

The background is a vibrant blue gradient. It features a network of white lines connecting small dots, forming a hexagonal grid pattern. Several white medical crosses are scattered across the grid, some solid and some outlined. In the top left corner, the text 'doctors of bc' is displayed in white, with 'bc' inside a white rectangular box.

doctors
of bc

2019–20 REPORT TO MEMBERS

Advocating for our members

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REPORT OF THE CEO

Extraordinary times call for extraordinary measures

ALLAN SECKEL, QC

In January 2020, no one could have imagined the unprecedented challenges that lay ahead. Within just a few months, COVID-19 would upend our health care system and our lives, putting incredible pressure on doctors throughout our province—some working in risky situations, everyone closing their offices to pivot into the unfamiliar world of virtual care, and all facing increased costs at a time when many were seeing their incomes decline significantly.

It is at times like these that the staff of Doctors of BC step up to a new level of service excellence in support of our members. You reached out to us for help, and we went to bat for you every time to advocate on issues such as [virtual care fees](#) and supports, government financial supports, and guidelines for ramping up surgeries and reopening physician clinics, among others. We came through for you in many ways—to make a difference for you, your practice, and your families.

I would like to speak to some of just things we delivered for you. When offices first closed, doctors were thrown into the world of virtual care, which was new to many. In response, we negotiated with government to create new temporary virtual care fees that ensured online and telephone visits were compensated on a par with in-person visits. We also negotiated new fee codes specifically for family doctors and specialist physicians. We developed [a guide and a comprehensive tool kit](#) outlining what physicians needed to know to succeed in providing virtual care, we organized webinars to share best practices on getting up to full capacity using virtual care technology, and we produced videos on how to use Zoom for health care.

We helped in other ways too. Our insurance team worked tirelessly to ensure you received your benefits. Our team at Physician Health Program held regular online peer sessions to help you address the challenges of stress and burnout, if needed. And to help all doctors work to the best of their ability in the new world of health care that lies ahead, we worked with the Ministry of Health to provide advice on new physician contracts that will provide more choice in how they practise and how they are compensated.

We also advocated on behalf of doctors with the public. We undertook a series of [social media campaigns](#) designed to keep British Columbians safe by reminding them to stay home and adhere to measures recommended by the Provincial Health Officer, and let them know that their doctor is available to see them, for any reason—if not in person, then by phone or virtually. Upwards of 800,000 British Columbians saw this series of promotions, and more than 56,000 of them reposted or shared the information.

We know that our future in the next few years will look very different than our recent past. More change and uncertainty lies ahead as we navigate our new landscape. Rest assured that Doctors of BC will continue to be here to make a difference for you, our doctors, so that you can make your own difference—for your patients and their families, your communities, and our health care system. As always, thank you to the amazing staff of Doctors of BC for always stepping up to any challenge, no matter how difficult or daunting. We truly are better together.



REPORT OF THE PRESIDENT

KATHLEEN ROSS, MD

As president this year, my goal was to do my best to understand and represent the interests of all our members. Although I could not have predicted my term as president would take place during a global pandemic, I have been honored to serve in this capacity. I am grateful to the many members and staff at Doctors of BC who have been instrumental in our success to date.

I set out to emphasize the importance of engaging and reinvigorating our physician community, to elevate the voice of physicians, and to improve connections with our health care system management. To meet this goal, I spent a great deal of time having rich and informative discussions with many members across the province in a variety of specialties and stages of their careers, located in many different settings.

Key topics brought forth by family and specialist physicians included retention and recruitment, burnout due to stress and other contributors, and workplace safety. The need to recognize the unique value of doctors in the health care system that clearly differentiates our skill sets from allied health providers was routinely identified in these conversations. As well, longstanding issues in longitudinal primary care were acknowledged—issues that are causing family doctors to feel devalued, resulting in many disengaging from community and facility-based care.

Having both collegiality and trust—among ourselves and in our relationships with administrators—is critical as we reform our health care system. And both have been damaged at times, due to conflict, lack of transparency, or perceived “heavy-handed” behavior by health authority administrators. Regions with a greater number of physicians with strong leadership skills seem to have progressed further in building meaningful working relationships. The

pandemic response drove all of us to work better together, and has already broken down silos and facilitated collaboration to build capacity in community assessment and testing, ensure safe transitions into and out of hospitals, and enable nimble sharing of best practices across jurisdictions.

Doctors of BC worked with community physicians to support best practices in closing offices, rapidly shifting to virtual care, and subsequently reopening offices to meet the in-person patient care needs. Actions included new models of care delivery, EMR optimization, internet security, and physical infrastructure improvements. We also continued to consult on issues of physician compensation, such as new contract options being offered to family doctors and new-to-practice doctors, along with the simplified COVID-19 contracts, to address some longstanding issues and new ones related to the pandemic.

Lastly, the release of our Diversity and Inclusion report in fall 2019 highlighted the many biases in our professional culture. Doctors of BC realizes the dedicated, long-term approach required for systemic change and is committed to achieving greater diversity and inclusion in our governance structures to better reflect the views of our varied and distinct physician members.

Much has changed and evolved in our practice of medicine this year. Our profession's engagement, strategic planning, and mobilization in the face of a global pandemic has demonstrated our value in the planning and delivery of patient care in an unprecedented fashion. I am confident that with your continued engagement, two-way dialogue, and commitment, we will arise from our current crisis with a more sustainable health system that supports physicians and provides the most accessible and optimal care for patients.



REPORT OF THE CHAIR OF THE BOARD OF DIRECTORS

JEFF DRESSELHUIS, MD

“It was the best of times, it was the worst of times . . .”

—*A Tale of Two Cities*

Dickens’ words ring true as we peruse the provincial medical landscape this year. Much of the Board’s work was redirected by the emergence of COVID-19 and the worldwide pandemic. We know that both your personal and professional lives have been derailed in many ways. But with challenge comes opportunity. The rapid implementation of virtual care fee codes in March was an example of harnessing relationships between Doctors of BC, the societies (Specialists of BC and BC Family Doctors), and ministry officials to robustly and quickly pull together solutions. This year, virtual services provided by physicians increased from 22,000 in February to 1,400,000 in April!

The distraction of members dealing with the COVID-19 crisis made holding our customary elections in spring seem strangely inappropriate. But in delaying them, we were able to achieve a synchronization of schedules that has long eluded us. Now with elections and our AGM in late fall, Board turnover harmonizes better with our strategic planning and budgeting cycle, and permits needed Representative Assembly (RA) feedback for setting priorities in the coming year. As a result, the Board was able to host, for the first time, a (virtual) meeting of all Joint Collaborative Committee (JCC) physician leads, and dovetail their efforts with the association’s annual strategic priorities. These kinds of consultative processes are key to our physician representatives being better supported to have a stronger voice at the JCC tables—whose work is crucial in establishing the practice supports you count on to achieve “fair economic reward” as you serve your patients.

Looking back to June 2019, other highlights from the year include:

- Establishing the new Diversity and Inclusion Advisory Working Group, tasked with advising the Board on implementing the recommendations of the Barrier Assessment report, moving us closer to becoming a more

inclusive organization, and seeing the diversity of our membership better reflected at all levels of leadership.

- Updating the Code of Conduct for association-wide use.
- Completing a first-ever Board director evaluation process.
- Equipping a greater role for RA discussion and feedback on strategic priorities and directing work of the association.
- Improving the vetting process of JCC nominees and physician appointees.
- Working to improve members’ benefits such as insurance products, Telus wireless and data offerings, etc.
- Earmarking Canadian Medical Association funding for Physician Health Program and other physician health initiatives.
- Deciding to formalize more frequent virtual meetings for committees, RA, Board, etc. (even post-pandemic) to permit wider member participation.

This work is possible only with the tremendous efforts of our colleagues who serve with dedication on the numerous committees that assist the Board. As always, many thanks to all of you, as well as to CEO Allan Seckel, and our amazing staff who adapted with such aplomb and flexibility to the sudden reality of a “distributed workplace.”

While uncertainty lingers about how long restrictions on our lives will remain, I was pondering Doctors of BC’s 2021 focus statement: “Leading doctors and the health system to adapt to a pandemic and post-pandemic environment in which they can provide access to quality care, and in which doctors stay safe, remain healthy and are paid fairly,” and concluded that, looking ahead, one thing IS certain—our efforts as physicians in BC are needed, and appreciated, more than ever. Faced with circumstances that often seem “the worst,” let’s yet strive together to make this “the best of times” to be a doctor.



REPORT OF THE SPEAKER OF THE REPRESENTATIVE ASSEMBLY

MICHAEL GOLBEY, MD

Representative Assembly (RA) members represent the interests of physicians from throughout the province and in every specialty. With the ongoing pandemic upon us, much of the discussion at meetings over the last year focused on identifying priorities and providing advice and guidance to the Board on how Doctors of BC can best support our members during this challenging time.

Just like the profession, the RA has had to adapt to the pandemic. Two of four meetings were conducted online to ensure the safety of our members and staff. The virtual sessions proved very popular, with some of the highest attendance since the RA was created.

Here are some reflections on the last year:

- Changes brought on by the pandemic are going to change the way physicians provide care over the long term. The RA provided input to the Board to ensure priorities for 2021 will position Doctors of BC to be a leader in adapting to the new environment and ensuring it is a positive one for patients and the profession. This input was reflected in the Board's 2021 focus statement: "Leading doctors and the health system to adapt to a pandemic and post-pandemic environment in which they can provide access to quality care and in which doctors stay safe, remain healthy, and are paid fairly."
- The RA provided input on issues that arose during the current pandemic. They included supporting virtual care now and into the future, the rising cost of physician overhead, and concerns about corporate presence in primary care.

- The RA took a special interest in physician health and wellness. Discussions with representatives of the Physician Health Program focused on defining the role of the program and providing input into how it can function more effectively. The RA also played a role in providing advice on how \$1 million in funding for physician wellness from the CMA can be used over the next 4 years.
- The RA continued its commitment to increase diversity and inclusion. A code of conduct is now in place, and we have supported the Board in moving forward on initiatives based on recommendations of the Doctors of BC Diversity and Inclusion Barrier Assessment Final Report (link below).

Finally, my thanks to Deputy Speaker Dr Alan Gow for ably assisting me during the initial 3 years of the RA. Thanks also to Doctors of BC staff for all their help and support. I am very grateful to the RA for allowing me to act as their speaker. It is time to make room for new blood, and I wish the RA continued success. It has been an honor and a privilege to serve.

Doctors of BC Diversity and Inclusion Barrier Assessment: Final Report:
doctorsofbc.ca/sites/default/files/2019-09-06-diversityandinclusionbarrierassessmentfinalreport.pdf

NEW AND EXPANDED FEE CODES FOR DOCTORS PROVIDING CARE IN A PANDEMIC

Doctors of BC engaged with the ministry as soon as the pandemic began, pivoting quickly to bring into effect a range of fee code changes—some of them temporary—enabling doctors to provide virtual care for their patients:

- Expanded the definition of a telehealth service to include services provided by telephone
- Allowed telehealth services to be billed using in-person fees where there is no telehealth fee
- Introduced new age-adjusted telehealth fee codes for family doctors
- Expanded the Business Cost Premium to include telehealth services
- Introduced ICBC and WorkSafeBC telehealth visits
- Adjusted GPSC and SSC fees to accommodate the shift to virtual care
- Added new COVID-19 office visit codes, a perioperative complexity surcharge, and immunization codes

LEARN MORE

doctorsofbc.ca/news/covid-19-temporary-billing-changes

The new definition of telehealth that includes services provided by telephone is a boon for both physicians and patients.

2 DOCTORS OF BC ANNUAL GENERAL MEETING DRAFT MINUTES

DOCTORS OF BC ANNUAL GENERAL MEETING

DRAFT MINUTES—UNIVERSITY OF BRITISH COLUMBIA, RH LEE ALUMNI CENTRE, 31 MAY 2019

CALL TO ORDER AND MOMENT OF SILENCE FOR DECEASED MEMBERS

Mr Allan Seckel, Doctors of BC Chief Executive Officer, called the meeting to order at 4:32 p.m. and welcomed members to the 2019 Annual General Meeting (AGM). Mr Seckel invited members to stand and observe a moment of silence in remembrance of all 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 2019 AGM and called for additional nominations.

There being no additional nominations, Dr Michael Golbey was acclaimed as Chair of the 2019 AGM.

2. MEETING STANDING RULES

Distributed material: Doctors of BC (BCMA) 2019 Annual General Meeting Standing Rules

Dr Golbey assumed the Chair and acknowledged the traditional, ancestral and unceded territory of the Musqueam people.

Dr Golbey advised that the 2019 AGM will be conducted in accordance with the Doctors of BC (BCMA) 2019 Annual General Meeting Standing Rules distributed with the agenda material.

3. APPROVAL OF AGENDA

Distributed material: Doctors of BC Annual General Meeting Agenda May 31, 2019

Dr Golbey referred members to the distributed draft Agenda and inquired if there were any additions or deletions.

IT WAS MOVED/SECONDED

Resolution AGM19/05/31-01

That the agenda for the Doctors of BC Annual General Meeting of May 31, 2019 be approved, as presented.

CARRIED

4. APPROVAL OF 2018 AGM MINUTES

Distributed material: Draft Minutes of Doctors of BC Annual General Meeting of June 2, 2018 – Page 9 of the 2018-19 Doctors of BC Report to Members

Dr Golbey referred the meeting to the distributed draft minutes of the June 2, 2018 AGM and inquired if there were any errors or omissions.

IT WAS MOVED/SECONDED

Resolution AGM19/05/31-02

That the minutes of the Doctors of BC Annual General Meeting for June 2, 2018 be approved, as presented

CARRIED

5. CONSIDERATION OF THE AUDITOR'S REPORT

Distributed material: Independent Auditors' Report – Page 14 of the 2018-19 Doctors of BC Report to Members

Dr Michael Curry, Audit and Finance Committee Chair, highlighting the issuance of a clean audit opinion from the external auditors.

6. CONSIDERATION OF THE FINANCIAL STATEMENTS

Distributed material: Financial Statements of British Columbia Medical Association (Canadian Medical Association – BC Division) (dba Doctors of BC), for the year ended December 31, 2018 – Page 16 of the 2018-19 Doctors of BC Report to Members

Dr Curry led the review of a presentation titled “Audit and Finance Committee Report” highlighting variances from the prior year’s financial results.

IT WAS MOVED/SECONDED

Resolution AGM19/05/31-03

That the audited financial statement of the British Columbia Medical Association for the year ended December 31, 2018 be accepted.

CARRIED

Minutes continued

7. APPOINTMENT OF THE AUDITOR

Dr Curry introduced the member of the external audit team present and noted the recommendation of the Audit and Finance Committee to reappoint KPMG LLP for the 2019 fiscal year.

IT WAS MOVED/SECONDED

Resolution AGM19/05/31-04

That the firm KPMG LLP be appointed as auditors for the Doctors of BC for the 2019 fiscal year.

CARRIED

8. 2020 MEMBERSHIP FEES

Dr Curry reported that the recommendation from the Audit and Finance Committee is that there be no increase in fees for 2020.

IT WAS MOVED/SECONDED

Resolution AGM19/05/31-05

That there be a no increase in Doctors of BC dues for 2020.

CARRIED

9. NEW BUSINESS

There was no new business

CONCLUSION

IT WAS MOVED/SECONDED

Resolution AGM19/05/31-06

That the 2019 Annual General Meeting be concluded at 4:49 p.m.

CARRIED

ADVOCATING: SUPPORTING VIRTUAL CARE

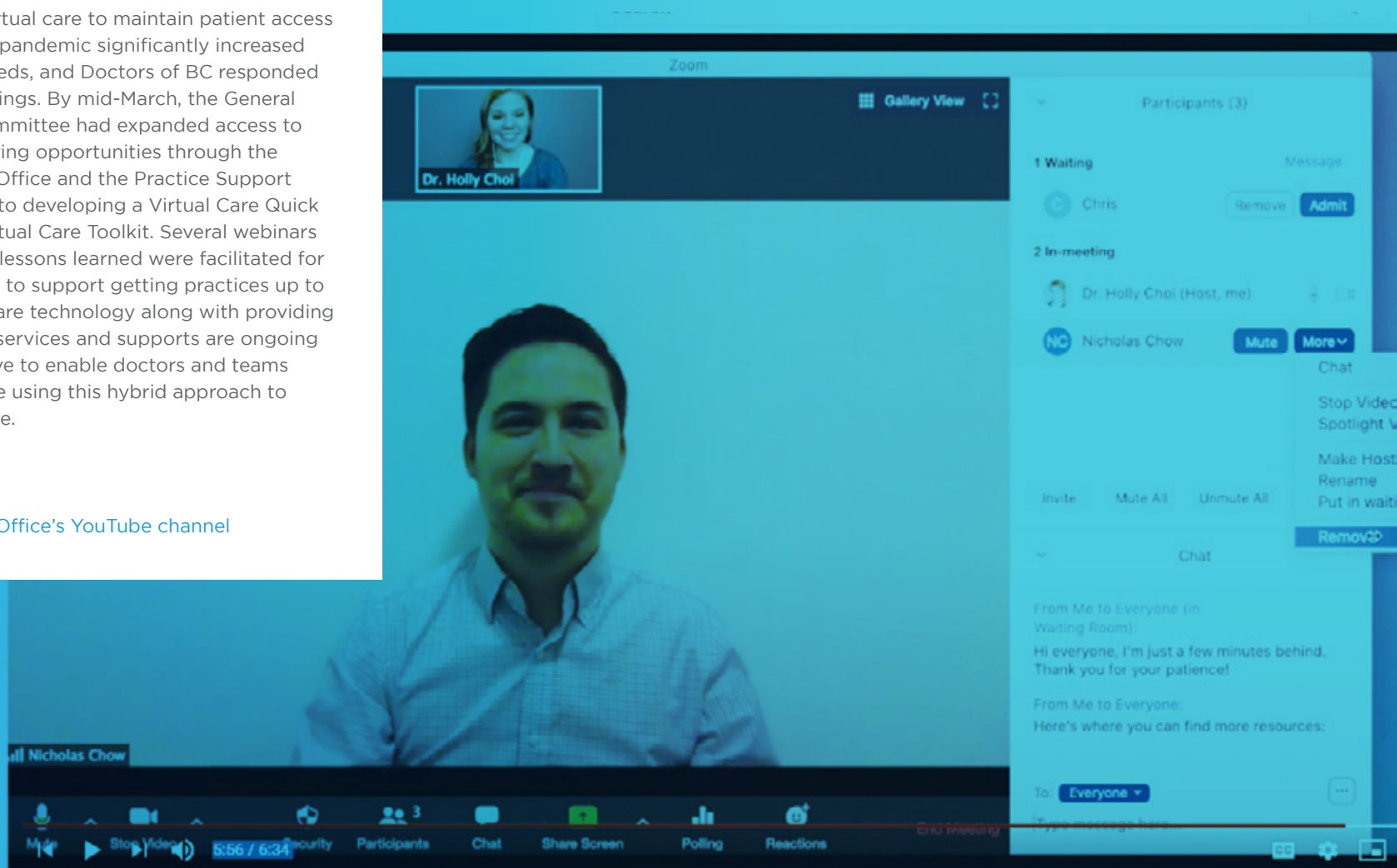
TECHNOLOGY TO HELP DOCTORS PROVIDE VIRTUAL CARE

The rapid move to virtual care to maintain patient access during the COVID-19 pandemic significantly increased physician support needs, and Doctors of BC responded with an array of offerings. By mid-March, the General Practice Services Committee had expanded access to coaching and mentoring opportunities through the Doctors Technology Office and the Practice Support Program, in addition to developing a Virtual Care Quick Start Guide and a Virtual Care Toolkit. Several webinars on best practice and lessons learned were facilitated for physicians and MOAs to support getting practices up to speed using virtual care technology along with providing in-office care. These services and supports are ongoing and continue to evolve to enable doctors and teams to adapt to and thrive using this hybrid approach to delivering patient care.

LEARN MORE

[Doctors Technology Office's YouTube channel](#)

*In this still from the webinar *Conducting a Virtual Visit*, Doctors of BC team members Ms Holly Choi (as the physician) and Mr Nicholas Chow (as the patient) demonstrate best practices in using a videoconferencing tool to conduct a virtual appointment.*



Zoom for Healthcare - Conducting a Virtual Visit

1,221 views • Apr 27, 2020

10 0 SHARE

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INDEPENDENT AUDITORS' REPORT

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

REPORT ON THE AUDIT OF FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of British Columbia Medical Association (Canadian Medical Association – B.C. Division) (dba Doctors of BC) (the “Entity”), which comprise:

- the statement of financial position as at December 31, 2019
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(hereinafter referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2019, 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.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “*Auditors’ Responsibilities for the Audit of the Financial Statements*” section of our auditors’ report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the Entity’s ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity’s financial reporting process.

