is planned this summer, which may have implications for all doctors and communities around BC.

The three committees—Admission’s Selection, Ratification, and Policy—are to be amalgamated into one, on the recommendation of the accreditation review of the Medical School. My concern is that each of these committees had a rural and lay member, which now has been reduced to one representative for the RCCbc and one lay member for all of the people of BC. Also there is increased representation for UBC—the alumni, president’s office, and faculty—in addition to the faculty and deans as before, making the new combined committee more urban-centric and UBC-focused.

Representation from the Doctors of BC, which represents all the doctors of BC, not just UBC alumni, was eliminated. The goals of diversity and social accountability in admissions these last 15 years are making a difference to all in BC. In the past, when UBC Medical School admissions were more urban and academic-focused with fewer places, this did not always serve the diverse and distributed communities of BC, especially the rural working communities that contribute heavily to the GNP of BC, and thus the financing of the expansion of UBC Medical School.

Hopefully the Doctors of BC, the government, the Ministry of Health, and the communities of BC will monitor this situation so that UBC Medical School answers the diverse medical needs of all people and communities of BC. Students chosen for admission to UBC Medical School are our future doctors of BC, and therefore it is in the public interest to choose the best able to serve. We who work and live outside the Lower Mainland are very aware of the critical need for more and well-trained physicians to address our growing and aging populations.

—Mary Johnston, MD
Doctors of BC Representative

PRIVILEGING DICTIONARY ADVISORY COMMITTEE

Dr B. Temple, Chair (NHA).

Doctors of BC: Drs L. Halparin, S. Vestvik.

The committee is chaired by Dr Becky Temple from the Northern Health Authority and has representatives from of the health authorities, Doctors of BC, the BC College of Physicians and Surgeons, and the BC Medical Quality Initiative.

The committee meets regularly, usually three times a year. Its mandate is to review the principles of managing existing and new dictionaries to ensure they reflect current medical practice and changes in technology and training, and to determine whether new dictionaries are needed (e.g., palliative care) or privileges need to be added to current dictionaries.

In addition, the committee is responsible for the Privileging Change Request Form and its revision so that practitioners may request privileges as necessary.

The committee manages ongoing dictionary reviews and revisions that occur every 3 to 5 years or more often as required. It shares updates of dictionaries and any other matters (e.g., CACTUS) with the Quality Assurance Working Group of the BC Medical Quality Initiative.

—L. Halparin, MD
Doctors of BC Representative

PROVINCIAL MEDICAL ON-CALL AVAILABILITY PROGRAM REVIEW COMMITTEE

Mr E. Harris, Chair. Doctors of BC: Drs S. Bugis, S. Ebert, R. Moore. Ministry of Health: Mr R. Frechette. Vancouver Island Health Authority: Dr M. Ogborn. Fraser Health Authority: Dr P. Blair.

The Provincial Medical On-Call Availability Program (MOCAP) Review Committee has a mandate to implement the recommendations of the MOCAP Redesign Panel of May 2013. Additionally, it is responsible for reviewing collected data, ensuring consistent application of MOCAP principles, and having a role in resolving disputes.

In the past year, the committee has continued the complicated work of reviewing and analyzing the data collected by over 700 MOCAP groups. Some specialty groups have presented to the committee again to help the committee understand and interpret their

data and their work. Draft recommendations are being developed.

—S.P. Bugis, MD
Doctors of BC Representative

PROVINCIAL SURGICAL EXECUTIVE COMMITTEE

Ms M. Copes, Co-Chair; Dr A. Hamilton, Co-Chair; Drs D. Albiani (Specialists of BC Appointee), S. Bugis, M. Stanger. Other members of the committee include the surgical and administrative leads for each health authority, ministry officials, and members of the public.

The Provincial Surgical Executive Committee (PSEC) is a Ministry of Health committee whose mandate is to provide strategic oversight for the planning of surgical services across BC. PSEC does not possess or provide the resources needed for the six health authorities who are responsible for putting strategy into action.

