Dr. John A. Soles

Election Statement



Good governance is of great importance to all organizations, including the Doctors of BC. Governance that is participatory, transparent, effective and efficient, consensus orientated, responsive, equitable and inclusive and, most importantly, accountable, is particularly important in our organization in these challenging times. Our dual governance structure is one that tries to meet all of these needs. In any organization governance issues will always arise and continuing evaluation of not only Directors and committee members but also the structure itself is vital to maintain the organization's ability to meet its vision.

Within the Doctors of BC I was on the Rural Issues Committee for six years and the Joint Standing Committee on Rural Issues for six years. I was a member of our first Representative Assembly. I have also been involved in several other organizations with different, sometimes unique, governance models. I was the president of the Society of Rural Physicians of Canada for two years. During this time some of the weaknesses of its governance functions became apparent and changes were started during the time I was there. I was on the board of the Rural and Remote Division of Family Practice both before and after significant changes in the Societies Act of BC. This division is complex, at that time comprising thirteen chapters distributed across four Health Authorities. I was the chair of the Board Development Committee of the Division during this change, which saw dramatic changes in Board composition, board member roles, and the administrative structure of the Division. I have roles in UBC's rural continuing medical education initiative, the Rural Coordination Centre of BC, and the BC Emergency Medicine Network. While these roles aren't specifically related to governance, they have allowed me to look at the challenges of governance in different organizations. I have been president of a medical staff association and was chief of staff at a rural hospital for many years.

Currently I am the Interior Regional Physician Lead for the Rural and Remote Division of Family Practice. In this role I have extensive interactions with physicians, community members, First Nations, and others in the six chapters within IHA as well as with the Health Authority. I am co-chair of the Western Interior Collaborative Services Committee. During the last several years the Division has created governance structures in multiple communities, as well as two CSCs within the Interior. In addition, we are involved in PCN planning in the community of Revelstoke and will, hopefully, soon be doing this in the Western Interior communities of Clearwater, Ashcroft, Lillooet, Lytton, and Merritt as well. Designing good governance structures that involve the health authority, multiple communities and multiple first nations has been very interesting work. I have the experience and interest to be an effective member of the I look governance committee of the Doctors of BC.

I look forward to being able to serve in this capacity. Thank you for your support.