Auditors’ Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors’ report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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 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 period.

"KPMG LLP"

Chartered Professional Accountants
Vancouver, Canada
June 12, 2020

STATEMENT OF FINANCIAL POSITION

YEAR ENDED DECEMBER 31, 2019, WITH COMPARATIVE INFORMATION FOR 2018

	2019	2018
Assets		
Current assets:		
Cash	\$ 11,168,625	\$ 9,565,580
Accounts receivable (note 3)	3,973,440	4,223,785
Prepaid expenses	553,822	439,103
Short-term investments (note 4)	3,582,727	10,256,912
	19,278,614	24,485,380
Investments (note 4)	19,328,592	12,065,029
Investment in BCMA Agencies Limited (note 5)	51	51
Capital assets (note 6)	7,383,269	7,753,513
Cash held for designated holding accounts (note 7)	7,800,478	823,082
	\$ 53,791,004	\$ 45,127,055
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 8)	\$ 2,191,330	\$ 3,788,123
Prepaid membership dues	2,384,776	2,491,867
Group insurance accounts (note 9)	2,546,225	2,528,345
	7,122,331	8,808,335
Designated holding accounts (note 7)	7,800,478	823,082
Deferred contributions (note 10)	3,224,847	835,790
	18,147,656	10,467,207
Net assets:		
Internally restricted (note 2)	9,911,907	7,411,907
Investment in capital assets	7,383,269	7,753,513
Unrestricted	18,348,172	19,494,428
	35,643,348	34,659,848
Commitments (note 12)		
Subsequent event (note 19)		
	\$ 53,791,004	\$ 45,127,055

See accompanying notes to financial statements.

Approved on behalf of the Board:

Jeff Dresselhuis, MD
Board Chair

STATEMENT OF OPERATIONS

YEAR ENDED DECEMBER 31, 2019, WITH COMPARATIVE INFORMATION FOR 2018

	2019	2018
Revenue:		
Membership dues	\$ 18,031,954	\$ 20,227,618
Less: dues collected for Canadian Medical Association	(2,002,370)	(5,054,218)
	16,029,584	15,173,400
Contributions for designated programs (note 10)	1,029,808	693,428
Insurance administration fees (note 14)	2,735,419	2,595,483
Management fees (note 14)	2,864,317	2,308,003
Investment and miscellaneous income	1,689,045	1,680,474
Building rents	1,173,549	1,121,205
Payroll recovery – JCC & PHP (note 14)	11,959,706	10,032,640
	37,481,428	33,604,633
Expenses:		
Building – rented portion	964,709	893,014
Committee costs (note 15)	2,371,744	2,669,951
Consulting and professional fees	918,970	661,649
Designated programs expenses (note 10)	1,029,808	693,428
Marketing and communications	434,062	495,275
Occupancy	1,072,737	1,044,392
Office	2,263,691	2,096,066
Physician health program (note 14)	—	900,000
Salaries and benefits	15,263,751	13,947,796
Salaries and benefits – JCC & PHP (note 14)	11,959,706	10,032,640
UBC Blue and Gold Campaign (note 2)	—	1,800,000
UBC Student Bursaries	218,750	218,750
	36,497,928	35,452,961
Excess (deficiency) of revenue over expenses before the undernoted	\$ 983,500	\$ (1,848,328)
One-time payment – first instalment (note 16):		
Funding	78,281,600	—
Expense	78,281,600	—
	—	—
Excess (deficiency) of revenue over expenses	\$ 983,500	\$ (1,848,328)

See accompanying notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2019, WITH COMPARATIVE INFORMATION FOR 2018

	Internally Restricted (note 2)					Total	Investment in capital assets	Unrestricted	2019 Total	2018 Total
	Student bursary fund	IT Initiatives fund	Medical care fund	Negotiations stabilization fund	Capital asset replacement fund					
Net assets, beginning of year	\$ 200,000	\$ —	\$ 4,000,000	\$ 1,000,000	\$ 2,211,907	\$ 7,411,907	\$ 7,753,513	\$19,494,428	\$34,659,848	\$ 36,508,176
Excess (deficiency) of revenue over expenses	—	—	—	—	—	—	(1,347,323)	2,330,823	983,500	(1,848,328)
Net change in investment in capital assets	—	—	—	—	—	—	977,079	(977,079)	—	—
Interfund transfers (note 2)	—	2,500,000	—	—	—	2,500,000	—	(2,500,000)	—	—
Net assets, end of year	\$ 200,000	\$ 2,500,000	\$ 4,000,000	\$ 1,000,000	\$ 2,211,907	\$ 9,911,907	\$ 7,383,269	\$ 18,348,172	\$35,643,348	\$34,659,848

See accompanying notes to financial statements.

STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2019, WITH COMPARATIVE INFORMATION FOR 2018

	2019	2018
Cash provided by (used in):		
Operating:		
Excess (deficiency) of revenue over expenses	\$ 983,500	\$ (1,848,328)
Items not involving cash:		
Amortization	1,320,922	1,232,306
Loss on disposal of capital assets	26,401	13,492
Amortization of bond premium included in investments	89,919	114,479
Change in accrued interest included in investments	193,013	157,456
Gain on sale of investments	(139,200)	(298,137)
	2,474,555	(628,732)
Changes in non-cash operating working capital:		
Accounts receivable	250,345	1,169,928
Prepaid expenses	(114,719)	92,442
Accounts payable and accrued liabilities	(1,596,793)	(2,604,503)
Prepaid membership dues	(107,091)	(160,842)
Group life insurance accounts	17,880	204,509
	924,177	(1,927,198)
Investments:		
Purchase of investments	(11,246,000)	(6,964,424)
Proceeds from sale of investments	10,512,890	8,237,197
Purchase of capital assets	(977,079)	(546,024)
	(1,710,189)	726,749
Financing:		
Increase in deferred contributions	2,389,057	189,933
Increase (decrease) in cash	1,603,045	(1,010,516)
Cash, beginning of year	9,565,580	10,576,096
Cash, end of year	\$ 11,168,625	\$ 9,565,580

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2019

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 health care 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:

These 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) Controlled entities:

(i) BCMA Agencies Limited:

Doctors of BC owns 100% of the share capital of BCMA Agencies Limited (“Agencies”), a profit-oriented enterprise. Doctors of BC accounts for its investment using the equity method and provides disclosures on the balances and transactions of Agencies in note 5.

(ii) BCMA Health Benefits Trust Fund:

On behalf of the trustees, Doctors of BC administers the operations of the BCMA Health Benefits Trust Fund (“HBTF”), which is a separate entity. As the trustees of HBTF are appointed by Doctors of BC, the HBTF is a controlled entity of Doctors of BC. Doctors of BC does not consolidate HBTF in its financial statements and provides disclosures on the balances and transactions of the HBTF in note 13.

(b) 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, building rents, and payroll recovery is recognized when services are provided.

(c) Short-term investments and investments:

In accordance with Doctors of BC’s investment policy, investments and short-term investments can be comprised of corporate and government bonds, and money market funds.

Short-term investments are classified as such when they mature within one year of the date of the statement of financial position.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2019

1. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

(d) Capital assets:

In March 2018, the Accounting Standards Board issued, “Basis for Conclusions – Accounting Standards Improvements for Not-for-Profit Organizations”, resulting in the introduction of *Section 4433, Tangible Capital Assets Held By Not-For-Profit Organizations*, which directs organizations to apply the accounting guidance of *Section 3061, Property Plant and Equipment* in Part II of the Handbook. In so doing, the new Section requires that organizations annually assess for partial impairment of tangible capital assets, to be recorded where applicable, as a non-reversible impairment expense. In addition, where practical, to componentize capital assets when estimates can be made of the useful lives of the separate components. This Section is applied on a prospective basis. The amendments are effective for financial statements for fiscal years beginning on or after January 1, 2019. The implementation of these revised sections had no impact on the financial statements.

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 an item of capital assets is impaired, its carrying amount is written down to its fair value or replacement cost. 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

(e) Use of estimates:

The preparation of these 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, impairment of capital assets, and provisions for contingencies. Actual results could differ from those estimates.

(f) Pension plan:

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 (note 11).

(g) Financial instruments:

Doctors of BC’s financial instruments include cash, accounts receivable, short-term investments, investments, and accounts payable and accrued liabilities.

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.

Notes continued

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2019

2. INTERNALLY RESTRICTED NET ASSETS:

Doctors of BC has set up internally restricted funds which are approved by the Board of Directors (the "Board") to support the following activities:

(a) **Student bursary fund** ensures that there will be adequate funding for the medical student bursary program.

(b) **IT Initiatives fund** is to set aside to fund various IT initiatives.

(c) **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").

(d) **Negotiations stabilization fund** is utilized to offset the budgeting fluctuations for negotiations as the expenditures can vary significantly from year-to-year.

(e) **Capital asset replacement fund** is set aside to fund additions to capital assets.

The Board 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. Internally restricted amounts are not available for other purposes without approval by the Board.

During the year ended December 31, 2019, the Board approved the transfer of \$2,500,000 from the unrestricted fund to the IT Initiatives fund.

During the year ended December 31, 2018, the Board approved the closure of the Staff reward and recognition fund and Professional development fund with the balance of funds transferred to the unrestricted fund. The Board also approved the use of \$1,800,000 from the Student Bursary Fund for the UBC Blue & Gold Campaign Student Bursary and Presidential Scholar Premier award for medical students, as UBC matched the contribution to create an endowment for both the bursary and the award.

3. ACCOUNTS RECEIVABLE:

As at December 31, 2019, accounts receivable includes allowance for doubtful accounts of \$9,875 (2018 - \$3,622) and amounts due from related parties of \$1,957,609 (2018 - \$2,498,907) (note 14).

4. SHORT-TERM INVESTMENTS AND INVESTMENTS:

Short-term investments and investments are comprised of bonds of \$22,781,331 (2018 - \$20,344,264) maturing between 2020 and 2028 (2018 - between 2019 and 2028), and money market investments of \$129,988 (2019 - \$1,977,677).

5. INVESTMENT IN BCMA AGENCIES LIMITED:

BCMA Agencies Limited, is a wholly-owned subsidiary of Doctors of BC. Its principal business activities include acting as an agent between insurance companies selling insurance to members of Doctors of BC. As at December 31, 2019, Agencies had assets of \$97,294 (2018 - \$184,264), liabilities of \$97,243 (2018 - \$184,213) and retained earnings of \$51 (2018 - \$51). For the year ended December 31, 2019, Agencies earned revenue of \$361,948 (2018 - \$342,442) had expenses of \$361,948 (2018 - \$342,442), and net income of nil (2018 - nil), with cash used in operations of \$86,970 (2018 - cash provided by operations of \$75,377).

For the year ended December 31, 2019, included in investment and miscellaneous income is Doctors of BC's share of Agencies' income of nil (2018 - nil).

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2019

6. CAPITAL ASSETS:

			2019	2018
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 1,000,000	\$ —	\$ 1,000,000	\$ 1,000,000
Building and building improvements	14,154,491	9,678,717	4,475,774	5,154,332
Furniture and fixtures	1,824,321	804,430	1,019,891	1,075,129
Computer equipment	3,004,352	2,371,525	632,827	510,421
Office equipment	61,296	58,824	2,472	13,631
Work-in-progress	252,305	—	252,305	—
	\$ 20,296,765	\$ 12,913,496	\$ 7,383,269	\$ 7,753,513

7. DESIGNATED HOLDING ACCOUNTS:

Doctors of BC holds funds in cash that are designated for specific contracts that Doctors of BC administers as an agent. The activities of these accounts are not reflected on Doctors of BC's financial statements, and there are no revenues earned or expenses incurred by Doctors of BC relating to these accounts. The balance of these designated holding accounts is as follows:

	2019	2018
Benefit funds held in reserve	\$ 5,894,126	\$ 656,797
Manulife deposit fund	1,624,120	—
Other holding accounts	282,232	166,285
	\$ 7,800,478	\$ 823,082

8. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES:

Included in accounts payable and accrued liabilities as at December 31, 2019 are government remittances payable of \$322,000 (2018 - \$1,743,000) relating to federal and provincial sales taxes, payroll taxes, health taxes and workers' safety insurance.

9. GROUP INSURANCE ACCOUNTS:

Group insurance accounts are comprised of amounts payable to third party insurance providers at predetermined terms, net of amounts collected from members, and amounts held for group life insurance premium fluctuations.

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:

	2019	2018
Operating:		
Balance, beginning of year	\$ 835,790	\$ 645,857
Add net amount received during the year	1,700,465	883,361
Less amount recognized as revenue in the year	(1,029,808)	(693,428)
Balance, end of year	1,506,447	835,790
One-time payment (note 16):		
Balance, beginning of year	—	—
Add amount received during the year	80,000,000	—
Less amount recognized as revenue in the year	(78,281,600)	—
Balance, end of year	1,718,400	—
Total balance, end of year	\$ 3,224,847	\$ 835,790

Notes continued

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2019

10. DEFERRED CONTRIBUTIONS: (CONTINUED)

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

	2019	2018
Government funded committees	\$ 229,103	\$ 229,103
General practice services committee	167,785	173,792
Protocol steering committee	395,448	322,758
Shared care and scope of practice committee	70,030	57,441
Specialist services committee	3,620	52,696
Physical / psychological safety initiatives	500,000	—
JSC rural funding	140,461	—
One-time payment (note 16)	1,718,400	—
	<u>\$ 3,224,847</u>	<u>\$ 835,790</u>

11. PUBLIC SERVICE PENSION PLAN:

Doctors of BC and its employees contribute to the PSPP (a jointly trustee pension plan). The Public Service Pension Board of Trustees, representing plan members and employers, is responsible for administering the PSPP, including investment of assets and administration of benefits. The PSPP is a multi-employer defined benefit pension plan. Basic pension benefits are based on a formula. As at March 31, 2019, the PSPP has about 64,300 active members and approximately 49,550 retired members.

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

Employers participating in the PSPP record their pension expense as the amount of employer contributions made during the fiscal year (defined contribution pension plan accounting). This is because the PSPP 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.

During the year-ended December 31, 2019, Doctors of BC paid approximately \$1,657,000 (2018 - \$1,446,000) for employer contributions to the PSPP.

12. COMMITMENTS:

Doctors of BC has committed to operating equipment leases until 2023. The minimum annual lease payments are as follows:

2020	\$ 39,754
2021	29,570
2022	22,696
2023	15,130
	<u>\$ 107,150</u>

13. BCMA HEALTH BENEFITS TRUST FUND:

The HBTF is a health benefits trust which is controlled by Doctors of BC. The objective of the HBTF is to provide insurance benefits to physicians, their families and employees. The insurance benefits includes such plans as extended health and dental, long term disability, and group life insurance. The HBTF is a trust as defined in the Income Tax Act. Doctors of BC does not have any economic interest in the HBTF. The HBTF prepares its financial statements in accordance with Canadian accounting standards for pension plans.

As at December 31, 2019, the HBTF had assets of \$3,419,580 (2018 - \$3,559,134), liabilities of \$1,246,660 (2018 - \$1,108,476) and net assets available for benefits of \$2,172,920 (2018 - \$2,450,658). For the year ended December 31, 2019, the HBTF earned revenue of \$14,616,221 (2018 - \$13,661,621) had expenses of \$14,893,959 (2018 - \$13,385,354), and deficiency of revenue over expenses of \$277,738 (2018 - excess of revenue over expenses of \$276,267).

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2019

14. RELATED PARTY TRANSACTIONS:

Doctors of BC administers the GPSC Collaboratives Program, Specialist Services Programs, Shared Care Programs, and Physician Health Program. These programs are funded by the Province. Each of these programs is controlled by a committee, which are unincorporated entities, on which there is equal representation between representatives of the Province and members of Doctors of BC as governed by the 2019 Physician Master Agreement ("2019 PMA") effective April 1, 2019 to March 31, 2022, and previously the 2014 Physician Master Agreement effective April 1, 2014 to March 31, 2019. Doctors of BC exercises significant influence over these programs by virtue of its equal representation on their respective 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. Doctors of BC does not have an economic interest in the committees or programs. The financial information of these programs are not reflected in the financial statements of Doctors of BC.

During the year ended December 31, 2019, Doctors of BC charged \$11,959,706 (2018 - \$10,032,640) to these programs for payroll recovery of Doctors of BC employees working on these programs, and charged management fees of \$1,513,817 (2018 - \$957,503) to these programs for administrative services provided. Third party costs incurred by Doctors of BC on behalf of these programs is recorded on a net basis as Doctors of BC acts as an agent in those transactions.

During the year ended December 31, 2019, Doctors of BC provided a contribution of nil (2018 - \$900,000) to the Physician Health Program because funding for 2019 was fully covered by the Ministry of Health per the PMA.

Doctors of BC also administers benefit programs for physicians of BC. The benefit programs are controlled by committees, which are unincorporated entities, on which there is equal representation between representatives of the Province and members of Doctors of BC as governed by the 2019 PMA. During the year, Doctors of BC charged management fees of \$1,298,000 (2018 - \$1,298,000) to the benefit programs.

During the year ended December 31, 2019, Doctors of BC charged insurance administration fees of \$1,073,945 (2018 - \$993,089) to HBTF and \$319,200 (2018 - \$326,135) to BCMA Agencies.

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

	2019	2018
BCMA Agencies Limited (note 5)	\$ 70,455	\$ 184,213
Programs:		
GPSC Collaboratives Program	735,569	1,131,396
Physician Health Program	118,076	114,332
Shared Care Programs	193,227	282,137
Specialist Services Programs	623,321	563,619
Health Benefits Trust Fund (note 13)	89,886	89,438
Benefit programs	127,075	133,772
	<u>\$ 1,957,609</u>	<u>\$ 2,498,907</u>

15. COMMITTEE COSTS:

For the year ended December 31, 2019, committee costs includes honoraria paid to directors of \$125,312 (2018 - \$144,392).

16. ONE-TIME PAYMENT:

According to the 2019 PMA, \$85 million less the cost of Health Insurance BC's implementation of the Business Cost Premium will be paid in an equal dollar amount to each physician who practiced in 2018 and who earned above \$75,000 in eligible income in any of the calendar years 2016, 2017, or 2018. The first instalment was paid in September 2019. The second instalment will be paid in 2020.

Notes continued

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2019

17. FINANCIAL RISKS:

Doctors of BC manages its investment portfolio to earn investment income and invests according to a policy approved by the Board. 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 currency 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 obligations associated with financial liabilities.

18. COMPARATIVE INFORMATION:

Certain comparative information has been reclassified to conform with the financial statement presentation adopted in the current year.

19. SUBSEQUENT EVENT:

Subsequent to December 31, 2019, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The situation is dynamic and the ultimate duration and magnitude of the impact on the economy and the financial effect on our organization are not known at this time. These impacts could include potential future decreases in membership fees.



ADVOCATING: PEER SUPPORT

SUPPORTING PHYSICIAN HEALTH AND WELLNESS THROUGH THE PANDEMIC

Immediately following the declaration of a pandemic in March, Doctors of BC's Physician Health Program (PHP) experienced a drop in calls, but the lull was short-lived. Case volume is now tracking between 150% and 200% of 2019's. In early April, the PHP began offering weekly drop-in peer support sessions co-facilitated by a psychiatrist and a staff PHP counselor; sessions are now held twice a month.

The Physician Health Program also worked with a number of volunteer physicians and the UBC Department of Psychiatry to bolster its roster of psychiatrists, eventually forming new relationships with 12 psychiatrists across BC who, with the program's support organizing virtual, team-based care, can now accept physician-patients from the PHP.

LEARN MORE

physicianhealth.com

24-hour helpline: 1 800 663-6729

The Physician Health Program offers drop-in peer support sessions twice a month.

4

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ANNUAL REPORTS OF THE COUNCIL ON HEALTH PROMOTION

COUNCIL ON HEALTH PROMOTION

Drs I. Gillespie, Chair; S. Sze, Vice Chair; M. Chung, Geriatrics and Palliative Care; T. Gerschman, Athletics and Recreation; M. Lyon, Nutrition; L. Oppel, Environmental Health; C. Rumball, Emergency and Public Safety; Drs N. Dove, C. Dy, J. Flanagan, J. Kancir, C. Maheswaran. Staff: Ms M. Adair, Mr C. Bowbrick, Ms K. Bowers, Ms J. Dreyer, Mr J. Harink, Mr P. Higgins, Ms S. Shore, Ms H. Thi, Ms D. Viccars.