Over the past year, the Ministry of Health, through the steering committee implementing surgical strategy, has begun implementing elements of the surgical strategy developed by PSEC. There have been varying degrees of success with various aspects of the strategy. There is planned expansion beyond the first 11 early adopter sites.

There is a newer initiative to increase surgical volumes for hip and knee replacements and for dental surgery. The Ministry of Health is also promoting what it calls Surgical Services Programs. These are intended to be associated with primary care networks and have certain principles associated with them such as central intake and evaluation.

Involvement and input from the surgeons and other providers continue to be challenges.

—S.P. Bugis, MD
Doctors of BC Representative

UBC FACULTY OF MEDICINE EXECUTIVE COMMITTEE

Dr D. Hammell.

The primary function of the committee is to advise faculty on academic matters and to carry out faculty business between full faculty meetings and to obtain faculty approval for its actions. The committee meets six times per year.

Highlights from the meetings include:

- Implementation of the new MD undergraduate program curriculum is underway. Elements of the new curriculum include competency-based curriculum, spiraled curriculum with themes and systems, clinical experiences, case-based learning, programmatic assessment, and FLEX (flexible and enhanced learning).
- A renewed governance committee structure was designed as part of the faculty's strategic plan. The Faculty Executive Committee will now focus on its core academic governance mandate. The revised format for the faculty to engage or partner with external stakeholders will be through the new Health Professional Advisory Council. This council includes the professional organizations and the regulatory colleges for all health profession education programs delivered by the UBC Faculty of Medicine.
- The Clinical Faculty Affairs Committee reviewed and recommended clinical faculty compensation terms for teaching in the MD undergraduate and postgraduate programs, and clinical faculty compensation terms for standing committees and search committees for senior leadership. These were accepted. UBC's new strategic plan, UBC's Next Century, is under development, and Dean Kelleher is serving on the steering committee.

My participation as the Doctors of BC representative on the Faculty of Medicine Executive Committee was completed in January 2018.

— Darlene Hammell, MD
Doctors of BC Representative

UBC NORTHERN MEDICAL PROGRAM ADMISSIONS SUBCOMMITTEE

Dr S. Shirzad, Chair; Dr S. Brears, Dr J. Card, Ms E. Coates, Ms S. Donnelly, Dr T. Fraser, Ms K. Gunn, Dr J. Hurst, Dr M. Hyslop, Dr A. Jones, Dr P. Kindler, Dr G. Payne, Mr T. Pfanner, Dr P. Ruben, Dr B. Simpson, Mr M. Slater, Dr T. Smith, Dr D. Spooner, Dr P. Terlien, Dr M. Watt, Dr P. Winwood.

The Northern and Rural Admissions Subcommittee is a standing subcommittee of the Admissions Selection Committee of the UBC Faculty of Medicine MD Undergraduate Program. Its mandate is to help select students for the Northern Medical Program and a designated number of rural positions in the Southern Medical Program of the UBC Faculty of Medicine. Its primary objective is to select students in accordance with UBC

and Faculty of Medicine policies to address the social accountability mandate of the university. The committee has delegated authority and acts on behalf of the MD Undergraduate Education Committee.

The committee meets three times annually. This year's meetings were 4 October 2017 and 17 January 2018 by videoconference, and 4-5 April 2018 in Vancouver. I serve as the Doctors of BC representative and am funded through the Rural Education Action Plan. The specific details of the committee meetings are confidential and each member of the committee must sign a waiver annually for continued participation. A term is 3 years and individuals may be reappointed once. This is my first year and first term on this committee.

—James Card, MD
Doctors of BC Representative

- ▶ Reports of the CEO, President, Chair of the Board, and Speaker of the RA
- ▶ Doctors of BC Annual General Meeting Draft Minutes
- ▶ Auditors' Report and Financial Statements
- ▶ Annual Reports of the Council on Health Promotion
- ▶ Annual Reports of Doctors of BC Committees and Councils
- ▶ Annual Reports of Sections and Societies
- ▶ Annual Reports of External Committees and Affiliated Organizations

A copy of this report is available online at
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