

Governance Referendum FAQs

Updated December 19, 2016

Latest questions from members

Will the new governance model change the way Doctors of BC represents members in negotiations?

- It is important for members to know that nothing has changed on this front. A new smaller Board will not have the power to impose a negotiated settlement on the members.
- The negotiation committee structure will continue, including the requirement that members approve a tentative agreement through referendum.
- The new governance structure will not alter or create any risks with respect to members' compensation.

Will this result in a dues increase for members?

- There will be no dues increase for members as a result of the new governance model. Any additional funds, if required, will come out of the existing Doctors of BC budget.

General questions

Why is Doctors of BC proposing a change in governance structure?

- Doctors of BC members have told us a change is necessary.
- The mere size of the current 39-member Board, which is the largest of the Canadian Provincial Medical Associations, hampers its ability to be efficient and nimble in its decision making.
- The matters facing the Association are becoming more complex, and we need to be able to respond quickly and stay ahead of arising issues.
- A smaller Board focussed on governance will be more nimble and flexible while a Representative Assembly will ensure broad representation of the entire membership in a forum designed to address member issues.

What will be the role of the Board?

- The Board will be the primary governing body that sets the strategic direction and major policies of the Doctors of BC. It will maintain its legal fiduciary and oversight responsibilities and is accountable to the Representative Assembly and the entire membership.

How many people will make up the Board and how did you come up with the number?

- The Board will be made up of 9 members. Governance experts recommend a range of 5 to 15 Board members as appropriate for not-for-profit organizations.
- The Board will consist of the President, President-Elect and 7 Directors at Large.
- Of the 7 Directors at Large, 3 will be Specialists, 3 will be GPs, and 1 will be the 'opposite' of the incoming President (i.e., a GP if the incoming President is a Specialist, and a Specialist if the incoming President is a GP).

How will Board members be chosen?

- Two of the nine Board directors are Officers – the President and the President-Elect, both of whom are elected by the membership as a whole.
- The seven Directors at Large will be nominated by and from the membership as a whole. The Representative Assembly's role is to review all nominees and elect Directors that address the competency needs of the Board.
- The Representative Assembly will have the power to remove Board Directors at Large if it feels they are not acting in the interests of the broader membership.

Why do the Society of General Practitioners (SGP) and the Specialists of BC (SBC) not have designated seats on the Board?

- Specialists and GPs are fairly and largely equally represented in both the new Board and the Representative Assembly.
- Designated seats for the Societies on the Board would enable individuals to represent a subgroup of the membership. However, the fiduciary duty of each Board member is to represent the whole membership; therefore, there is an inherent conflict of interest between a director who has a fiduciary duty to the Association while at the same time owing a duty to another organization (i.e., a Society).
- Furthermore, the primary role of the Board is governance and other organizations ought not to have a role in the governance of our Association. It is more appropriate that representatives from the Societies have seats at the RA.

Why not just have a smaller Board with no Representative Assembly?

- While having only a small Board may seem more efficient, it runs the risk of becoming disengaged from the opinions of the membership and being viewed as insular.
- The goal of this proposed model is to strike a balance between an efficient, nimble governance body (the Board), and a body that will ensure members' views are fully represented (the RA).

What is the role of the Representative Assembly?

- The Representative Assembly will represent the interests of all members by providing a forum that will give a voice to a wide range of members so that healthy diversity of opinion is understood before the Board makes decisions.
- It will provide guidance to the Board to influence the strategic direction of Doctors of BC, and it will enhance the accountability between the Board and members.
- The RA has the power to remove Board Directors at Large if it feels they are not acting in the interests of the broader membership.

How many members will be on the Representative Assembly?

- The RA will have 104 voting members. In addition, there will be a non-voting Speaker and Deputy Speaker. The 9 Board directors will be non-voting participants.

Will the Representative Assembly represent every physician no matter their type of practice or where they practice? How will you ensure fair representation of GPs and Specialists?

- This is the first time ever that a governing body of Doctors of BC will have a virtually equal number of Specialists and GPs. It will also have fair geographical representation for all physicians regardless of their type of practice. We want to ensure that every physician in BC feels they are being represented – that their concerns are also the concerns of the Representative Assembly.
- Allocation of seats on the Representative Assembly will breakdown as follows:
 - 35 Specialist Delegates (appointed by each of the Specialist Sections);
 - 35 GP delegates appointed by 3 GP Sections;
 - one Delegate appointed by each of the GP/SP Mixed Sections of Surgical Assist and Clinical Faculty;
 - 20 Delegates elected by members from 10 Districts (1 GP, 1 SP from each District);
 - 4 rural Delegates (2 GP, 2 SP) elected by members practicing in rural areas;
 - 2 Delegates (1 GP, 1 SP) elected from amongst physicians providing medical services to the First Nations Health Authority or in their communities;
 - one Delegate from each of Society of General Practitioners and Specialist of British Columbia;
 - one Delegate from amongst BC delegates to CMA Board;
 - one Delegate from each of the Medical Undergraduate Society and the Resident Doctors of BC; and
 - the Immediate Past President.

How can members be sure that the Board will listen to the Representative Assembly?

- The Board has the legal fiduciary duty to act in the best interest of the Association; however, in the proposed model the RA has strong influence in determining directions taken by the Board.
- Further, any failure to consider recommendations of the Representative Assembly in good faith would be considered a serious governance issue. As already mentioned the Representative Assembly both elects Board members and can recall Board members who are seen to be acting outside the best interests of the Association.

Would there be an increase in members' dues as the result of costs of a Representative Assembly?

- There will be no dues increase as a result of the addition of a Representative Assembly. Any additional costs will be managed within the existing Doctors of BC budget.

Who would I contact if I have an issue that I want Doctors of BC to address?

- District Delegates to the Representative Assembly will still exist, and in fact, this model ensures all members will have access to at least two District Delegates – one GP and one specialist.
- Furthermore, the RA is comprised of a mixture of Delegates representing existing Sections, those practicing in rural areas and First Nations communities, students and residents, the Society of Specialists, Society of General Practitioners and the CMA.
- This means that members may have access to multiple Delegates depending on their type of practice, geographical region, issue at hand, etc.

What evidence is there to prove this model works?

- This model is similar to what has successfully been put in place by the Alberta Medical Association and the Saskatchewan Medical Association. Both have similarly sized Boards and Representative Assemblies they find to be effective and constructive, and have indicated that it has improved their overall function.

The Representative Assembly meets three times per year. Is this enough?

- The agenda for each meeting will be carefully developed to ensure that the most important issues are addressed by the Representative Assembly. The Speaker and Deputy Speaker will be trained in running an efficient meeting, and there will be the ability to extend a meeting or call for an extraordinary meeting(s) if need be.

What consultation has been done to ensure that members' voices were heard in the development of this model?

- The Governance Committee has overseen the development of this model over the last two years. Much consultation has been undertaken including a consultation paper that was sent to membership in September 2015, a workshop with Board Directors, Societies, and Section/Committee attendees, and a second consultation paper which sent to membership in the summer of 2016. In addition, there has been consultation with both the Society of General Practitioners and Specialists of British Columbia. Input from all sources was carefully considered by the Governance Committee before the final proposal was sent to membership for a vote.

If this proposal passes, when would the new structure be put in place?

- The transition to the new structure would begin immediately with the election/appointment of the Representative Assembly Delegates and the election of the new Board. It is anticipated that the new Board will be in place in September 2017.

Further questions can be directed to voting@doctorsofbc.ca