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 framework by advocating for health promotion to influence positive change in population health.

This work includes delegating tasks to subcommittees and making the process more transparent and accountable. Succession planning and good role modeling are part of our work, too. The Chair School Workshop last September provided useful discussion and reflection to further enhance our work on behalf of members. Here is an update on COHP's 2019–20 key activities:

ACTIVITY 1: Work is ongoing for the policy statement related to delaying and preventing frailty. The COVID-19 pandemic has highlighted the need to prioritize the health and safety of BC's older adults, as they have been disproportionately affected.

ACTIVITY 2: The Board adopted two resolutions developed by COHP over the last year:

1. In order to support the promotion of pedestrian safety, Doctors of BC advocates for:
 - Increased pedestrian safety initiatives and education for all road users, including drivers, cyclists, and pedestrians.
 - Road design and transportation infrastructure that prioritizes pedestrian accommodation and safety.

2. Doctors of BC calls for the inclusion of compulsory cardiopulmonary resuscitation and automated external defibrillator training in the provincial secondary school core curriculum, at a grade level that will reach all students prior to graduation.

ACTIVITY 3: COHP provided feedback on the College of Pharmacists of BC's policy consultation related to the delivery of opioid agonist treatment.

ACTIVITY 4: COHP oversees 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 in this annual report.

ACTIVITY 5: COHP continues to work with the Office of the Provincial Health Officer on public health issues of mutual interest. In March, the Board directed COHP to begin policy development on issues related to decriminalization, improving access to pharmaceutical alternatives to street drugs (safe supply), and updating an existing policy paper on improving addiction care in BC. A call to the membership outlining an opportunity to participate in the project working group was sent on September 1, 2020. We look forward to working on this important and timely policy.

COHP appreciates members' increasing involvement in the annual Walk With Your Doc (May) and Be Active Every Day (October) community health promotion initiatives.

Ian Gillespie, MD, *Chair*

ATHLETICS AND RECREATION COMMITTEE

Drs T. Gerschman, Chair; S. Larigakis, Vice Chair; J. Krupa, A. Pousette, R. Remick, K. Solmundson, H. Wray; Mr R. Joncas (SportMedBC).
Staff: Ms M. Adair, Mr C. Bowbrick, Ms J. Dreyer, Mr P. Higgins, Ms S. Shore, Ms H. Thi, Ms D. Viccars.

The focus of the Athletics and Recreation Committee is promoting active living by supporting initiatives to increase physical activity and prevent sport-related injury. The committee supports the two main Doctors of BC health promotion campaigns that help to encourage physical activity: Be Active Every Day and Walk With Your Doc. These are opportunities for physicians across BC to engage with their communities.

In fall 2019, 25 doctors went to 25 schools across BC to speak with over 6000 schoolchildren about the importance of keeping active. The Be Active Every Day program targets children 5 to 11 years old with a challenge to get an hour of exercise every day in October. The Walk With Your Doc event kicked off in May. Both these initiatives featured pedestrian safety as a theme, which was received very positively by both doctors and participants.

The committee also published three articles in the *BC Medical Journal*. One featured how to incorporate physical activities in our everyday meetings (September 2019). The second article outlined how to counsel patients to be physically active in the presence of air pollution (March 2020), and our most recent article discussed resources and guidance on returning youth to sports during the pandemic (September 2020).

Ensuring children and youth remain physically active during the pandemic is vital, and our committee has developed an infographic outlining resources and recommendations to help families stay active during COVID-19. The infographic shares resources that discuss how to be active indoors and outdoors, including some for people with disabilities. It also includes return-to-sport guidelines and resources for families with children in organized sports. We hope this infographic will be useful for physicians when engaging with families on the importance of physical activity in maintaining a healthy lifestyle.

Our committee has advocated for our physician colleagues to get more physical activity incorporated into their often long and seated Doctors of BC committee meetings. A pilot was initiated with several ideas to achieve this and we hope to expand this philosophy to all the organization's meetings.

The committee is working on a policy resolution related to the impacts of having safe cycling infrastructure as a way to mitigate issues of air quality and promote safety for cyclists, and we hope this can be used to advocate for future bike lane planning. The committee is also working on potential advocacy efforts related to sustainable provincial funding to support physical activity in BC schools and looking into research related to the health

impacts of implementing reservation systems to access large scale parks and hiking trails.

In our concussion advocacy efforts, the committee continues to help disseminate information about concussion awareness tools (e.g., CATT Online). In April 2019, our committee also made a submission to the federal Subcommittee on Sport-Related Concussions in Canada (House of Commons Standing Committee on Health) advocating for appropriate resources and support for physicians who are called on to provide concussion management in the national concussion guidelines.

Tommy Gerschman, MD, *Chair*

EMERGENCY AND PUBLIC SAFETY COMMITTEE

Drs C. Rumball, Chair; D. Chang, Vice Chair; J. Brubacher, G. Dodd, J. Ghuman, D. McVea, P. Yoon; Mr D. Campbell (RoadSafetyBC). Staff: Ms J. Dreyer, Ms H. Thi, Ms D. Viccars.

The Emergency and Public Safety Committee of the Council on Health Promotion (COHP) concentrates its efforts on injury prevention, timely issues related to emergency medicine, matters relating to road safety, and emergency and disaster preparedness. We focus primarily at the medium- to long-term strategic level and work closely with RoadSafetyBC, the Driver Fitness Advisory Group, the BC Road Safety Strategy Steering Committee, Health Emergency Management BC (HEMBC), and the BC Injury Prevention Alliance.

Following the release of last year's major policy paper *Collaboration in Times of Crisis: Integrating Physicians in Disaster Preparedness and Health Emergency Management*, the committee continued to work closely with HEMBC to provide enhanced clinical preparedness at the community and clinic levels. Over the summer, HEMBC worked with Doctors of BC to connect with community-based physicians to gather feedback on their emergency management experience with the COVID-19 response. Focus groups were held across all health authority regions to better understand physician experiences. Work is now also underway to develop medical clinic emergency planning resources and tools for physicians across the province.

The committee is supporting RoadSafetyBC in its Driver Medical Fitness Transformation project, aimed at revising the existing paper-based driver medical fitness process to enable submissions through electronic medical record and web-based systems. The project is currently underway with RoadSafetyBC consulting with the committee and obtaining feedback directly from practising physicians.

This past year, the Board approved a policy resolution brought forward by the committee to include CPR and AED training as part of the core curriculum

in BC secondary schools. A letter was sent to the Minister of Education encouraging this training to be made compulsory in the secondary school curriculum. Five other provinces in Canada and many other countries have such policies to help increase bystander CPR rates.

The committee also discussed whether Doctors of BC should consider developing policy on the issues of decriminalization of people who use drugs and increased access to pharmaceutical alternatives to street drugs. This subject was brought to COHP, the Board, and the Representative Assembly for further consideration. The committee published two articles in the *BC Medical Journal*: one related to trampoline park safety (October 2019), and one related to decriminalization and safe supply (April 2020).

Chris Rumball, MD, *Chair*

ENVIRONMENTAL HEALTH COMMITTEE

Drs L. Oppel, Chair; A. Crabtree, J. Lu, C. Maheswaran, D. McVea, A. Pawluk, E. Wiley; Drs R. Copes (guest), T. Kosatsky (BC Centre for Disease Control). Staff: Ms K. Bowers, Ms J. Dreyer, Ms B. Hodgson, Ms H. Thi, Ms D. Viccars.

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

Over the last year, the committee has monitored the evidence on topics such as:

- The potential health impacts of ambient noise.
- Identifying and addressing the clinical effects of climate change.
- The potential health impacts of traffic-related air pollution.

The committee also formalized a relationship with the BC Centre for Disease Control's Environmental Health Services to collaborate on issues of mutual interest by inviting a representative to regularly attend EHC meetings. Through this relationship, EHC provided input on the implementation of new regulations to create an automatic reporting system for blood lead and mercury testing.

In addition, the committee has published three *BC Medical Journal* articles in the past year on the following topics:

- The relationship between climate change and mental health.
- The potential for injury reduction by improving stair design.
- How the built environment can limit the spread of disease.

Finally, upcoming work for the committee includes:

- Developing a better understanding of the clinical effects of climate change and considering how best to support physicians with respect to climate change.
- Developing better understanding of the development of climate policy as it relates to human health by liaising with the Provincial Climate Change Secretariat.
- Continuing to monitor emerging evidence on the clinical effects of traffic-related air pollution, ambient noise, and other potential environmental health concerns.
- Continuing to build our relationship with the BC Centre for Disease Control to strengthen our understanding of potential environmental health concerns affecting British Columbia.

Lloyd Oppel, MD, *Chair*

GERIATRICS AND PALLIATIVE CARE COMMITTEE

Drs A. Chung, Chair; D. May, L. McCoy, J. Oates, R. Jones, H. Ranchod, H. Rubensohn, K. Wade; Ms J. Trimble (Patient Voices Network). Staff: Ms K. Bowers, Ms J. Dreyer, Ms B. Hodgson, Ms H. Thi, Ms D. Viccars.

The Geriatrics and Palliative Care Committee is a subcommittee of the Council on Health Promotion (COHP). The committee advises Doctors of BC on health promotion, disease prevention, advocacy, and quality of care issues pertaining to geriatrics and palliative medicine. It also develops expertise within the medical profession on seniors care, end-of-life care, and palliative care.

Over the past year, the committee has advocated for people living with dementia by implementing Doctors of BC's updated dementia policy paper, *Improving the Lived Experience of People with Dementia*, and continued to work with key stakeholders such as the Alzheimer Society of BC. The committee will be working with the Practice Support Program, an initiative of the General Practice Services Committee, to update learning dementia content available to physicians. This aligns with a recommendation in the policy paper to increase availability of dementia training and education programs for physicians and other health care providers, and for caregivers and the public.

The committee has also been very involved with the COHP working group developing policy on preventing frailty and healthy aging. It has also looked at the impacts of the COVID-19 on long-term care facilities and discussed potential policy options to improve the quality of care for residents, both in the context of a pandemic and in the long-term.

The committee has produced three recent *BC Medical Journal* articles, *A Palliative Approach to Congestive Heart Failure in the Frail Elderly*; *First Link Dementia Support Offered by the Alzheimer Society of BC*; and *COVID-19 and Long-term Care*.

The committee has also spoken to media on three occasions about the care of the elderly: once on the National Dementia Strategy and twice on minimizing the spread of COVID-19 among frail seniors in the community and care facilities.

In the next year, the committee will focus on providing culturally sensitive health care services for patients, and resources to support physicians in delivering culturally sensitive care. Our work will include writing an article for the *BC Medical Journal* and engaging with community stakeholders.

The committee will also be looking at difficulties associated with providing palliative care in the context of poverty and capacity to consent legislation.

Maria Chung, MD, *Chair*

NUTRITION COMMITTEE

Drs M. Lyon, Chair; I. Hale, R. McCallum, P. Manjoo, B. Huff, K. Kozoriz; Ms M. Day (Office of the Provincial Dietitian), Ms S. Miller (HealthLink BC), Ms C. Buckett (BCCDC). Staff: Ms K. Bowers, Ms B. Hodgson, Ms J. Dreyer, Ms D. Viccars.

The Nutrition Committee is a subcommittee of the Council on Health Promotion (COHP). Its mandate is to advise Doctors of BC on public health issues pertaining to nutrition using scientific, evidence-based research, and to advocate for disease prevention and improved nutrition and health of the population of BC. The committee works on programs 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.

In the last year, the committee has continued to work closely with key partners to disseminate information on nutrition-related programs, tools, and resources for physicians and other health care providers. Since the release of the new Canada's Food Guide in 2019, the committee has received regular updates from the Ministry of Health on the implementation process. Through these regular communications, the committee has provided feedback to support the development of resources and tools to help physicians incorporate the guidance into their practices.

Additionally, the committee continues to work closely to further the relationship between physicians and registered dietitians, who are key partners in ensuring patients have access to evidence-based advice on nutrition.

The committee also published four articles in the *BC Medical Journal*. These covered a range of nutrition-related topics, including addressing weight stigma and the release of the new Canada's Food Guide.

Next year, the committee intends to focus on identifying potential opportunities to improve access to and the quality of nutrition education for physicians. The committee will also continue to monitor emerging evidence relevant to the management of obesity, weight stigma and bias, and other areas relevant to nutrition and health promotion. This work will be done by collaborating with existing stakeholders and identifying potential new stakeholders across the BC health system with mutual advocacy interests.

Michael Lyon, MD, *Chair*

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ANNUAL REPORT OF DOCTORS OF BC COMMITTEES AND COUNCILS

ALLOCATION SUPPORT COMMITTEE

Dr C. Bellamy, Chair; Drs R. Bhui, M. Sun, S. Teja, J. Trepass. Staff: Mr J. Aikman, Ms B. Hodgson, Mr P. Melia.

The Allocation Support Committee (ASC) was established by the Board to provide ongoing support to the two-stage allocation process approved by the membership in 2010. 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 process.

At the request of the Board, the ASC is currently conducting a review of the FTE methodology and the gross overhead ratio used in the stage 1 fee allocation process. Section comments have been requested and will help to inform the review.

The last year has seen a number of changes to the ASC membership. First, I would like to thank Dr David Brabyn very much for his years of hard work and dedication as chair to the ASC and wish him well in his retirement. Sincere thanks also goes to Dr Ralph Jones for his hard work and dedication as an original member of the ASC. Unfortunately, Dr Derek Plausinis was unable to continue on the committee; I thank him for his contributions. We also welcomed three new members: Drs Raj Bhui, Max Sun, and Salina Teja.

I would like to thank all the 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.

Christopher Bellamy, MD, FRCPC, *Chair*

AUDIT AND FINANCE COMMITTEE

Dr M. Curry, Chair; Drs M. Chow, C. Clelland, S. Khandelwal, A. Thompson, A. Yu, Mr M. Hartwick. Staff: Mr A. Seckel, Ms J. Turgeon, Ms S. Vergis.

The Audit and Finance Committee assists the Board of Directors in fulfilling its oversight responsibilities for financial reporting, information systems, risk management, and internal controls of the association. Doctors of BC continues to maintain a strong and secure financial position with sizable reserves. The complete financial statements are included in the 2019-20 Report to Members.

The committee met four times 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.
- 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.
- Reviewing and recommending approval of proposed changes to the honoraria policy to the Board of Directors.
- Overseeing adequate reserves to cover contingencies and provide for capital and long-term projects.
- Ensuring governance is in place for the financial management of all funding and ensuring the funds are segregated and accounted for in compliance with financial best practices.
- Overseeing compliance with government regulations.

I 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*

AUDIT AND INSPECTION COMMITTEE

Dr V. Davis, Chair; Dr J. Burak (CPSBC); Dr B. Gregory (Doctors of BC); Mr D. Proctor (Public Rep).

The Audit and Inspection Committee (AIC) is composed of beneficiary representatives from the Doctors of BC, the College of Physicians and Surgeons of BC, the public, and Medical Services Plan. The committee approves audits of physicians' services and billing practices, reviews all audit reports, and recommends to the Medical Services Commission (MSC) whether recovery of funds or other actions should be pursued.

The AIC meets approximately four times per year in Victoria, at the Ministry of Health. The AIC is delegated the physician audit functions of the MSC, and reports to it. The audit is necessary in a trust-based billing system. It is well acknowledged that the vast majority of physicians bill appropriately and responsibly. The profession is best served by active participation in these physician billing audit functions.

Brian Gregory, MD, *Doctors of BC representative*

AWARDS COMMITTEE

Dr R. Saunders, Chair; Drs D. Etches, J. Kancir. Staff: Ms A. Gray.

Our work continues as we solicit and evaluate the nominations for the several awards: Changemaker (Medical Residents and Students), Dr David M. Bachop Gold Medal for Distinguished Medical Service, Dr Don Rix Award for Physician Leadership, Doctors of BC Silver Medal of Service Award, and CMA Honorary Membership. The overarching goal of the Awards Committee is to recognize those who help their communities and exhibit those contributions across various areas.

This was a transitional year for the committee, and we would like to thank Dr Katherine Paton for her many years of service as chair and to Dr Katharine McKeen for her contributions as member. Both Dr Paton and Dr McKeen have stepped away from their roles on the committee, and we are grateful to have Dr Jesse Kancir as our new member. I have been appointed as chair for the Awards Committee, and I am encouraged by the work ahead in my new role.

Robin Saunders, MD, *Chair*

BC MEDICAL JOURNAL (BCMJ)

Dr D.R. Richardson, Editor; Drs J.K. Chahal, D.B. Chapman, B. Day, C. Dunne, D.J. Esler, Y. Sin, C. Verchere. Staff: Ms M. Adair, Mr J. Draper, Ms J. Jablowski, Ms T. Lyon.

This yearly report is being prepared much later due to the COVID-19 pandemic. Usually, the committee summary is ready for the Doctors of BC AGM in June, which did not happen this year. COVID-19 resulted in many challenges not unique to the *BCMJ*. Like so many other groups, we switched our monthly meetings from in-person to Zoom calls. Some editorial board members are very adept in using this technology and can mute, share their screens, and change their backgrounds seamlessly. Then there is the editor who struggles just to join these virtual meetings.

Despite some hurdles, the *BCMJ* editorial board remains unchanged. No members have left, most likely due to their ability to mute the editor at will. Our diverse board is made up of intelligent and diligent individuals who each bring an extremely valuable perspective to the *BCMJ*. I am constantly impressed by the quality of these physicians, and I am honored to be a part of the peer review process with them.

I would be remiss if I did not thank the *Journal* staff for their excellent work. Mr Jay Draper, managing editor, continues to catch the editor's mistakes and acts as a guiding force for good. Ms Joanne Jablowski, associate editor, works behind the scenes to keep the *Journal* running smoothly. After 37 years of service to the profession, Ms Kashmira Suraliwalla has retired from her role as senior editorial and production coordinator; we all wish her a long and happy retirement. Lastly, Ms Tara Lyon has rejoined the *Journal* staff by filling the vacant role of editorial and production coordinator position. Her expertise and skills are a welcome addition.

The *BCMJ* is written by the physicians of BC for the physicians of BC, so please continue to send in your studies, opinions, letters, musings, and more. Every month we look forward to receiving from the doctors across the province a wide range of opinions to digest. These remain the backbone of what the *BCMJ* represents, and we remain committed to its continued excellence.

David R. Richardson, MD, *Editor*

BC ROAD SAFETY STRATEGY STEERING COMMITTEE

Ms P. Boyle, Chair (ADM RoadSafetyBC and Superintendent of Motor Vehicles), Dr C.S. Patterson. Staff: Ms H. Thi.

The mandate of the BC Road Safety Strategy Steering Committee is to report to the Minister of Public Safety and the Solicitor General to champion Vision Zero, the elimination of deaths and serious injuries due to traffic crashes. This past year, the committee has been discussing revitalization of the British

Columbia Road Safety Strategy 2015 and Beyond. This strategy, developed in collaboration with over 30 BC road safety partners, has provided a framework and structure for action over the last 5 years, which has put forward three categories for the BC Road Safety Strategy revitalization plan:

1. Working together for the future of road safety.
2. Inspiring British Columbians to make safe choices on the road, which includes education related to cannabis and distracted driving.
3. Tools to make the road safer, which include both enforcement and road infrastructure improvements.

As the committee begins work on revitalizing the provincial road safety strategy, the target remains to have the safest roads in North America and zero traffic-related fatalities and zero serious injuries.

Chris Stewart Patterson, MD, *Doctors of BC*

CONTINUING PROFESSIONAL DEVELOPMENT NUCLEUS COMMITTEE

Dr I. Schokking, Chair; Dr N. Mallek, Vice Chair; Drs B. Hobson, K. Houghton, S. Johnston, B. Lynn (Ex Officio), K. McGarvey, C. Newton. Staff: Dr S. Bugis, Mr R. Hulyk, Ms G. Lynch-Staunton, Ms H. Pastoral.

The CPD Nucleus Committee continues to play a unique role of advocating for and facilitating the coordination and networking of CME/CPD resources in BC focusing on activities that involve both family physicians and specialists, which for the most part involve nonmedical expert CANMEDs competencies.

As outlined in our 3-year strategic plan last year, the CPD Leaders Conference will focus on one of the CANMEDs competencies on a rotational basis. Last year the focus was advocacy, and this year it is communication. We hope to create a resource where the content of our conference can be shared, so we can catalogue one CANMEDs resource per year.

We have invited a much broader group of physicians this year, including Divisions of Family Practice, Faculty Engagement Initiatives, and Regional Quality Improvement Initiatives. We also expanded our invitation to one family physician and one specialist from each community. For the ninth year, we append a PLI course; this year it will be Leading with Emotional Intelligence. We canceled the program because of COVID-19, but we hope to run it in the fall.

There were seven motions from our 2019 AGM, as follows with a note on how we addressed them:

1. That the committee continue to see overall value in the hosting of the annual CPD Leaders Conference. We have organized accordingly.
2. That special invitees be invited to attend the CPD Leaders Conference at their own expense. This may include both physician and nonphysician CPD leaders. Options for broadening representation are:
 - a. Sections (e.g., invite a guest/representative from a section to attend).
 - b. Physician leaders (e.g., invite health authority, Ministry of Health).
 - c. MSAs and divisions (e.g., invite a guest from MSAs and divisions).
 - d. A combination of the above.

We have chosen option d. plus the new provincial rural continuing medical education coordinators.

3. That the committee work with Doctors of BC to develop a communications plan to disseminate the CPD Committee's conference education efforts to Doctors of BC members. We will archive the content making it available online.
4. That the CANMEDS competency focus for the 2020 conference be decided by the CPD Nucleus Committee. Communication was chosen.
5. That UBC Digital Emergency Medicine work with the Doctors of BC Nucleus Committee to jointly identify members to form a working group to develop a CPD strategy to support physicians' knowledge and skills in optimizing the use of digital tools to provide excellence in patient care. This work is ongoing.
6. That UBC Digital Emergency Medicine and Doctors of BC Nucleus Committee approach the Doctors of BC Board to request resources to carry out a needs assessment of physicians in BC to shape the development of a CPD strategy and associated activities to support physicians' appropriate use of digital/virtual health. These resources were requested of the board.
7. That Doctors of BC recognize the climate change crisis as one of the biggest threats to the health and well-being of people in BC and Canada. That Doctors of BC support activities that offer solutions to the climate change crisis, both by addressing its root causes (such as the need to reduce CO₂ and methane emissions) and by planning for its consequences. This we see addressed by other Doctors of BC committees.

Ian Schokking, MD, *Chair*

COUNCIL ON HEALTH ECONOMICS AND POLICY

Dr J. Otte, Chair; Dr L. Oppel, Vice Chair; K. Chan, K. D'Souza, J. Ghuman, D. Horvat, G. Hutchinson, J. Leavitt, I. Mahal, T. McLaughlin, G. Mitra, T. Monk, S. Roome, E. Weiss. Resident Doctors of BC Guest: Dr D. Lu. Medical Undergraduate Society: Mr J. Speidel. Staff: Ms M. Adair, Mr C. Bowbrick, Ms K. Bowers, Ms J. Dreyer, Mr J. Harink, Ms S. Shore, Ms H. Thi, Ms D. Vickers.

The Council on Health Economics and Policy (CHEP), under the guidance of the Board, develops policy options for Doctors of BC. This work empowers Doctors of BC to address issues that affect the context in which physicians in British Columbia practise. One of our key concerns is the long-term sustainability of the health care system and, accordingly, ensuring an environment in BC that allows physicians to continue to deliver the best care possible.

Given the growing number and complexity of demands on physicians' time, and the negative impact this can have on the provision of quality care and physician well-being, CHEP undertook a unique and robust approach to developing policy in this area. To better understand the mounting and competing burdens and the possible solutions, members were consulted extensively through the Doctors of BC Representative Assembly and two phases of online engagement. Along with a review of existing literature and wide stakeholder engagement, the results were used to develop policy principles to address the cumulative impacts of physician burdens. Components of this innovative work were presented at the Canadian Conference on Physician Health, the BC Health Leaders Conference, and the Institute for Healthcare Improvement National Forum.

Due to the increasing demand for access to data in physician electronic medical records (EMRs), CHEP has also developed a policy statement to advocate for the establishment of appropriate and collaborative governance on the use of this data for secondary purposes. Our recommendations call for thoughtful oversight, monitoring, and accountability when EMR data are being considered by external organizations for purposes beyond direct patient care.

CHEP has worked diligently to generate policy solutions that balance the specific needs of members with the strategic goals of our organization, and to facilitate effective dialogue with governments and regional, provincial, and federal stakeholders. For the remainder of the year, we will focus on developing a policy statement on telemedicine in specialty care.

We welcomed several new members to our committee (Drs Stephen Roome, Jennifer Leavitt, Karan D'Souza, Goldris Mitra, Ka Hong Chan, Inderveer Mahal). We thank our past chair, Dr Don Milliken, for his leadership and wisdom, and we thank several past members of CHEP (Drs Ernie Chang, Tommy Gerschman, Jasper Ghuman, Dan Horvat, and Tracy Monk) for their commitment and service to Doctors of BC.

Jessica Otte, MD, *Chair*

DOCTORS OF BC – INSURANCE CORPORATION OF BC (ICBC) LIAISON WORKING GROUP

Drs A. Yu, S. Desai-Ranchod; ICBC: Mr R. Wilson, Mr W. Tang. Staff: Mr R. Hulyk, Ms R. Sekhon, Ms R. Corpuz.

The Doctors of BC-ICBC Liaison Working Group was reconstituted by the Doctors of BC Board in 2019. In accordance with the terms of reference, the working group is to serve as the primary means of communication and collaboration between Doctors of BC and ICBC. This work includes identifying and addressing issues for physicians on the treatment of patients injured in motor vehicle accidents, including long-term strategies, and exploring opportunities to work with other established insurance entities. It also includes work on processes and payment for physician services.

In order to be responsive to broader consultations and/or specific issues or projects, a new element was included in the terms of reference to allow the working group to draw on additional physician expertise from relevant sections and societies as needed.

In late 2019, the working group was invited to participate in a broader consultation with both the provincial government and ICBC based on significant legislative changes announced in which ICBC will shift toward an enhanced care model. The government has publicly committed to consulting with physicians through the ICBC Liaison Working Group to help inform regulations and support implementation of the new model before its launch in spring 2021. Topics covered will include informing new pathways to care, defining processes, updating forms and reporting requirements with a focus on reducing administrative burden and inefficiencies, and identifying mechanisms for education and training for physicians. This will continue in 2020 and members can check the Doctors of BC website for updates.

Andrew Yu, MD, *Chair*

DOCTORS OF BC – WORKSAFEBC LIAISON COMMITTEE

Drs C. Jackson, P. Rothfels, Co-Chairs; Drs C. Dunn, A. Kuan, C. Martin, E. Weiss, T. Wilson. WorkSafeBC Staff: Ms D. Chmelnitsky, Ms G. Jacobson, Ms J. Leyen. Doctors of BC Staff: Mr J. Harink, Ms B. Hodgson, Mr R. Hulyk.

Under the Doctors of BC – WorkSafeBC agreement ratified in 2015, the Liaison Committee's mandate is to review issues and consult with physicians and appropriate section groups to address challenges on fees, administrative burdens, and processes needing to wait for the next round of negotiations.

A key area of focus for the committee in 2019 was to start a project to improve billing resources that are provided to physicians. The project goal is to assist physicians with billing WorkSafeBC, reduce payment rejections, and increase use of certain fee codes. The committee identified the 19950 Return-to-Work

Planning Code as an area where billing resources could be developed. The committee surveyed members and reviewed WorkSafeBC billing data to better understand what the challenges are with this fee code. Based on the information gathered, the committee is now looking at recommendations for billing resources to address identified challenges.

The committee has also helped provide physician feedback on new forms and guides created by WorkSafeBC. One of these is an arthroscopy algorithm designed to help orthopaedic surgeons in treating injured workers with knee pain. Orthopaedic specialists on the committee were able to help WorkSafeBC improve the algorithm by collecting feedback on its contents from the BC Orthopaedic Association.

Another key goal of 2019–20 was to continue to assist physicians with the registration process for WorkSafeBC coverage. Staff supporting the committee developed a new guide to help physicians navigate common registration issues, including registration criteria, classification units, premiums, and retroactive invoices. This guide can be found on the Doctors of BC website and has been shared with various health authorities.

The committee has also been supporting the WorkSafeBC negotiations team by providing relevant background information and subject matter expertise. Currently, the committee is on hold until a new agreement with WorkSafeBC is reached. However, the committee anticipates there will be significant new work and responsibilities coming out of the next WorkSafeBC agreement that will shape priorities over the next several years.

I would like to thank the members and staff of the committee for their collaboration and participation. Any Doctors of BC members with concerns or questions related to WorkSafeBC are invited to contact Jorgen Harink at jharink@doctorsofbc.ca or 604-638-4865.

Colin Jackson, MD, *Co-Chair*

DOCTORS OF BC – WORKSAFEBC PROJECTS AND INNOVATION COMMITTEE

Drs E. Weiss, C. Martin, Co-Chairs; Drs I. Connell, C. Dunn. WorkSafeBC Staff: Ms D. Chmelnitsky, Ms G. Jacobson, Ms J. Leyen, Mr V. Russell. Doctors of BC Staff: Mr J. Harink, Ms B. Hodgson, 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 and quality of care for injured workers. PIC develops and implements pilot projects for new care models or refinements of existing models. These projects are submitted from the external physician community and WorkSafeBC.

There were some changes to the membership of PIC this year. Most notably, Dr Goetz, a longtime member and chair, finished his time with the committee. His contributions and effort were significant and will be missed. Dr Elliot Weiss volunteered to serve as the interim chair for PIC until a new agreement is reached with WorkSafeBC and a new chair can be nominated.

In 2019, PIC continued to explore the development of the restrictions and limitations form project. WorkSafeBC members on PIC visited communities in the North and the Interior where the form is being piloted and gathered feedback from physicians, medical advisors, and case managers. Feedback was generally positive, and most respondents found the information in the form to be useful, but there were some helpful suggestions for improvement. WorkSafeBC presented this feedback to PIC and members were also able to provide guidance on how to improve the form and potentially expand the project.

PIC also explored the potential to improve the expedited consult process in partnership with the Shared Care Committee. However, given that WorkSafeBC negotiations have begun, members agreed to postpone this project until the negotiations process concludes.

Doctors of BC members on PIC have helped support the WorkSafeBC negotiations team by providing relevant information and their perspectives on potential improvements. Like the Liaison Committee, PIC is on hold until a new agreement with WorkSafeBC is reached.

I would like to thank the members and staff of the committee for their collaboration and participation. Any Doctors of BC members with concerns about their interactions with WorkSafeBC are invited to contact Jorgen Harink at jharink@doctorsofbc.ca or 604-638-4865.

Elliot Weiss, MD, *Interim Co-Chair*

GENERAL PRACTICE SERVICES COMMITTEE

Dr A. Meyer, Dr S. Ross, Mr T. Patterson, Co-Chairs; Drs S. Cooper, F. Duncan, M. Fagan, L. MacKay, T. Monk. Ministry of Health: Mr M. Armitage, Ms D. Daigle, Ms K. Gunn, Mr R. Jock, Mr S. Letwin. Doctors of BC Staff: Ms M. Adair, Ms A. Godin, Dr B. Hefford, Ms L. Lemke, Ms M. Markovic.

The General Practice Services Committee (GPSC) is a partnership between the BC government and Doctors of BC that works to increase capacity and access to high-quality primary care in BC. The GPSC's strategic focus is to support the creation and implementation of team-based patient medical homes (PMHs) as the foundation of primary care networks (PCNs). To accomplish these aims, GPSC has focused work in the following key areas: physician practice and clinical supports, and division, community, and partnership supports.

PHYSICIAN PRACTICE AND CLINICAL SUPPORTS

The PMH assessment is an electronic tool that highlights practice strengths and opportunities in relation to the 12 attributes of the BC patient medical home model. As of August 2020, 41% (2668) of family physicians in the province have completed the PMH assessment at least once since it was introduced in 2017. Information and results from the assessment enable quality improvement activities within practices, and contribute to community planning efforts.

The Community Longitudinal Family Physician Payment was introduced to recognize the value and provision of long-term, relationship-based care by community-based family physicians who work under fee-for-service. Eligible physicians can receive a total annual payment of no less than \$3000 and up to \$12,000.

Over the past year, the GPSC's Practice Support Program (PSP) implemented a flexible framework with in-practice coaching that builds capacity in family practices. PSP also expanded service offerings to include enhanced in-practice coaching focused on team-based care and introduced comprehensive panel management supports. As of August 2020, over 2200 physicians have received or been approved for the panel management payment for committing to the phases of panel management.

Additionally, with over 6000 surveys completed by patients, the GPSC Patient Experience Tool offers practice insights about patient experiences and interactions. Practice team members can access responses in real-time using an easy-to-use, web-based dashboard. The tool has also been updated with a new set of survey questions specific to patient experiences of receiving care virtually, either by telephone or videoconference.

Through the Doctors Technology Office (DTO), the GPSC has continued to support doctors with health technology initiatives. In 2019, the DTO launched Security in Low Doses: Safeguarding Patient Information in Private Practice, an introductory online course that supports clinics to improve their security and protect patients' personal information. This work is part of an overall strategy to design a privacy and security approach across primary and community care.

DIVISION, COMMUNITY, AND PARTNERSHIP SUPPORTS

The GPSC continues to support the implementation of PCNs across the province as part of the broader primary care strategy. The GPSC has supported divisions of family practice as community networks of physicians to facilitate local collaborative governance, shared planning, implementation, evaluation, information sharing and partnerships with health authorities, nurse practitioners, allied health care providers, First Nations, and other community partners. To date, 35 collaborative service committees are implementing PCN service plans.

PRIMARY CARE RESPONSE TO COVID-19

Since March 2020, a key focus for the GPSC has been to enable a coordinated primary care and community response to the COVID-19 pandemic. The GPSC pivoted quickly to respond to the needs of family physicians and provincial partners. To support practices and providers shifting to virtual care, the GPSC billing codes were adapted, and the business cost premium was expanded. The DTO released virtual care guides and held webinars to provide online training for physicians. Through the PSP, targeted practice coaching and tools helped practices define and reach out to vulnerable populations. Physician participation in community planning continues to be supported by relaxed funding parameters, which allow divisions to use existing GPSC funds to prioritize resources toward responding to the pandemic.

The GPSC will continue to focus on supporting implementation of PMHs and PCNs in order to enable access to quality primary health care that meets the needs of patients and populations in BC while also working to support physicians and communities during the COVID-19 pandemic. It has been a pleasure to co-chair the committee with Mr Ted Patterson over the past year.

Shelley Ross, MD, *Co-Chair*; Anthon Meyer, 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, K. Tan, D. Wilson. Ministry of Health: Mr W. Pang, Ms T. Naumann, Ms I.F. Kuo, Ms M. Dempster, Drs S. Lee, D. McTaggart. Other: Ms C. Evanson, Dr A. Tejani. Doctors of BC Staff: Dr B. Hefford, Ms P. Lolić, Mr D. Moseley. Ministry of Health Staff: Ms L. Arscott, Ms S. Asuri, Ms S. Burniston, Ms S. Gibson, Ms F. Munday, Ms J. Murray, Ms C. Simms, Ms K. Townsend.

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 a particular focus on circumstances in BC. These recommendations are published as easy-to-read clinical practice guidelines under the brand name BC Guidelines at www.BCGuidelines.ca.

GUIDELINES AND PROTOCOLS PUBLISHED/REVISED JUNE 2019 – DECEMBER 2020

- Iron Deficiency
- Vitamin D Testing
- Chronic Kidney Disease
- Appropriate Imaging for Common Situations in Primary and Emergency Care
- Hypertension
- Prostate Cancer (collaboration with the Family Practice Oncology Network)
- Urinary Tract Infections in the Primary Care Setting
- Workup of Microscopic Hematuria
- CT & MRI Prioritization
- Cardiovascular Disease

GUIDELINES AND PROTOCOLS IN DEVELOPMENT JUNE 2019 – DECEMBER 2020

Guidelines undergoing revision:

- Viral Hepatitis Testing (collaboration with BC Centre for Disease Control)
- Osteoporosis
- Cataracts
- High Ferritin and Iron Overload
- Diabetes Care
- Obstructive Sleep Apnea

New guidelines in development:

- Adverse Childhood Experiences and Trauma Informed Practice
- Falls Prevention (collaboration with BC Injury Prevention Committee)
- Managing Pain

OTHER GPAC UPDATES

- Guideline development on all GPAC working groups was put on hold in mid-March 2020 to address changing priorities in the face of the COVID-19 pandemic. In May 2020, the GPAC working groups resumed their guideline development.
- GPAC is seen as a guideline development leader in BC and continues to be approached by stakeholders seeking to collaborate. Collaborative relationships have been developed with the Medical Imaging Advisory Committee, BC Centre on Substance Use, Provincial Laboratory Medicine Services, BC Injury Prevention Committee, and BC Centre for Disease Control.

- GPAC team members attended various conferences in person, including the BC Rural Health Conference, BCCSU Conference, Family Medicine Forum, St. Paul's CME Conference, BCCFP Student and Resident Conference, UBC Annual Post-Graduate Review in Family Medicine, and BC Quality Forum to reach out to BC practitioners and increase brand awareness. Despite the COVID-19 pandemic inhibiting in-person conferences, GPAC is exploring new ways to promote guidelines including the virtual Family Medicine Forum in November 2020.

Sandra Lee, MD; Douglas McTaggart, MD; Lindsay Arscott, Sirisha Asuri, Fritha Munday, Chase Simms, Katey Townsend

INFORMATION PRIVACY AND SECURITY STANDING COMMITTEE

Dr E. Leduc, Doctors of BC

The Information Privacy and Security Standing Committee (IPSSC) is a subcommittee of the Ministry of Health IM/IT 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 representative from Doctors of BC on this committee meets the association's strategic objective 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.

The following is list of major IPSSC activities in 2019:

- The work on developing a new Health Information Management Act is ongoing.
- The Ministry of Health has reorganized the IT-related committees to better suit the Digital Health Strategy.
- The work on development of harmonized provincial policies on secondary use of patient health information, especially as it relates to primary care networks, has been devolved to a working group of the GPSC.
- Access harmonization: This work has largely been superseded by the 2015 Information Management Regulation under the Pharmaceutical Services Act, which resulted in the creation of PharmaNet Revisions for Information Management Enhancements, or PRIME, a proposed universal health information access system for all British Columbians based on their personal health number.
- The harmonization of secure messaging policies is ongoing.
- Patient health portal issues of access, validation, and consent were discussed.
- Cloud data storage was discussed: The committee advised that it is appropriate under specific conditions.

Eugene Leduc, MD, *Doctors of BC*

INSURANCE COMMITTEE

Dr M. McCann, Chair; Drs M. Curry, B. Fritz, S. Khandelwal, L. Vogt.

The Insurance Committee's mandate is to oversee policy for the provision of insurance programs for Doctors of BC members and to recommend changes and new programs to the Board. The committee provides recommendations to the Health Benefit Trust Fund Board of Trustees regarding coverage provided under the fund. It works in cooperation with the Benefits Advisory Committee (BAC), to review the operation of the Physicians' Disability Insurance benefit and recommend plan changes to the BAC for presentation to the Joint Benefits Committee.

In 2019, the committee met throughout the year to monitor the plans ensuring they were financially sound, and conducted renewal negotiations with the various supplying insurance carriers and brokers. The committee advocated on behalf of individual members who contacted the committee for insurance assistance throughout the year. It also conducted due diligence tendering of several plans to ensure competitive coverage and plan financial stability. Manulife Financial offered significant advantage to members and was selected as the new carrier as of 1 January 2020. The chair and members of the committee would like to recognize and thank Dr Mark Corbett for his several years of service as a Trustee of the Health Benefits Trust Fund.

In 2020, the committee worked through many insurance program adaptations as a result of the COVID-19 pandemic. Alongside the Joint Benefits Committee, the Insurance Committee successfully advocated for quarantine and self-isolation coverage for members to be paid through Doctors of BC's Physicians' Disability Insurance plan.

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 & SMA)
- Professional Expense Insurance
- Critical Illness Insurance
- Accidental Death and Dismemberment Insurance
- Health Benefits Trust Fund (health and dental plans for physicians, families, and medical staff)
- Office Contents and Liability, Homeowners', Directors and Officers, Personal Liability Umbrella Policy (brokered through Westland Insurance)
- MEDOC Travel Insurance (brokered through Johnson Inc.)
- Specialty Insurance (individual coverage sought by Doctors of BC insurance advisors to meet unique member needs)

For the 15-month period of 1 June to 31 August 2020, total premiums of \$72.5 million were generated, as follows:

- **PDI:** 8723 enrollees; \$22.5 million premium
- **Disability:** 4083 enrollees; \$5.1 million premium
- **Life:** 6179 enrollees; \$6.1 million premium
- **Professional Expense:** 1133 enrollees; \$1.1 million premium
- **Accident:** 1327 enrollees; \$365,000 premium
- **Health and Dental:** 4101 enrollees; \$15.5 million premium
- **Critical Illness:** 2213 enrollees; \$2 million premium
- **Office Contents/Homeowners:** \$10.6 million premium
- **MEDOC Travel:** \$1.2 million premium
- **Specialty Individual:** \$8 million premium

INSURANCE ADVISORY SERVICES

BCMA Agencies Ltd., a wholly owned subsidiary of Doctors of BC, offers members access to complimentary insurance reviews and the planning services of licensed, noncommissioned insurance advisors. The goal of the advisors is to provide members with objective advice on 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. Khandelwal; Mr J. Cook. Ministry of Health: Mr R. Murray, Co-Chair; Ms E. Ackerman. Staff: Ms K. Pelletier, Ms T. 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 (CME) Fund, the Parental Leave Program (PLP), and the Canadian Medical Protective Association (CMPA) Dues Rebate Fund.

The Benefits Subsidiary Agreement outlines specific funding to be allocated to the benefit programs until 2021-22. The committee has been directed to use surplus funds in any of the benefit programs other than the CMPA rebate program to maintain the benefits at their 31 March 2019 levels.

For 2019-20, the CPRSP maintained its maximum basic benefit and length of service benefit of \$4100 and \$3480 respectively, with a minimum income

threshold for the length of service benefit of \$60,000 gross. The maximum CME benefit for 2019 was maintained at \$1900. The entitlement amount will be paid automatically to physicians, provided they have been revalidated by the College of Physicians and Surgeons. The PLP maintained its maximum benefit of \$1000 per week for 17 weeks. The program allows physicians to claim a half benefit and/or to claim their benefit over a 1-year period, making the benefit more accessible.

Though the CMPA funding under the Benefits Subsidiary Agreement contained substantial new CMPA rebate funding, it has not been possible to provide a full reimbursement of CMPA dues. The CMPA rebate is allocated based on 2019 rates while establishing 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 and the claims experience of the plan have affected the performance of the PDI plan over the last couple of years, which has required additional funding to be allocated to the program to maintain the benefit level.

The table below outlines the benefit levels over recent years.

PROGRAM	2017-18	2018-19	2019-20	COMMENTS
PLP	\$1000/wk	\$1000/wk	\$1000/wk	Benefit maximum
CME	\$1800	\$1900	\$1900	Benefit maximum
PDI	\$6100/mo	\$6100/mo	\$6100/mo	Benefit maximum
CPRSP	\$7450	\$7580	\$7580	Benefit maximum
CMPA	\$51.1 million	\$57.7 million	\$57.7 million	Program funding

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; Dr N. Humber, Vice Chair, Doctors of BC (Lillooet); Mr K. Brown, Vice Chair (Ministry of Health). Secretariat: Mr D. Baird (Ministry of Health). Members: Drs J. Bishop (Sechelt), J. Card (Valemount), R. Routledge (Duncan). Alternates, Doctors of BC: Drs S. Gryzbowski (Salt Spring Island), E. Marquis (Prince George), J. Nicol (Cranbrook). Ministry of Health: Dr S. MacDonald (IHA), Dr B. Temple (NHA), Ms S. Walker. Health Authority Representatives: Drs P. Armogam (VIHA), D.R. Brown (VCHA), S. McDonald (FNHA). Alternates, Ministry of Health: Dr J. Fourie (NHA). Staff: Mr J. Aikman, Ms M. Cormier.

The Joint Standing Committee on Rural Issues (JSC) is a joint collaborative committee (JCC) of the Doctors of BC and the Ministry of Health and includes health authority representation. Established in 2000, the JSC is the trailblazer of the JCCs and is responsible for the overall governance of the rural programs within the Rural Subsidiary Agreement (RSA). 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. We acknowledge and respect that much of our JSC committee work is deliberated on and advanced by our gathering and presence on the unceded, traditional, ancestral territories of the Skwxwú7mesh (Squamish), x̱m̱əθḵʷəy̱əm (Musqueam), and səliłwətaʔ (Tsleil-Waututh) Nations.

Through the most recent Physician Master Agreement (PMA), the JSC was tasked with three priority areas with an allocation of \$8.25 million in ongoing funding. The first priority was to improve the Rural Retention Program (RRP). We are happy to report that JSC has approved recommendations for improvements to the RRP, including a plan to stabilize the points and provide support to offset the business cost modifier awarded to urban physicians, which will be implemented in early 2021. The JSC has addressed the remaining two priorities by extending the Rural Emergency Enhancement Fund to alternative payment plan communities and providing ongoing funds to continue to cover 50% of out-of-pocket costs for Canadian Medical Protective Association payments for rural physicians. The JSC continues to focus on its established areas of priority: education and training; recruitment and retention; engagement; access to care; First Nations and Aboriginal populations; quality improvement, evaluation and research.

A state of emergency for the COVID-19 pandemic was declared mid-March 2020. The JSC was quick to act in implementing a number of supports as well as to review its well-established programs to make any necessary changes to support rural physicians. It funded the Rural Coordination Centre of BC (RCCbc) to quickly act to deliver care virtually, including offering 1000 Zoom licences to rural physicians, launching virtual pathways such as Rural Outreach Support group (ROSe) and Rural Urgent Doctor in aid (RUDI), as

well as supporting the First Nations Health Authority in its First Nations Virtual Doctors of the Day. Further, the JSC changed the locum policies to allow more flexibility to support an urgent response to those that need it the most by extending eligibility to all RSA communities.

In recognition of the level of service and commitment that BC's rural physicians since the onset of the pandemic, the JSC provided funding to support the remaining total out-of-pocket costs for CMPA payments for rural physicians: an additional \$500 to the \$1000 already offered by the JCCs to physicians to cover any infrastructure costs related to making practice changes due to the pandemic.

As well, in April 2020, after years of trying to have meaningful engagement regarding rural patient transport and the transport agenda, a new collaborative framework was confirmed by Premier John Horgan to help ensure people living in rural, remote, and Indigenous communities have access to critical health care they can count on to meet their unique needs during the pandemic and into the future.

The JSC is pleased to report that the number of physicians remains relatively stable and has increased slightly from 1893 to 1955 as of December 2019. The JSC's locum programs have recorded increases in utilization and placements, and the Northern Isolation and Travel Assistance Program remains one of the committee's most successful in providing outreach to patients in the most isolated rural communities. The JSC continues to be the primary funder of the Practice Readiness Assessment BC (PRA-BC) and is working with Health Match BC on a sustainability plan that will transition the program to be provincially focused.

The JSC continues to collaborate and work closely with various stakeholders such as the RCCbc, the Rural Education Action Plan (REAP), and the Rural and Remote Division of Family Practice. REAP supports rural students and preceptors with their rural rotations and supports initiatives focused on mentoring and coaching for physicians, students, and residents. The is an active operational arm of the JSC and an integral driving force in support of the initiatives and projects being deployed and managed by the committee. Notable highlights this past year include extensive evaluations of the RRP; continued management and expansion of Rural Surgical Obstetrics Network; and continued delivery of the Comprehensive Approach to Rural Emergencies (CARE) course and reaching its halfway mark in visiting over 100 of the more than 200 rural communities to engage with physicians, health authorities, and communities. Selkirk Rural Pre-Medicine Program had another six of its graduates accepted to medical school, for a total of 11 to date. The Rural CME Community Fund Program has been successfully implemented in over half of the eligible rural communities.

As the primary funder of the Rural Doctors' UBC Chair in Rural Health, the JSC works closely with UBC faculty and the chair to fund a distributed provincial network of rural health researchers, and a Dean's Advisory Committee on Rural and Remote Health. Dr Dave Snadden, the founding chair, is stepping away from the role, and the JSC extends profound gratitude for his commitment to the role over the past 4 years; he has amplified the importance of rural academia, research, and leadership, and he has contributed to enhancing the supports required to strengthen service delivery within rural, remote, and Indigenous areas. A new Rural Doctors' UBC Chair in Rural Health will be appointed in fall 2020.

To access multiple engagement opportunities with physicians, the JSC also continues to support its annual events, including the Rural Locum Forum and the BC Rural Health Conference, and commits funding of the \$1000 stipend to any rural physician who attends the national annual Society of Rural Physicians of Canada Rural and Remote Medicine course. In June 2020, the RCCbc held virtual summit with over 950 registrants for a 2-day BC Rural Health and Wellness Summit. The RCCbc worked closely with their First Nations lead to support a number of initiatives, such as the Indigenous Health Network, and continues to make outreach and engagement of First Nations communities a priority. The JSC remains committed to strengthening the partnership between rural communities, the First Nations Health Authority, and First Nations Health Council.

Over the past decade the JSC has conducted and hosted one of its yearly meetings at an offsite venue in a rural BC RSA community. The 2019 September JSC meeting was held in Valemount. The 2020 rural meeting due to be hosted in Haida Gwaii was rescheduled for 2021 due to the COVID-19 pandemic.

It is with great respect and gratitude that I thank the JSC's rural physician members who, appointed by the Doctors of BC Board, contribute their leadership, time, and commitment to ensure that the rural programs are managed and supported at their highest possible level. The advocacy and expertise offered by our rural physician members support the JSC to enhance the availability and stability of physician services in rural and remote areas of BC, and are invaluable to our drive 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 networked people—our JSC members, our RCCbc peers and staff, the REAP consultants, and our dedicated Doctors of BC staff. The outstanding efforts and resourcefulness of our Doctors of BC staff, Mr Jim Aikman, Ms Meredith Cormier, and Ms Tania Webb, continue to be of extraordinary value to the committee. I and all of my rural colleagues are most indebted to them.

Alan W. Ruddiman, MBBCh, *Co-Chair*

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

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

The mandate of the Medical Services Commission (MSC) is to facilitate reasonable access throughout BC to quality medical care, health care, and diagnostic facility services for BC residents under the Medical Services Plan (MSP).

The 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 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.

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. About 99% of these funds go directly to pay for medical and supplementary health care services insured under the MSP. The other 1% covers administrative and operational costs of MSP, including salaries.

The MSC is a cosignatory to the Physician Master Agreement (PMA) 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 is also responsible for:

- Establishing payment schedules for practitioners.
- Administering the MPA.
- Investigating reports of extra billing.
- Investigating unjustifiable departure from billing patterns of practice.
- Hearing appeals brought by beneficiaries, diagnostic facilities, and physicians as required by the MPA.
- Arbitrating disputes that may arise between the Doctors of BC and the BC government under the PMA.

Matthew Chow, MD, *Doctors of BC*

NOMINATING COMMITTEE

Dr C. Hume, Chair; Dr M. Chow, President-Elect; Dr E. Cadesky, Past President; Dr T. Sorokan, Member-at-Large; Dr G. Deans, Member-at-Large; Dr K. Martin, Member-at-Large; Dr B. Blumenauer, Board Representative.
Staff: Ms C. Donnelly, Ms M. Escaravage.

The Nominating Committee is a statutory committee reports directly to the Board. Its mandate is primarily to nominate candidates for committee and elected positions in accordance with Doctors of BC Bylaws, and in doing so it fulfills one of the strategic aims of Doctors of BC: namely, membership involvement and engagement with the organization.

All applications are respectfully considered in a fair and objective manner. The need to safeguard a balance on committees between member experience and skill with the need to encourage the participation of new members or sectors not represented is paramount. Committee mandates, core functions, necessary qualities, skills and experience, as well as demographic configurations regarding type of practice, geographic location, stage of practice, gender balance, and culturally appropriate representation are considered.

The Nominating Committee currently recommends members-at-large to:

- 6 statutory committees
- 15 standing committees
- 5 subcommittees
- 12 joint committees
- 5 Medical Services Commission (MSC) advisory committees
- 5 ministry committees, including the actual MSC
- 8 special ad hoc committees that have been developed from the 2019 Physician Master Agreement (PMA)

This represents a total of 62 different committees. From June 2019 to June 2020, the Nominating Committee will have met six times and considered approximately 150 applications for 40 committees.

The list of committees considered is extensive, and the combined mandates of all committees is vital and address issues that directly or indirectly affect all members (e.g., PMA negotiations and fee allocation, physician health and benefits, representation on joint commissions with ministry, Doctors of BC health promotion and policy formation).

This past year the Nominating Committee spent time reviewing its own role and effectiveness in functioning. Improving the candidate engagement and application process was considered and some changes were made. The new Doctors of BC's Code of Conduct was formally assessed by the committee and incorporated as a foundational document for making recommendations

for appointments to the Board. The committee remains focused on expanding engagement, diversity, and inclusion for all members of the Doctors of BC and welcomes the opportunity to incorporate the findings of the recent Doctors of BC's Diversity and Inclusion report into its ongoing work.

Cheryl Hume, MD, *Chair*

PATTERNS OF PRACTICE COMMITTEE

Dr J. Evans, Chair; Dr M. Szpakowicz, Vice Chair; Drs K. Lee, G. McInnes. College Representative: Dr A. Sear. MSC Representative: Dr S. Dadachanji, Medical Consultant, Billing Integrity Program. MSB Representative: Dr M.C. Fabian, Senior Medical Consultant, Compensation Policy and Programs, Medical Services Branch. Doctors of BC Staff: Mr J. Aikman, Dr S. Bugis, Ms J. Grant, Ms T. Hamilton, Ms B. Hodgson.

The Patterns of Practice Committee acts in an advisory capacity to the Medical Services Commission (MSC). The committee's main function is to inform and educate physicians about their billing practices. It monitors the MSP processes of detecting and deterring inappropriate billing and also generates the mini-practice profile for all physicians.

Over the past few years, the committee's focus has been on education, and we have offered over 50 audit and billing sessions to various physician groups. These sessions have enhanced physician awareness and knowledge of the audit process and common audit pitfalls, and provided a better understanding of their mini-practice profile.

The committee also provides targeted education where special projects are identified by the MSC or other stakeholders. Additional educational opportunities may include inviting to future POPC meetings specific sections that have common billing issues or patterns identified in recent audits. This provides the sections an opportunity to disseminate information to their members to encourage appropriate billing and reduces possible audits. In some instances, sections may be referred to the Tariff Committee to clarify specific fee items or to update their payment schedules to reflect current standards of care.

The committee recently said farewell to Dr Lorne Verhulst, the outgoing chair. We wish to thank Dr Verhulst for his steadfast leadership and invaluable contributions during his term.

Dr Janet Evans, MD, *Chair*

PHYSICIAN HEALTH PROGRAM STEERING COMMITTEE

Dr A. Krishnamoorthy, Co-Chair (Doctors of BC); Mr R. Murray, Co-Chair (Ministry of Health); Drs M. Altas, M-C Grégoire, (Doctors of BC); Drs S. Lawrie, D. Williams, (Ministry of Health). Staff: Dr Andrew 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, including physical health, mental health, addictions, and difficult relationships; and advocating for the individual and collective health of physicians. The PHP Steering Committee is tasked with producing a multi-year strategic plan for the program that aligns with the priorities of the funders. It must also approve annually a work plan and budget for the upcoming year, a report of the previous year's activities, and policies that serve as decision-making guides for staff in the day-to-day operation of the program.

Since June 2019, the committee has met four times: August and November 2019, and April and August 2020. Dr Krishnamoorthy was appointed to the committee as of the August 2019 meeting, and Dr Grégoire joined the committee in November 2019. Because of the impending changes to its composition, the committee delayed producing a strategic plan for the 2020-22 period until early 2020. This plan was approved at the August 2020 meeting and will be available shortly on the website of the program.

Notable from the 2019 Physician Master Agreement, the program's operational funding now comes 100% from the Ministry of Health. In June 2019, the program reached an agreement with the BC Dental Association to provide the same range of services to BC dentists and their families as is currently provided to physicians in BC and PEI.

Use of the program's services has been extremely high in 2020 because of the stress associated with the pandemic. Usage rates for 2020 are currently between 150% and 200% of what was observed in 2019.

Although a new service level agreement was reached with a key external vendor in June 2019, some issues with service quality from this vendor persist. The committee has, therefore, asked staff to conduct a tendering process to select a potential new vendor for 24/7 intake and counseling network services. This process will conclude in the second quarter of 2021.

Ashok Krishnamoorthy, MD, *Co-Chair*

PROVINCIAL LABORATORY PHYSICIAN WORKLOAD MODEL COMMITTEE

Dr J. O'Connell (Doctors of BC), Mr M. Russell (Ministry of Health) Co-Chairs; Dr C. Bellamy (Doctors of BC), Dr J. Cupples (Ministry of Health), Ms M. Daicu (Ministry of Health), Mr J. Slater (replaced by Ms D. Wilson) (Ministry of Health), Dr T. Smith (Doctors of BC), Dr A. Wilmer (Doctors of BC). Doctors of BC Staff: Ms C. Cordell, Mr D. Eby; Ministry of Health/HEABC Staff: Ms E. Ackerman, Ms L. Acheson, Mr J. Basra.

The mandate of the committee is to review the current anatomical pathology workload model and make advisable modifications, continue the development and validation of a clinical pathology workload model, and determine how these models will be used in or are related to laboratory physician compensation contracts. The committee met three times in fall 2019 (September, October, December).

We reviewed the history of workload models in laboratory medicine in BC. Both Doctors of BC and Ministry of Health groups outlined their interests in the workings of the committee and their desired outcomes. The Doctors of BC members have given detailed presentations of the existing anatomical and clinical pathology workload models, and there has been lively discussion and an open exchange of views. Currently, the focus is on the anatomical pathology workload model known as L4E. Doctors of BC members have been asked to identify the positive aspects and the current weaknesses/deficiencies of the system. The objective is to agree on an updated workload model that can be applied broadly in a consistent manner. The committee will then proceed to examine the clinical pathology workload models and the how they should be used in structuring pathologist compensation contracts.

John O'Connell, MD, *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 payment for services rendered under the MSC payment schedule and makes recommendations to resolve these disputes.

Members of the committee include representatives from Family Practice and from the subspecialties. The majority of cases going to the Reference Committee are surgical in nature.

Over the past year, the committee held one meeting and reviewed 22 cases. Nine cases were resolved prior to review. In four other cases, the committee agreed with the physician, and in nine they agreed with MSP.

The Reference Committee (and MSP) continue to work closely with the sections and the Tariff Committee to clarify disputed fees in the payment schedule that do not adequately describe the service rendered, and to update the schedule to accommodate advances in medical practice. The committee may request the opinion of the appropriate sections of the Doctors of BC or the referred doctor.

Chair

RURAL ISSUES COMMITTEE

Drs E. Marquis, Chair (Prince George), C. Little, Vice Chair (Penticton), J. Card (Valemount), N. Humber (JSC Vice Chair, Lillooet), T. Larsen Soles (Golden), N. Robbins (Williams Lake), D. Whittaker (Port McNeill). Alternates: Drs J. Greggain (Hope), R. Velazquez (Rural Representative [RA] Member Acclaimed, Duncan). Rural Resident Representative: Dr L. Galbraith (Nelson). Guests: Drs S. Cameron (Rural RA Member Acclaimed, Trail), C.S. Johnston (Rural Coordination Centre of BC Representative [RCCbc], Oliver), B. Huff (Rural RA Member Elected, Courtenay), R. Markham (RCCbc Executive Director, Valemount), M. Robinson (Rural RA Member Retired, Rossland), A. Ruddiman (JSC Co-Chair, Oliver), A. Schumacher (Rural RA Member Appointed, Trail). 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. We acknowledge and respect that our committee work is deliberated on and advanced by our gathering and presence on the unceded, traditional, ancestral territories of the Skwxwú7mesh (Squamish), x̱məθkʷəy̓əm (Musqueam), and səliłwətaʔ (Tsleil-Waututh) Nations.

The RIC has experienced turnover in membership and is focusing on engagement of new committee members. It has provided continual support to the Joint Standing Committee on Rural Issues (JSC) with drive to improve the quality of rural health care throughout the province, and will continue to do so. In particular, this past year the RIC provided feedback to the Rural Retention Program evaluation and the Northern and Isolation Travel Assistance Outreach Program review, and to the development of the Rural CME Community Fund. As well, the RIC heard from the Physician Health Program on the increased financial and time commitment required by rural physicians who need to travel to Vancouver for a personal mental health assessment through the program. The RIC successfully advocated to the JSC to allocate funds in support of the physicians increased costs.

A close relationship with the Rural Coordination Centre of BC (RCCbc) remains paramount. We are working on an in-house communications strategy to leverage the rich diversity that this new Representative Assembly

(RA) governance structure potentially lends to the rural voice (there are 24 physicians on the RA who reside in Rural Subsidiary Agreement (RSA) communities with equal family physician/specialist representation). Sincere thanks go to the members and guests of the RIC for working diligently to provide innovative solutions to address key challenges and emerging issues. Patient transportation, provider safety and wellness, and relationship-based virtual care remain critical for our rural landscape, and we thank all the colleagues and co-workers assisting with these complex issues. The RIC continues to hear from its members about the challenges faced by rural physicians during the pandemic, and continues to be instrumental in providing feedback on what is needed to support our rural colleagues.

The RIC anticipates its valuable role of providing feedback on the negotiations process for the upcoming Physicians Master Agreement to further enhance access to care, support improved models of health service delivery, and stabilize care within rural communities to support our rural colleagues, primary care networks, and the people who call our rural, remote, and Indigenous areas within the province their home.

Lastly, our staff support remains an invaluable and essential resource to our committee's functioning. Thanks go to Mr Jim Aikman, Ms Meredith Cormier, and Ms Tania Webb for their outstanding service, their commitment and passion to rural issues, and their corporate knowledge translation to assist us in navigating our complex medical environment.

Ed Marquis, MD, *Chair*

SHARED CARE COMMITTEE

Dr K. Hughes, Ms M. Copes, Ms S. Ooms, Co-Chairs; Mr B. Abbott, Dr E. Baerg-Hall, Mr E. Howatson, Dr K. Lee, Dr J. Li, Dr A. Meyer, Dr S. Ross, Dr I. Schokking, Dr C. Stanley. Shared Care Staff: Ms M. English, Director; Ms D. Bastian, Ms L. Becotte, Ms C. Brandly, Ms K. Copeman-Stewart, Mr R. Davis, Ms L. Despina, Ms S. Forster, Ms R. Garcha, Ms R. Grewal, Ms E. Janel, Ms S. Lalli, Ms T. Miyashita, Ms J. Nadler, Ms R. Nolte-Laird, Ms K. Purych, Ms A. Riglar, Mr G. Sveinson, Ms K. Wallbank.

The mandate of the Shared Care Committee (SCC) supports collaboration between family and specialist physicians and partners, to improve coordination of care for patients and families as they move between family practice and specialist care in BC's health care system.

STREAMS OF WORK

SCC's activities in 2019-20 continued to support new and innovative approaches to addressing gaps in care, and to spread successful work through four main streams of work: facilitating collaborative change and innovation; spreading successful work; sustaining collaboration and building

physician leadership; and shared commitments of the Joint Collaborative Committees (JCCs).

FACILITATING COLLABORATIVE CHANGE AND SPREADING THE WORK

In 2019-20, the SCC provided funding for 53 community projects, many focused on new patient populations and approaches, and supporting communities in joining spread networks to improve care for patients with chronic pain, mental health and substance use, maternity, palliative care, and coordinated care for older adults with complex medical conditions. The committee also committed funding to surgical improvement strategies to increase physician engagement in health authority activities.

LEARNING CENTRE

Work continued on developing a searchable registry and resource compiling all SCC projects with outcomes achieved, tools and processes, and lessons learned.

SCC EVENTS

Many successful events took place during the year to engage shared care teams, network communities, and BC partners to help spread the work; provide opportunities to share learnings; and to strategize together. These included a Physician and Project Leads Workshop, a second Adverse Childhood Experiences Summit (over 500 attendees), and the fifth annual JCC Pre-Quality forum (over 450 attendees) in partnership with the BC Patient Safety Quality Council, with the greatest percentage of physician attendees to date.

SUSTAINABILITY AND LEADERSHIP

Interest continues to grow in leadership training, and this year 194 family physicians were supported by SCC to build their skills through leadership training and education. Additionally, the Child and Youth Mental Health and Substance Use Community of Practice continued to provide guidance to the health system on priority issues, and to increase the number of physicians involved (now over 250).

COVID-19 RESPONSE

SCC responded to community requests to support new ways to deliver health care during the pandemic in the following areas: online cognitive behavioural therapy for adults, youth, families and providers; obstetrical planning; emergency department discharge; a community emergency preparedness response; and a COVID-19 virtual clinic. Thirteen COVID-19-related projects have been approved so far by SCC.

VIRTUAL CARE

With the shift to online access to care with the advent of COVID-19, JCC co-chairs have established an “integrated council” in collaboration with key stakeholders to engage partners for future planning in virtual care.

Ken Hughes, MD, *Chair*

SPECIALIST SERVICES COMMITTEE

Mr R. Murray, Ministry of Health; Dr M. Chow, Doctors of BC, Co-Chairs. Doctors of BC: Drs F. Ervin, P. Gajecki (alternate), F. Khosa (alternate), K. Lee, P. Lott (alternate), C. Smecher. Ministry of Health: Ms K. Anderson, Ms L. Silver, Ms D. Therrien. Health Authority: Ms K. McPherson (alternate), Drs D. Furstenburg (alternate), D. Harris (alternate), A. Harrison (alternate), D. Muthayan (alternate), B. Wagner (alternate), N. Wieman (alternate). Patient Representative: Ms T. Whitehouse. Guests: Ms M. English, Drs T. Gerschman (Specialists of BC), K. Hughes (Shared Care), P. Ingledew, Ms S. Taylor (HEABC). Staff: Ms M. Adair, Ms A. Ahmadi, Ms L. Anderson, Mx D. Angrignon, Ms E. Babcock, Dr S. Bugis, Ms J. Hehir, Mr A. Hundal, Mrs L. Lemke, Mr A. Leung, Ms A. McMaster, Ms D. Murphy-Burke, Ms C. Myles, Ms C. Tam, Mr G. Schierbeck, Ms A. Thomas, Mr G. Vatkin, Ms S. White, Mr J. Yu.

In 2019, the SSC refreshed its strategic plan, focusing work in three thematic areas: building physician capability in leadership and quality improvement; engaging physicians and partners to address health system issues; and transforming patient care delivery. Based on input from specialists, partners, and stakeholders, the SSC will also explore how to better address support for community-based specialists, and to address physician burdens, burnout, and wellness.

FACILITY ENGAGEMENT

Facility engagement (FE) continues to support local and regional engagement between medical staff associations (MSAs) and health authorities through funding and supports. FE has begun finalizing the program evaluation plan as well as supporting knowledge sharing among sites on best practices and common regional and provincial priorities.

PHYSICIAN QUALITY IMPROVEMENT

SSC is continuing to work in collaboration with six health authorities to enhance capability in physician quality improvement (PQI) by providing training and opportunities to act on QI activities. In 2019–20, over 320 physicians participated in training delivered by PQI teams in each health authority, and 90 projects are currently underway.

QUALITY AND INNOVATION PROJECTS

SSC supported the completion of nine projects in 2019–20, the majority of which are being sustained within the health care system. The Surgical Patient Optimization Collaborative was launched and developed a change package to support clinicians to optimize patients before surgery. There are currently 15 teams from five health authorities optimizing patients in 13 clinical components to improve patient outcomes.

The Enhancing Access Initiative supports interested groups of specialists to implement a pooled model of service delivery to help expedite patient access to specialist consult and care. Currently, 10 active groups of specialists (Cohort One) have either completed or are in the process of implementing this new model of care. An additional 10 groups have been selected for Cohort Two and have begun implementing their projects.

SSC AND LABOUR MARKET ADJUSTMENT FEES

The SSC has worked with the Ministry of Health, and the relevant specialist sections when appropriate, to facilitate the transfer of SSC and labour market adjustment fees to the Medical Services Plan’s available amount. As of 1 April 2020, all fees were transferred and began a 2-year monitoring period. The SSC is pleased to see these fees successfully adopted and supported on an ongoing basis.

RESPONDING TO THE COVID-19 PANDEMIC

Since March 2020 when the COVID-19 pandemic began in BC, the SSC has worked to address key issues raised by specialists, including establishing fees to support virtual care, addressing access to PPE challenges, supporting communication with sections and community-based specialists, and providing funding to help COVID-19 office safety plan implementation. The SSC will continue to work with partners to support specialists as the pandemic continues.

Lastly, I will be handing over my responsibilities as co-chair and as a member of the SSC in order to take on the role of Doctors of BC President for 2021. I am proud of the work that SSC has achieved over the past several years and would like to thank all my colleagues who have been involved and the staff that support the work of SSC.

Matthew Chow, MD, *Co-Chair*

TARIFF COMMITTEE

Drs B. Winsby, Chair (2018-19), B. Gregory, Chair (2019/20), Vice Chair (2018-19); E. Aymong, Vice Chair (2019-20); T. Ali, W. Amirault, A. Karimuddin, R. Moore, E. Shukin, M. Spzakowicz, A. Yu. MSP: Dr M.C. Fabian, Ms B. Louie, Ms S. Riddell, Ms L. Shen, Ms M. Ty. Staff: Mr J. Aikman, Ms L. Harth, Ms C. Innes, Mr R. Tiagi, Ms V. Watson.

The Medical Economics Committee, better known as the Tariff Committee, is a statutory committee with a mandate to advise the Board on all matters related to medical economics. The committee's principal ongoing task is to review and recommend approval of fee guide/payment schedule changes submitted by the sections. The committee also provides information, clarification, and direction to sections and members on MSP billing matters and policy, and maintains and update protocols and policies related to the process for modifying the fee guide/payment schedule.

The committee meets 10 to 12 days annually with our members as well as MSP guests and Doctors of BC staff. In addition to the usual tasks, the committee has been intensely involved with moving the Collaborative Committee (GPSC, SSC) fees into the available amount, and implementing the business cost premium, both scheduled to be fully operational by 1 April 2020. In addition, in answer to requests from MSC and a number of sections, and in response to a number of concerns the committee itself has identified, in spring 2020 the Tariff Committee will reconstitute the Consultation Working Group to review all aspects of the consultation process.

Very recently the committee examined the rapidly changing situation of COVID-19, and it will continue to learn and provide advice on fees and other economic considerations as appropriate to the circumstances.

The Tariff Committee continues to express its gratitude for the superb work and guidance from our staff support listed above, both MSP and Doctors of BC. The committee also expresses its thanks to the Board and to the Nominations Committee for their willingness to listen and to work with us in the past year, and for the sage advice and help both bodies have provided us.

Brian Gregory, MD, *Chair*

ADVOCATING FOR THE BEST INSURANCE AND INCOME PROTECTION FOR DOCTORS

When doctors feel adequately protected—during a crisis or at any time—they are better able to provide the best health care to British Columbians. Early in the pandemic, physicians flagged concerns with Physicians' Disability Insurance (PDI) quarantine claims, particularly the requirement for an attending physician to complete a five-page form. Doctors of BC advocated for a reduction in the forms requirement, and the insurer agreed to accept less detail. Physicians also experienced significant challenges when applying for coverage. The application for most insurance requires a blood chemistry profile and urinalysis, and the insurer was pausing new applications to protect the health and safety of its workers. Doctors of BC worked with the insurance company to advocate for work-arounds, which was successful, and got applications moving again.

For those not enrolled in the PDI plan, the negotiated Quarantine Income Replacement (QIR) benefit was physicians' best option for income support when quarantined or ill from COVID-19 infection. Unfortunately QIR claims required a medical health officer to confirm the claimant's need to quarantine. Our members advised of delayed responses, preventing their claim submission. Doctors of BC sought to have the rules relaxed, noting the exceptionally high workloads of medical health officers and the impact on physicians. Doctors of BC's efforts again bore fruit and the ministry agreed, allowing a streamlined approval process.

LEARN MORE

doctorsofbc.ca/your-benefits/insurance/insurance-benefits-during-covid-19

Physicians who must quarantine have income protection through Doctors of BC negotiated programs.

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ANNUAL REPORTS OF SECTIONS AND SOCIETIES

BC FAMILY DOCTORS

Drs K. Forgie, President; R. Dosanjh, Past President; J. Tranmer, President-Elect; K. Martin, Treasurer; P. Asquith, Economics Chair; H. Fox, SNC; R. Fernandez, Executive Director.

The Society of General Practitioners of BC is now BC Family Doctors. In February 2020, we updated our name and look as part of our commitment to speak boldly for the unique value of family doctors in this province.

GIVING VOICE TO FAMILY DOCTORS

Along with our new name, we launched a fresh visual identity, revamped our website, and introduced Twitter and Instagram. Our strengthened communications presence has us reaching out to our members and the broader community more than ever before. Throughout the year, we have advocated for an update in terminology from “general practitioner” to “family physician,” including in the MSC payment schedule, Doctors of BC bylaws, and GPSC fee codes.

COVID-19

The COVID-19 pandemic has laid bare the lack of connection between primary care and the rest of the health care system. Yet the pandemic has also demonstrated how, when faced with a crisis, family doctors and the broader health care system can be nimble. Our pandemic response included:

- Advocating for new and expanded fee codes, including COVID-19 office visit codes, age-adjusted telehealth codes, and changes to substance use codes.
- Addressing the financial impact on physicians.
- Developing practice support resources.
- Pressing government for action to address PPE and infrastructure supports.
- Reporting family doctors' experiences of the pandemic and their post-pandemic needs.

STRIVING FOR FAIR REMUNERATION

As the economic voice of family doctors, we know the business of medicine is challenging. We understand family doctors' needs, and we are pressing for change. We are advocating for the modernization of the MSC payment schedule to align with current standards of care and modern service delivery. We're preparing for the 2022 Physician Master Agreement negotiations with the aim of addressing pay disparity issues for family doctors. We continue to support members with billing information and education so that they can optimize their billing.

INFLUENCING THE FUTURE FOR FAMILY DOCTORS

BC Family Doctors strives to be a powerful advocate, representing members at tables where the voices of family doctors need to be heard. We continue to work toward deepening our relationships with our partner organizations, including the BC College of Family Physicians, Specialists of BC, and Doctors of BC.

We know the world and the practice of family medicine will look different post-pandemic. BC Family Doctors will continue to be here for our members during these uncertain times. We'll continue to grow our leadership and advocacy role as we come out of the pandemic and into the “next normal” for physicians in BC. We will make sure the voices of family doctors are heard and the value of family medicine is recognized for the foundational role it plays in our health system.

Karen Forgie, MD, *President*

SECTION OF CLINICAL FACULTY

Drs D. Wensley, President; E. Cadesky, M. Curry, E. Hillary, J. Kancir, E. Mah, A. Pawluk, A. Rae, A. Ruddiman, C. Webb, E. Wiley.

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 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. The working group met from January to May 2019 to review the results of the clinical faculty survey sent out by Doctors of BC to physicians in November and December 2018. This survey demonstrated increasing dissatisfaction with stipends for clinical teaching that have not changed in over 10 years, with many respondents considering reducing or ceasing to teach. Two letters of recommendation were sent to the dean, one from the whole committee on nonmonetary issues, and one from Doctors of BC representatives on monetary issues. The dean responded to the nonmonetary recommendations, generally accepting them. The response from the dean on the monetary recommendations is awaited.

As a section, we have a delegate at the Doctors of BC Representative Assembly (RA). We requested a discussion of clinical teaching at the RA meeting and continue to stress the importance of the support of teaching in clinical environments. We advised on teaching in the redesign of family medicine with the development of patient care networks and patient medical homes. If attention is not paid to the support of clinical teaching in this environment, it will be difficult to attract the next generation of doctors and sustain this initiative.

Clinical faculty members of Doctors of BC who teach medical students and residents play a major role in the rejuvenation of the profession, helping to tackle the current severe physician shortage. Unfortunately, this role is added to current high workloads of practising physicians. While most physicians see this as an enjoyable and important role, there is minimal compensation for the time and resources required. We will continue to bring attention to the inadequate support for physician time and overhead in physician offices for teaching.

David Wensley, MD, *President*

SECTION OF DERMATOLOGY

Dr E. Tuyp, President; Dr C-H. Hong, Past President and Economics Representative; Dr S. Kalia, Treasurer; Dr L. Scott, Secretary.

Dermatology continues to struggle with its huge workforce shortage. Patient access to dermatologic care is limited and some communities have lost their only dermatologist so there is no wait list to be put on. Recruitment is hampered by BC's low dermatology fees. Hopefully the recent disparity process from the Physician Master Agreement will begin to address the fees issue. UBC Medical School has yet to address the problem for the people of BC.

Evert Tuyp, MD, *President*

SECTION OF EMERGENCY MEDICINE

Drs S. Fedder, Q. Doan, G. McInnes, Co-Presidents; Dr K. Lindsay, Treasurer; Drs N. Alexander, P. Balcar, J. Braunstein, A. Chahal, W. Choi, B. Farrell, E. Fukushima, A. Gilchrist, S. Hamersley, J. Heilman, K. Hutchison, J. McGrogan, K. McMeel, C. Schneck, R. Street, N. Szpakowicz, B. Tuyp. Drs L. Cassidy, M. Gomez, Resident Representatives.

The Section of Emergency Medicine (SEM) executive committee consists of dedicated emergency physicians who devote nonclinical time to support emergency medicine practice issues important to section members. Activities by the section executives in 2019-2020 follow:

- Two new resuscitation fee codes were developed last year (01870 and 01871) are now ratified and implemented.
- The SEM Billing Guide was released and has further simplified billing and serves as an interactive resource for SEM members within BC.
- We found success with its disparity application, resulting in an award of \$3.16 million over 3 years. This will be used to bring our weekend and holiday codes (01840 series) up to a level between our evening codes (01820 series) and our night codes (01830 series). Additionally, some of this award will be used to help finalize the ability for all CCFP emergency physicians to bill the 01810 (currently FRCPC only) consult fee item within the emergency department.
- We applied for further increases in annual compensation in a written submission to the Allocation Committee and After Hours Adjudication Panel. This decision will impact pay increases for the next 3 years.
- We advocated for increased emergency physician staffing to meet escalating workload demands. We assisted individual emergency physician groups during contract negotiations with health authorities.
- We advocated for the protection of current working hours per full-time equivalent contained within the current contracts.
- We advocated for the appropriate funding of emergency physicians providing care to critically ill COVID-19 patients during the pandemic while working to maintain the safest possible work environment in departments across the province.
- We continue to work with the Ministry of Health and government to solve emergency department-related problems such as overcrowding and workplace safety via the Emergency Services Advisory Committee.
- SEM executive members directly promoted emergency department-related issues via the Tariff Committee, Alternative Payment Issues Committee, Workload Advisory Committee, Workload Measures Committee, PMA Negotiations Co-ordinating Group, Patterns of Practice, ESAC, Representative Assembly, Overhead Committee, WSBC Committee, and Emergency Planning Committee, and participated in several key decision-making committees within Doctors of BC.

Quyn Doan, MD, Gord McInnes, MD, Steve Fedder, 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 61 full-time equivalent adult endocrinologists in BC, based on Doctors of BC methodology. There were four recruitments and three exits in 2019. There continues to be only one endocrinologist in Kelowna, one in Nanaimo, one in Chilliwack, one in Abbotsford; the rest are in the Greater Vancouver and Greater Victoria areas. We are very pleased that there has been a successful recruitment to a long-standing vacancy in Prince George.

INNOVATIONS

Prior to COVID-19, approximately 20% of endocrinology office follow-up visits were delivered virtually. This led to an easy, rapid adoption of telemedicine video and telephone visits during the early months of the pandemic because many endocrinologists were experienced with the technology. We hope to continue to use the best of both virtual and in-person medicine options.

HEALTH DELIVERY CHANGES

The society welcomed expansion of PharmaCare coverage to include a newer oral diabetes agent for the first time, as well as improvements in the availability insulin pumps for patients. Partial funding of this was made through the biosimilars initiative at PharmaCare. Within endocrinology, the substitution of a different basaglar insulin worked well with recognition of the increased patient care needed through a biosimilar-support fee item funded by PharmaCare during a transition period.

Our thanks to Doctors of BC Section Services: Ms A. Thomas, Ms S. Fox, and Dr S. Bugis for their expert assistance in 2019, and to Ms R. Corpuz for 2020 and 2021.

Marshall Dahl, MD, *President*

SECTION OF GENERAL SURGERY

Drs T. Scott, President; M. Dickeson, Past President; N. Nguyen, Economics Representative; Ms T. Bugis, Executive Director; Economics Committee Members: Drs S. Cowie, G. Eeson, H. Hwang, D. Jenkin, S. Malik, C. MacPherson, E. Woo, C. Zroback; Regional Reps: VIHA – Dr C. McPherson; NHA – Dr W. Lombard; FHA – Dr S. Cowie; IHA – Dr G. Eeson, VCHA – Dr A. Karimuddin; Resident Member – Dr K. Digirolamo.

The General Surgeons of BC has had another busy and very successful year.

ECONOMICS

This past year, the section has continued to work with the Tariff Committee to establish a fee guide that reflects evidence-based surgical practice including the latest innovations. We have successfully added an oncoplastic fee to our guide, and await fees for complex polypectomy and transanal total mesorectal excision. We focused our previously negotiated allocations to try to address some of the lower fees in our guide. With that allocation we were able to bring most of our fees to within 70% of the Alberta fee guide and some a little higher. We also have a proposal before the adjudicator of the recently negotiated disparity fund, and hope to soon hear a decision about the allocation.

A list of new fees and other economic updates will be presented at our AGM in conjunction with the BC Surgical Annual Spring Meeting this May in Penticton. This year after the AGM, we are hosting a talk on “transition to practice” for all our chief residents, fellows, and newer surgical members.

ADVOCACY

Our executive has attended several meetings on your behalf, including some sponsored by Doctors of BC and the Society of Specialists. I regularly attend the Representative Assembly (RA) that meets three times a year to conduct the affairs of the profession. This involves our Physician Master Agreement (PMA) negotiation, general surgery representation at the RA, and Doctors of BC board and specific issues that come up during the year. It is important that the RA retain its autonomy and has meaningful input over items brought before it for consideration.

We continue to support and sponsor residents through our organization by providing research opportunities, regional contact support, and, of course, the job fair. Last May our section held our second job fair for surgeons. Our previous fair was extremely successful with all fourth- and fifth-year residents and interns invited to meet surgeons from around the province, representatives of several hospitals who were recruiting, and health authorities from several regions. This year we expanded our invitation to third-year residents to help with advance career planning. It is our plan to run the job fair every two years.

MEMBERSHIP

We are pleased that most of the general surgeons of the province (98%) pay their annual dues to the section, so we truly do represent you. Residents, too, can join our section at no cost, and we are delighted to host an annual reception for them at our AGM. Retired members stay in touch with section matters for \$100 fee.

It has been my privilege to be your president for the third and final year, and I look forward to welcoming Dr Dan Jenkin to the position at the AGM in

May. He and I work with a dedicated executive, the Economics Committee, and regional reps, a committed group representing you and our profession. A special thanks, as always, goes to Dr Hamish Hwang for his tireless work to advance our section's interests again this year. Please continue to bring your ideas forward.

Tracy Scott, MD, *President*

SECTION OF INFECTIOUS DISEASES (BC INFECTIOUS DISEASES SOCIETY)

Drs D.A.N. Ferris, President; G. Deans, Vice President; W. Connors, Treasurer; T. S. Steiner, Secretary; W. Ghesquiere, Member-at-Large, IHA; A. Hamour, Member-at-Large, NHA.

The Section of Infectious Diseases is represented by the BC Infectious Diseases Society and includes 70 practising infectious diseases specialists in the province. Our society membership includes 48 Royal College-certified full member specialists in addition to 28 associate non-voting members, including retired, student trainees, and noninfectious diseases certified physicians.

We continue to fight for disparity correction between our subspecialist section and those of our colleagues. We participated in negotiations with adjudicator Mr Robert Brick, who will allocate \$42.73 million of disparity correction funds over three fiscal years from 2019 until 2022. We hope that this continues to attract, recruit, and retain infectious diseases specialists in BC. In addition to fee for service, disparity correction must be applied to alternative payment physicians (APP) in BC to bring up the salary and service contract amounts for subspecialty internal medicine to the level of hematology and oncology specialists.

The Medical Services Plan (MSP) has agreed to move the home IV management fee code 33655 into the general MSP budget as of 1 April 2020, using our 2019 disparity funds. We have requested that the fee code be billed 7 days per week. This code will have provisional status for 2 years and will be closely monitored.

We support the Medical On-Call Availability Program (MOCAP) in BC being applied at level 2 for all infectious diseases consultants. We are hopeful that Fraser and Northern Health support our ID colleagues joining MOCAP to improve recruitment and retention in these health authorities.

The Doctors of BC overhead study did not help our section given that many members are salaried or have overhead provided by their institution and health authorities. Our hope is that the Doctors of BC model office study helps support and compensate private practice physicians with increasing overhead costs. We expect the Physician Master Agreement business cost premium to be applied this year to all outpatient fee codes offsetting costs for those who run private practices.

Our 2019 AGM was held in conjunction with the fifth annual Infectious Diseases Symposium at Surrey Memorial Hospital on Saturday, 19 October 2019. The meeting was attended by 14 of our full voting members. We appreciate the work that Dr Yazdan Mirzanejad and his team provided in organizing this educational day and dedicating a room for our meeting. Our AGM will now alternate between the fall Victoria ID Update and the Surrey ID Symposium, with our next meeting planned in Victoria for fall 2020. Our society's strong financial situation has resulted in no increase to the membership fees since our inception in 2006, and we continue to offer free membership for associate members including students and retired physicians.

Our society acknowledges and appreciates the dedicated service of our executive members, including Drs William Connors, Greg Deans, Wayne Ghesquiere, Abu Hamour, and Ted Steiner. We are the professional voice for infectious diseases specialists in BC and continue to provide leadership and guidance to the Doctors of BC and the Specialists of British Columbia. We continue to work closely with the Specialist Services Committee, our local institutions, health authorities, public health, and the provincial government to address infectious diseases threats including the novel coronavirus (SARS-CoV-2), which presents a threat to British Columbians and the world.

Our gratitude is extended to my administrative assistant, Ms Tracy Fold, who continues to provide exceptional services and resources to our section; Ms Rheanna Corpuz, who has replaced Ms Alyson Thomas as our administrative contact at the Doctors of BC; and Ms Susanna O'Neil and Ms Lainie Burgess, and their assistant Ms Melanie Parris at the UBC Division of Infectious Diseases.

BC infectious diseases specialists stand ready against any potential communicable disease challenge that faces the population of British Columbia, including COVID-19 and any novel or multidrug-resistant pathogens, while championing appropriate antimicrobial stewardship and supporting good infection control practices.

Dwight A.N. Ferris MD, *President*

SECTION OF NUCLEAR MEDICINE

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

The issues facing the Section of Nuclear Medicine remain unchanged in 2019 from the challenges of 2018—the lack of PET resources in British Columbia.

BC has fewer PET scanners than many single large American hospitals, and among those with the least in the G20. Quebec, with a population 50% higher than BC's, has 30 PET scanners to every 3 in BC. Currently 30 BC patients per month are sent to have PET scans in Bellingham, and only 40% of BC Cancer Agency patients are receiving PET scans within the recommended time limits.

This means that a suitable BC cancer patient without a diagnostic PET scan has almost a 50% chance of receiving the wrong treatment.

The situation is improving marginally with the opening of a PET centre in Victoria, and another one is scheduled to open this year in Kelowna. While opening these centres is to be applauded, the reality is that growing number of PET diagnostics and novel radiotherapies will continue to ensure BC's PET resources are inadequate to service the needs of the BC population. Furthermore, BC's budgetary resources for PET are under the management of cancer agencies, not of the Section of Nuclear Medicine. This situation is comparable to allowing CT or MRI scans to be performed only in cancer agencies and not be available in community hospitals. Such shortsightedness currently ensures PET scans are unavailable for BC patients with cardiac, neurological, or infectious diseases.

In addition, it is currently impossible to obtain funding for PET or new nuclear medicine procedures or treatments through the umbrella of the Doctors of BC Tariff Committee or the Medical Services Plan because of the policy to fund only physician's billing, not to include funding for radioactive drugs. In fact, in all nuclear medicine fee codes, the cost of the radiopharmaceuticals exceeds the cost of the physician's fees by 3 to 10 times.

In 2019, a new treatment for neuroendocrine tumours, Lu-177 Dotatate, became available, offering a major advance in extending survival in neuroendocrine patients with metastatic neuroendocrine tumors. Currently no fee exists for this treatment, and none is likely to be forthcoming in 2020 or beyond. As other tumor therapeutics become available for prostate, breast, and other cancers, these treatments will potentially be limited to a handful of clinics at the BC Cancer Agency, if at all.

Philip Cohen, MD, *President*

SECTION OF ORTHOPAEDICS (BC ORTHOPAEDIC ASSOCIATION)

Drs A. Younger, President; S. Arneja, Regional Director, VIHA; R. Burnett, Director-at-Large; D. Butterwick, Director-at-Large; E. Calvert, Regional Director, VCHA; M. Collins, Regional Director, VIHA; P. Dryden, BCOA Tariff Committee; A. Huang, Director-at-Large; C. Jackson, WSBC Liaison; V. Jando, Director-at-Large; S. Krywulak, Director-at-Large; C. Landells, RA Rep; N. Levy, Director-at-Large; M. Loewen, Director-at-Large; M. McConkey, Regional Director, VCHA; M. Moran, Director-at-Large; D. Nelson, Regional Director, NHA; K. Panagiotopoulos, Secretary-Treasurer; R. Purnell, Regional Director, NHA; L. Roberts, Regional Director, FHA; J. Sernik, Director-at-Large; J. Splawinski, Regional Director, IHA; S. Sylvester, Regional Director, IHA; A. Veljkovic, D. Wickham, Regional Director, FHA; Director-at-Large; K. Wing, Past President.

TIMELY ACCESS TO ORTHOPAEDIC CARE IN BC

The BC Orthopaedic Association (BCOA) continues to advocate for our patients for timely access to care. The government's targeted funding for hip and knee replacements is positive to reduce wait times but they account for only 15% of all orthopaedic surgeries in the province. The majority of orthopaedic patients still have to suffer and wait an unreasonable amount of time for surgery, especially with the cancelled surgeries due to COVID-19 and the surgical restart plan, which has not been evident in all regions across the province.

OVERHEAD REPORT

The announcement by ICBC moving to a no-fault insurance model will mean that independent medical exams (IMEs) are no longer required and will no longer be a source of income for orthopaedic surgeons in BC. The Overhead Committee, the Allocation Support Committee, and the Disparity Data and Overhead Working Group (DDOWG), a committee of the Specialists of BC have all used this income to offset both expense and estimate income for Medical Services Plan (MSP) fee-for-service (FFS) income, and we continue to argue it is not appropriate. Doing so is a disservice to the 80% of orthopaedic surgeons who do not do this work as they have a discounted rate of FFS income, and this is clearly not sustainable if it is removed for the surgeons who do.

Our members do not believe that it is typical of an orthopaedic practice to earn 20% of its income from IMEs, as reported in the Overhead Report. Now that there will be a new insurance model, the IME income source for orthopaedics has been removed.

We have requested that this income be removed from the estimate of overhead for disparity calculation, and from any disparity income estimation. FFS income alone should be considered for FFS work, and this judgment to accept the Overhead Report that includes private income sources reinforces

the disparity process. Because of the flawed logic applied in the process of making this judgment, FFS work for orthopaedics is now discounted to 73% of national average.

DISPARITY ALLOCATION

The recent disparity allocation process was much improved from earlier ones. However, the disparity allocation is too small and is not meant to compensate for inadequate inflation-based indexed increases over many years. This needs to be addressed during the next Physician Master Agreement negotiations. Orthopaedics would like to see all sections unite to ensure that the erosion of specialist income in the last 20 years is addressed and future allocations keep up with inflation. This would also unite the Doctors of BC, as family practice is in a similar plight. Because we all run small businesses and manage appointments, wait lists, treatment, and referrals, we save the government a massive administrative cost. However, this cost has to be covered, and the increased cost of business with inflation and the loss of buying power of the dollar results in a constant erosion of income of 4%, as opposed to a 2% loss if the income is purely salary. The failure to keep pace with inflation, therefore, massively reduces physician income, an issue not seen in the private sector fee-for-service work (plumbers, lawyers, etc.) where the increased cost of doing business can be directly reflected in a change to billings.

The BCOA recommends the Doctors of BC support the maintenance of practice billings commensurate to inflation. It should be borne in mind that surrogate reimbursement such as retirement funds do not compensate for the cost of doing business and should be considered in addition to these increases, not as a substitute for them.

ESTIMATION OF HOURS WORKED:

For future disparity process, estimation of hours worked is an important principle to support surgeons and physicians doing a full workday and call. We continue to oppose the annual income model proposed by the DDOWG as explained in our letter to the board. We are concerned that the effect of this and the overhead model will result in surgeon burnout and an inability to recruit as an increased number of hours of work is required to maintain an average income.

COMMITTEE REPRESENTATION AT DOCTORS OF BC

We are concerned over the last few years that the issues affecting surgical specialties at the Allocation Support Committee, Overhead Committee, DDOWG, and the board are not heard. There are specific issues that affect surgeons regarding after-hours care, and these have been regularly dismissed by these committees.

COVID-19

Of particular concern during the first COVID-19 shutdown were our members who were new to practice who did not qualify for the government assistance. The surgical restart plan by the Ministry of Health was not realized in most regions by orthopaedic surgeons. The government has declined to pay surcharges for after-hours care, and Doctors of BC state they are discussing income stabilization approaches, but nothing significant has materialized. COVID-19 also resulted in the BCOA AGM being postponed to October 15, 2020.

FEE REJECTIONS

We have been working with Doctors of BC to understand the mechanism for the fee rejections for multiple procedures. There is considerable lost income on these, and the refusals by MSP do not seem to follow the fee guide.

Alastair Younger, MD, *President*

SECTION OF PAIN MEDICINE (PAIN MEDICINE PHYSICIANS OF BC SOCIETY)

Dr O. Williamson, Chair; Dr B. MacNicol, Secretary; Dr R. Trow, Treasurer; Dr P. Etheridge; Dr P. Inkpen; Dr M. Butterfield.

The Section of Pain Medicine/Pain Medicine Physicians of BC Society represents physicians who practise in the area of pain medicine. Our aims include advancing the scientific, educational, professional, and economic welfare of pain medicine physicians, and promoting the highest quality of health care delivery to the one in five British Columbians living with persistent pain. We are currently operating in a challenging environment at a time when there are few community resources for the management of chronic pain.

The society has provided submissions to the College of Physicians and Surgeons of BC seeking changes to policies that have resulted in, or will result in, restricting the ability of community physicians to provide pharmacological and interventional modalities of pain management. We have also provided submissions to ICBC and WorkSafeBC on the need to update their policies for assessing and managing people with chronic pain.

The society asks the Doctors of BC leadership team to ensure the introduction of policies by government, the College, WorkSafeBC, and ICBC is monitored so there is no loss of access to the safe and high-quality pain management services currently provided by our members.

We continue to collaborate with Pain BC and the Canadian Pain Task Force in the development of provincial and national pain strategies.

Many of our members are involved in the UBC Pain Medicine residency program, and we are proud that our residents continue to be successful in

challenging the Royal College of Physicians and Surgeons of Canada pain medicine exams, and continue to work in BC as pain medicine physicians.

The society looks forward to further discussions with the Doctors of BC leadership team to develop a process where multidisciplinary societies such as ours can achieve better financial outcomes for all our members. We also look forward to the continuing support of the Doctors of BC and invite all other sections to collaborate with us to more efficiently and effectively deal with issues of mutual interest.

The society wishes to acknowledge and thank all its members for their efforts in educating medical students, residents, allied health professionals, people living with pain, and the general public.

Owen D. Williamson, MD, *Chair*

SECTION OF PATHOLOGY (BC ASSOCIATION OF LABORATORY PHYSICIANS)

Dr T. Smith, President; Drs C. Bellamy, K. Berean, A. Finn, J. Lo, J. O'Connell, M. Romney, L. Steele, M. Trotter, S. Vercauteren, D. Wenzel.

CHANGES TO EXECUTIVE COUNCIL

The AGM was held on October 25, 2019, with Dr Smith chairing the first meeting as president after taking over from Dr Berean. Dr Trotter, secretary-treasurer, announced his imminent retirement in spring 2020 with Dr Romney agreeing to assume this role. A number of potential candidates for the vacancy were also proposed with the position to be filled at the next AGM. In spring 2020, both Dr Trotter and Dr Berean retired from the executive. A virtual meeting of the BC Association of Laboratory Physicians (BCALP) executive council was held in June, but a general meeting was postponed until fall 2020.

PROVINCIAL LAB AGENCY

BCALP continues to work with the provincial lab agency, now named Provincial Laboratory Medicine Services (PLMS), on a coroner's service plan and the validation/implementation of pathology workload models (see below), among other things. In March 2020, Mr Craig Ivany was appointed the chief provincial diagnostics officer, taking over from Mr Jim Slater, who stepped down in late January 2020. It is anticipated that the BCALP and PLMS will continue to have a cooperative working relationship.

PROVINCIAL LAB WORKLOAD MEASURES COMMITTEE

A new committee has been struck with a mandate to review the current anatomic pathology workload model and continue development of the clinical pathology workload models. This committee includes representatives from the Ministry of Health, Doctors of BC, and several other lab physicians,

including Drs O'Connell (co-chair), Bellamy, and Smith. They will specifically be reviewing the first version of the L4E workload model as the baseline for community hospital practices. With respect to the clinical pathology workload models, the hope is to determine how best to use them to allocate staffing across the province.

COVID-19 IMPACT

Workload has increased exponentially for medical microbiologists as a result of COVID-19 testing, public health and infection control activities, and contact tracing. This extra workload has not been consistently compensated or staffed for across the province, underlying the importance of making infection control activities more consistently compensated and included in the medical microbiology workload model. Conversely, other lab medicine specialties have seen some transient workload decreases related to diminished elective medical activities in March, April, and May (particularly anatomic pathologists), with a detrimental impact on their L4E-based compensation.

SCIENCE SECTIONS

The following science sections continue to report to the BCALP:

- Anatomic Pathology – Dr Robert Wolber
- Biochemistry – Dr Li Wang
- Forensics – Dr Carol Lee
- Hematology – Dr Nadia Medvedev
- Medical Microbiology – Dr Peter Tilley

Tyler Smith, MD, *President*

SECTION OF PEDIATRICS (BC PEDIATRIC SOCIETY)

Drs S. Noseworthy, President; J. Balfour, Director – Island; K. Cox, CPS; A. Eddy, Department of Pediatrics; A. Foran, Resident; O. Kalaci, Secretary/Treasurer; Z. Lim, Member-at-Large; K. Luu, Member-at-Large; K. Miller, Director – Vancouver Coastal; F. Morin, Resident; A. Poynter, Vice President and Director – Fraser, Economics Chair.

The vision of the BC Pediatric Society 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.
- Support the professional needs of its members.

The society's advocacy work centres on the following themes:

ECONOMICS

We provided submissions and rebuttals for the current round of disparity funding under the Physician Master Agreement.

TRANSITION

We finished up a second grant from the Specialist Services Committee to devise resources to support community pediatricians in transferring patients with mental health disorders into adult care.

ACCESS AND QUALITY OF MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH

We met with the Ministry of Children and Family Development, Ministry of Education, and Ministry of Health to share our concerns about access to mental health services for children and youth. We were also involved with the Shared Care Committee Sponsored Child and Youth Mental Health Community of Practice.

EDUCATION

We met with both the Ministry of Children and Family Development and the Ministry of Education about school-based wellness centres and that model of care.

IMMUNIZATION

We've had our usual focus on immunizations, producing the yearly general immunization schedule and a schedule for children with high-risk conditions. Resources for vaccines can be found at www.bcpeds.ca/physicians/programs-resources/immunization/.

EDUCATION

We hold an evening journal club dinner approximately every 2 months, which is broadcast via Telehealth and WebEx throughout the province. We also organize an annual 2-day CME accredited conference. Planning is underway for a virtual 2020 conference. As well, the society's website, which is aimed at physicians and families (www.bcpeds.ca), has been substantially redesigned and updated. We also have a Facebook page.

Steve Noseworthy, MD, *President*

SECTION OF PLASTIC SURGERY

Dr O. Reid, President; P. Loizides, Economics Representative.

Issues at the forefront of the section this year are summarized here:

- This past year, our section has been working out the implications of an emerging clinical entity, Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). BIA-ALCL is a low-grade lymphoma that develops within the scar capsule surrounding textured implants. Importantly, there are no cases in patients with smooth-surface breast implants. The incidence is estimated to be as high as 1/3500 with some types of textured implants. BIA-ALCL often presents several years after breast augmentation with a peri-prosthetic fluid collection, and the diagnosis can be made by pathologic examination of the fluid. Treatment is surgical and adjuvant therapies are usually not required. From a regulatory point of view, one type of textured implant has been removed from the Canadian market, but Health Canada and the Canadian Society of Plastic Surgeons are not recommending removal of textured implants in asymptomatic clinically normal patients.
- The primary purpose of the disparity allocation process is to reduce intersectional disparity in MSP fee-for-service (FFS) daytime income. The inclusion of private income in previous versions of the MANDI model has unfairly affected our section, particularly those members who predominantly focus on reconstructive surgery. These doctors deserve their full share of the allocation without having it prorated by private income that is not their own, or private income earned in addition to full-time Medical Services Plan (MSP) FFS income. By continuing to include private income in the MANDI model, the MSP FFS income of our section is reduced relative to our surgical peers, of which we are the second lowest. This has the unwanted effect of encouraging the development of private income streams to make up for the ongoing disparity.
- The 2020 UBC Resident Research Day and our AGM in April, which has often been a time for members from around the province to come together and renew friendships and support our residents, had to be postponed due to the COVID-19 outbreak..
- For the coming year, we will be focusing on resolving the uncertainty surrounding the financial and legal aspects of treating patients with textured implants and promoting consistent practice standards across the province. In addition, we will be clarifying and updating portions of our fee schedule in an effort to avoid potential service disruptions related to the government's misguided attempt to enforce provisions of the Medicare Protection Act that limit extra billing.

Owen Reid, MD, *President*

SECTION OF PSYCHIATRY (BC PSYCHIATRIC ASSOCIATION)

Drs A. Bates, President; C. Richford, President-Elect; R. Randhawa, Secretary; B. Chow, Treasurer; B. Matthew, Past President; T. Black, Economics Chair; C. Booth, S. Wiseman, Economics Subcommittee; C-A. Saari, Child and Adolescent Psychiatry Representative; D. Miller, Psychosomatic Medicine Representative; P. Chan, Geriatric Psychiatry Representative; A. Ma, M. Danilewitz, Resident Representatives; A. Jagdeo, Governance Chair; C. Pole, I. Hussain, Fraser Representatives; B. Kane, Northern Representative; K. Stevenson, Interior Representative; V. Karapareddy, Addictions Psychiatry and ICBC Representative; F. McGregor, Advocacy Chair; P. Campbell, C. Northcott, Vancouver Coastal Representatives; B. Singh, Forensic Psychiatry Representative; N. Collins, VIHA Representative; M. Ali Syed, J. Padmanabhan, Community Psychiatry Representatives; W. Song, CPA Past President.

The BC Psychiatric Association represents the psychiatrists of British Columbia and advocates for positive change within the mental health system and in how it interacts with the rest of medicine.

The educational highlight of the year was our annual scientific meeting and AGM held on 23 November at the Coast Coal Harbour Hotel, with almost 200 psychiatrists in attendance. Highlights included talks by Dr Lakshmi Yatham, head of the UBC Department of Psychiatry, Dr Matt Chow, president-elect of Doctors of BC, and Drs Georgina Zahirney and Wei-Yi Song, president and past president of the Canadian Psychiatric Association, respectively. A panel about the Mental Health Act including BC Ombudsperson Mr Jay Chalke was also well received. Dr Ram Randhawa served as master of ceremonies. Our annual residents' dinner, organized by Drs Bryan Chow and Marlon Danilewitz, was also a success with Dr Fidel Vila-Rodriguez speaking about advances in neurostimulation. We also continue to support UBC psychiatry residents through annual junior and senior resident awards (the former awarded to Dr Raman Srivastava and the latter to Dr Nicholas Ainsworth). Our second annual Distinguished Contribution to Psychiatry Award was presented to Dr Trevor Hurwitz. Our advocacy efforts have been strengthened through continued partnerships with the BC Schizophrenia Society, the UBC Department of Psychiatry, and other organizations we share goals with. We congratulate Dr Wei-Yi Song on his very productive time as president of the Canadian Psychiatric Association.

Alan Bates, MD, *President*

SECTION OF RADIOLOGY (BC RADIOLOGICAL SOCIETY)

Drs S. Bicknell, Section Head/President; M. Arrigan, Executive Council Member; C. Egri, Resident Representative; B. Farnquist, Executive Council Member; A. Harris, Executive Council Member; D. Holmes, Resident Representative; Z. Kotwall, Executive Council Member; P. Kurkjian, E. Lee, M. Martin, Executive Council Members; N. Martin, B. Rauscher, C. Rentz-Bennett, Administrative Consultants; K. Rowan, P. Trepanier, P. Vos, W. Wan Yap, C. Yong-Hing, Executive Council Members.

CHANGES TO EXECUTIVE COUNCIL

Dr Alison Harris completed her term as president and has now assumed the role of past president. The section welcomed Dr Simon Bicknell as the new president at the AGM in November. Stepping down from the executive council were Dr Karen Seland, quality representative, and Kristina Sharma, treasurer. They were replaced by Drs Martin Arrigan and Brenda Farnquist, respectively. Dr Nancy Martin has taken over the programs portfolio from Dr Yong-Hing who has assumed the role of president-elect and Representative Assembly delegate. The section thanks Dr Will Siu for his time and leadership to the executive as his term ends. 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 CME for the membership. In 2019, a Prostate MRI Workshop was offered, as well as a session on trauma imaging developed by emergency/trauma radiologists in partnership with trauma surgeons that introduced new provincial imaging protocols for trauma imaging. In 2020, in collaboration with BC Cancer Breast Screening Program and the Canadian Society of Breast Imaging, the BCRS offered the first-ever Virtual Breast Screening Forum in June with live speakers from across the continent and over 200 participants. Another webinar is planned for November 2020 focusing on neuroimaging.

SPONSORSHIPS

The BCRS Leadership in Radiology Resident Scholarship award allows one UBC radiology resident to attend the next Canadian Association of Radiologists annual scientific meeting in Montreal in April. The 2020 award went to Dr Csilla Egri, a PGY-3 resident. Since the CAR ASM was cancelled, Dr Egri will attend the 2021 conference.

2020 ACTIVITIES

The BCRS continues to work with members and other stakeholders, such as the Ministry of Health, Doctors of BC, College of Physicians and Surgeons, health authorities, Medical Imaging Advisory Committee, and the Canadian Association of Radiologists on the following activities:

- Developing accredited CME programs for radiologists.
- Being involved in allocation of funds from the Physician Master Agreement.
- Participating in a peer learning quality improvement program for radiologists.
- Developing provincial advanced imaging strategies.
- Developing a modernized breast imaging fee schedule.
- Modernizing the interventional radiology fees.
- Reviewing the appropriateness and standardization of medical imaging studies.

Simon Bicknell, MD, *President*

SECTION OF RESPIRATORY MEDICINE

Dr D. Rolf, President; Dr N. Schneider-MacRae, Secretary-Treasurer.

The Section of Respiratory Medicine has had a stable year. We have been participating in the Physician Master Agreement disparity funding discussions and await the outcome of adjudication, along with some minor fee changes.

We have all been dismayed by the progression of COVID-19 and await the full effects of its arrival as do all our colleagues. As a group are talking about a temporary but urgent pressure to move to telephone or telehealth visits with our patients rather than office visits to continue care and support, and not become a vector for transmission.

Dr Philip Hui has become our Representative Assembly member for respirology, replacing Dr Frank Ervin, who moved into the Specialist District 5 position. We want to thank both members for their work, past, present, and future.

Douglass Rolf, MD, *President*

SECTION OF RHEUMATOLOGY (BC SOCIETY OF RHEUMATOLOGISTS)

Dr J. Kur, President; Dr C. Chin, Vice President; Dr J. Wade, Treasurer; Drs M. Hiltz, M. Teo and M. Uh, Executive Members.

LABOR MARKET ADJUSTMENT FEE CODES

Our section completed an evaluation of the labor market adjustment fee codes through the support of the Specialist Services Committee. We examined the impact of our special codes including changes in physician demographics, improvement in full-time equivalent rheumatologists in the province, access to nursing care, clinic practice insufficiency, and patient satisfaction. The results of this 10-year project have clearly changed the model of care in BC and have been of interest to other specialties in BC as well as rheumatology in other jurisdictions. We have been working diligently on adjusting these fee codes in the transition to the Medical Services Plan.

RHEUMATOLOGY MEMBER SESSIONS

The section organized two sessions over the past year based on member feedback: a practice management/billing session and a physician well-being session. These member-driven sessions were planned in conjunction with the Doctors of BC and have been very well received.

PHARMACARE MANDATED NONMEDICAL BIOSIMILAR SWITCHING

In 2019, PharmaCare mandated nonmedical switching to biosimilars for two key rheumatology medications. The section was involved in the process to ensure this happened in a safe manner for patients.

WAIT TIMES

In an effort to improve access to rheumatologic care, the BC Society of Rheumatologists (BCSR) annually surveys its members to identify those physicians who may have shorter wait times for routine rheumatologic referrals. The 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 to take place on 25 September 2020 in Vancouver. This year's conference will feature an additional program on women in medicine leadership.

Jason Kur, MD, *President*

SECTION OF THORACIC SURGERY

Dr S. Deen, President; Dr A. Lee, Vice President; Dr A. Bassili, Secretary-Treasurer; Dr S. Ong, Regional Representative.

This has been another great year for the Section of Thoracic Surgery. As many of you know, we are regionalized in four centres across BC (Surrey, Vancouver, Kelowna, and Victoria), allowing us to align closely with the BC Cancer Agency and UBC medical school. All thoracic surgeons in the province are on an alternative payment plan (APP).

There have been many innovations and accomplishments over the past year:

- The group in Surrey continues to spearhead the province's first per oral endoscopic myotomy (POEM) program for the treatment of achalasia. They've also begun to implement indocyanine green for assessing gastric conduits during esophagectomy and surgical planning during a segmentectomy.
- The Vancouver lung transplant program introduced ex-vivo lung perfusion technology and have done great work with the thoracic residency program and its expansion to other training sites throughout BC. The Vancouver program has also started a full esophageal function lab under thoracic surgical directorship at VGH, which offers high-resolution manometry and pH-impedance testing for patients. In addition, for the first time a BC thoracic surgeon, Dr Anna McGuire, has been awarded the highly competitive 2020 VCHRI-mentored clinician scientist investigator award. This is for the translational study entitled "Utility of Circulating Tumour DNA for Molecular Residual Disease Following Pulmonary Resection in Early Stage Lung Cancer."

- Kelowna continues to expand and offer a robust telemedicine program to help service remote populations across all of Interior Health and in Indigenous communities in Northern BC.
- The Victoria group has continued its excellent work on the Vancouver Island Thoracic Surgery Oncology Program Referral Project. The aim of this project is to create a coordinated multidisciplinary approach to patients with an abnormal CT scan of the lungs with the goal of reducing the time from when a radiologic abnormality is identified to the time definitive treatment is implemented (reduced to 10 to 14 days from 6 to 8 weeks).

There are a few areas of concern we would like to address:

- We continue to experience difficulty securing additional FTE funding for the group in Surrey. They are one of the busiest thoracic surgical groups in western BC and need the extra OR time and resources that come with an extra surgeon to keep wait lists manageable and to continue offering excellent care to their patients. We have submitted an application through the APP allocation process for another FTE and we hope this will be successful.
- We also continue to have challenges with adjusting/increasing the technical fee for pH-impedance catheters to reflect the cost of doing business for BC men and women needing this specialized diagnostic test.

The Section of Thoracic Surgery AGM will be held in December 2020 in Vancouver.

Shaun Deen, MD, *President*

ADVOCATING: PUBLIC CAMPAIGNS

ADVOCATING TO HELP KEEP THE PUBLIC SAFE AND HEALTHY

In addition to communicating to members and stakeholders during the COVID-19 public health crisis, Doctors of BC has been running a series of public campaigns that support key messages of importance to doctors as they continue to provide the best possible care to their patients. These public health messages have been posted on Twitter, Facebook, and Instagram:

- Stay at home (“The time is now”—March)
- Virtual care (“Call your doctor first”—April)
- Hold the line (“Stay close to home this long weekend”—May)
- Forward together (“It’s the little things that make a big difference”—June)

- Getting patients back to practice (“The doctor is in”—August)
- Slow the spread (“Bigger spaces, fewer faces”—September)

More than 800,000 people have seen the series, with the campaign causing significant growth in the association’s social media channels and resulting in dozens of media interviews. Doctors of BC continues to create relevant new campaigns as the pandemic continues.

LEARN MORE

Twitter: @DoctorsOfBC

Facebook: @BCsDoctors

Instagram: @DoctorsOfBC



doctors
of bc
Better. Together.

#ForwardTogether
It’s the little things that make a big difference.

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ANNUAL REPORTS OF EXTERNAL COMMITTEES AND AFFILIATED ORGANIZATIONS

ADVISORY COMMITTEE ON DIAGNOSTIC FACILITIES

Ms K. Anderson, Chair; Mr S. Bersenev, Ms J. Cooley, Mr R. Diacu, Ms L. Evanow, Dr A. Hoffman, Dr M.D. Kolodziejczyk, Ms K. McEwan, Dr G. Scheske.
Staff: Ms D. Blaj, Ms R. Henneberry, Ms C. Pudwell, Mr W. Turnquist

The Advisory Committee on Diagnostic Facilities (ACDF) is a tripartite committee that consists of three members from Doctors of BC, three government representatives, and three public members. The ACDF mandate is to “provide advice and assistance to the Medical Services Commission (MSC) respecting 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 fall under the responsibility of the ACDF.

The ACDF meets quarterly to assess applications for new, expanded, or relocated outpatient diagnostic services facilities. Its primary role is to approve or recommend denial of applications based on MSC policies and guidelines. Applications that are recommended for denial are then forwarded to the MSC to confirm or overturn the denial.

For the 2019–20 fiscal year, 37 applications were reviewed, including diagnostic imaging, polysomnography, pulmonary function, and electromyography services. Recommendations were made to the MSC for each application for either acceptance, acceptance with conditions, or denial. The chair reviewed an additional 31 applications for approval.

The committee heard presentations from the Ministry of Health (MOH) on medical imaging access and quality improvement and Bill 92, the Virtual Care Strategic Framework, and a presentation from Surgical and Diagnostic Services on work and priorities. The MSC chair also presented to the ACDF, highlighting the MSCs commitment to publicly funded health care.

Moratoriums were continued by the MSC for ultrasound and polysomnography. The MSC approved an extension to the temporary polysomnography moratorium until September 30, 2020. The justification for the extension was to support the ACDF and staff in their continued detailed review of the current environment for delivery of sleep medicine in BC. The ultrasound moratorium was scheduled to be lifted on June 1, 2020. While there was an expansion of existing and new sonographer training programs, it will unfortunately be 2022

before there are a significant number of new graduates. This limits the ability to expand ultrasound services.

The ACDF has also been informed about several MOH projects:

- Private EMG facility policy.
- Pulmonary function review of testing categories: new listing categories were posted on the ministry diagnostic services website.
- Provision of sleep diagnostics in BC: this review is anticipated to update policy and develop accreditation standards and several other enhancements to the provision of sleep diagnostics in BC.
- ACDF ultrasound wait times considerations: updated wait time policy was reviewed for future approvals.

M. Dean Kolodziejczyk, MD, *Doctors of BC representative*

DRIVER FITNESS ADVISORY GROUP

Mr D. Campbell, Chair; Drs I. Bekker, A. Hoffman. Staff: Ms S. Shore, Ms H. Thi, Ms D. Vickers.

The Driver Fitness Advisory Group (DFAG) serves as a two-way communications channel for sharing and receiving information between RoadSafetyBC and the medical community. The objective of DFAG is to provide expertise, advice, and recommendations to RoadSafetyBC on driver medical fitness issues, guidelines, research, and best practices.

Key highlights from DFAG meetings over the past year:

- The Enhanced Road Assessment (ERA), which has replaced DriveABLE, achieved its first year anniversary. A majority of drivers pass on their first or second attempt of the assessment. Evaluations of the ERA show the test is a valid tool and drivers are satisfied with the testing process.
- The Canadian Council of Motor Transport Administrators guide, which BC adopts and then localizes for our province, has seen several changes in the narcolepsy and diabetes (severe hypoglycemia) sections. Renal disease and hearing loss had their restrictions removed (all drivers are eligible for licence). There were some minor changes in OSA restrictions, with more

information found at www2.gov.bc.ca/gov/content/transportation/driving-and-cycling/driver-medical/driver-medical-fitness.

As well, RoadSafetyBC has worked through many projects to improve the efficiency and accuracy of its licensing work, including simplifying the language used in its letters to drivers.

Work continues on the process to digitize driver medical reports that physicians complete for class 5 licence renewals and frequently after a patient reaches age 80. The Driver Medical Fitness Transformation Project aims to digitize the Driver's Medical Examination Report (DMER) form used by physicians, in cooperation with electronic medical record vendors. Physician engagement on this project has begun and will continue throughout the year.

As a response to the pandemic, and to help remove the burden on physicians' workload, RoadSafetyBC temporarily ceased issuing requests for DMERs in March. In August, they resumed DMER issuance using a gradual process, and began to work through the significant backlog that had accumulated. Doctors of BC has assisted RoadSafetyBC in communicating this information to members through our communications channels.

Along with its ongoing work, the committee expects to be busy in this upcoming year as the ride-hailing licensing process directly affects road safety in BC

Ian Bekker, MD; Alan Hoffman, MD, *Doctors of BC representatives*

EMERGENCY SERVICES ADVISORY COMMITTEE

Ms A.J. Brekke, Co-Chair; Ms. D. Therrien, Co-Chair; Dr. P. Rowe, Co-Chair; Dr N. Barclay, Ms. S Burgoyne, Ms L. Cairns, Dr J. Christensen, Mr. R. Diacu, Dr D. Digney, Dr Q. Doan, Ms S. Feltham, Ms K. Ferraro, Ms S. Finamore, Ms D. Gault, Ms N. Gault, Ms J. Helmer, Dr J. Hussey, Dr D. Kalla, Ms L. Korchinski, Mr D. Lange, Ms E. Leask, Dr G. Meckler, Dr G. McInnes, Mr J. Oliver, Ms C. Skeels, Ms R. Syropiatko, Ms M. Van Osch, Dr S. Wachtel, Dr S. Wan, Dr E. Wiltse.
Staff: Ms R. Sekhon.

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 the committee.

In summer 2018, the ESAC finalized its report *Crowding in BC Emergency Departments*, which was subsequently endorsed by the Standing Committee on Health Services and Population Health. ESAC's focus has now transitioned from developing the report to planning and implementing its recommendations. A working group composed of members from ESAC has

been established for each of the report's seven recommendations, and status updates for each are reported on at quarterly meetings. Dr Doan is leading the working group on recommendation #2, with the following deliverable: develop a performance management strategy, supported by data and agreed-upon performance targets related to emergency department crowding and its primary causes. We currently have established a list of 10 measures of emergency department crowding (factors or outcomes of crowding) for which data are being extracted and reported on at ESAC.

Dr Doan is also a newly appointed member of the working group addressing recommendation # 4, with the following deliverables: expand and adapt community services to provide care in the most appropriate location and by the most appropriate care team focusing on primary care services, seniors care, people with complex care needs, and people in need of mental health and substance use services. As a pilot project supported by this group, Dr Doan's team held a knowledge-sharing event with program-based mental health resources that included representatives from the Ministry for Mental Health and Addiction and Ministry of Children and Family Development. Clinicians were invited to interact with program representatives to discuss barriers to service access and collaborative solution findings.

Dr McInnes is part of the working group for recommendation #6 that is looking to implement, evaluate, and report on site and regional initiatives targeting emergency department crowding. The onset of the 2020 COVID-19 pandemic prompted the committee to focus its efforts on issues addressing emergency departments, more specifically on reviewing lessons learned from the first wave to help inform the prioritization of strategies to help prepare for the second wave.

Quynh Doan, MD, and Gord McInnes, MD, *Doctors of BC representatives*

