



doctors
of bc

2018-19 REPORT TO MEMBERS

Understanding our members

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doctors
of *understanding*



REPORT OF THE CEO

UNDERSTANDING OUR MEMBERS: THE FIRST STEP TO ACHIEVING OUR STRATEGIC GOALS

ALLAN SECKEL, QC

This year, the theme of our report is understanding our members, which is a key component of the new Doctors of BC Strategic Framework 2018–2023. By understanding our doctors and the environment in which they function, we are able to deliver on our purpose: making a difference so that doctors can make theirs.

Picture the strategic framework as a staircase: understanding our members is the first step at ground level. Only by listening and comprehending members' views can we move up the staircase toward engaging, collaborating, serving, and advocating for them.



Traditionally, Doctors of BC has sought members' views through our physician representatives on our many committees, or through member surveys. But we realized through the development of our strategic framework that we needed to do more. This was reinforced in our last engagement survey, where members told us they want more avenues to engage with us on issues of importance to them. That is why our strategic framework calls for the

investment of time, people, and resources so that we can expand our reach and connection with members.

Over the last year, we reached out to members in a number of ways to understand their priorities as we headed into negotiations for a new Physician Master Agreement (PMA). These priorities formed the basis of our negotiations mandate and were reflected in the outcome of our new PMA that advances the interests of members in the areas they told us were important to them. I want to congratulate the many Doctors of BC team members who worked together, side by side with physicians, to achieve this successful outcome.

In primary care, the emphasis has been on the creation of patient medical homes and primary care networks. I am encouraged by the progress achieved by having physicians come together in groups, large and small, to ensure their voices are heard to effect positive change. Facility-based specialists are making significant progress at the local level through 72 medical staff associations in hospitals around the province, which enable them to effectively engage with health authorities to promote change. These are just a few examples of the extensive scope of work being done at Doctors of BC.

Ultimately, we can only be an effective association for our members if we have a solid foundation of professionals who care passionately about their work and who strive for excellence in all that they do. I am proud that Doctors of BC has been named one of the top 25 companies in Canada by Great Place to Work. I look forward to the next year as we dedicate our efforts to better understand our members, provide excellence in service, and advocate for the profession.



REPORT OF THE PRESIDENT

ERIC CADESKY, MDCM, CCFP, FRCP

It has been an honour serving you this past year. And what a year it was.

The most significant development was the new Physician Master Agreement that, in conjunction with our respectful and collaborative relationship with government, sets new standards of recognition for the burdens that doctors carry and the supports we need to provide optimum care. We all owe a heartfelt thank-you to the Statutory Negotiating Committee and its chair, Dr Trina Larsen Soles, as well as our chief negotiator, Mr Paul Straszak, and the staff that advocated for us so well. As a result of this agreement our profession is positioned to continue caring and advocating for the health of our patients, our communities, and our colleagues.

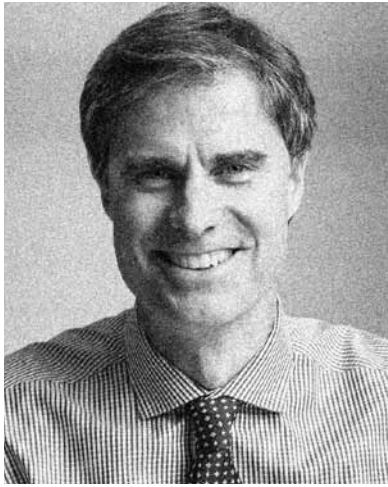
Despite these tribal times when some world leaders threatened walls and closed borders, we came together over honest, difficult, sensitive conversations on how to create a Doctors of BC that respects diversity, encourages inclusion, and promotes belonging. You told us about your experiences in different settings: these stories inform us as we move ahead on ensuring that all voices are heard and that everyone feels safe. This is not easy, but worthy journeys rarely are.

This year we also continued settling into our new governance structure. We are now 2 years after the referendum to separate governance from representation, and this year saw another cycle for the smaller nine-person Board and the large Representative Assembly (RA). In addressing conflicts of fiduciary duty we have increased confidence that Board members have clear priorities. Allowing more time for reflection in RA meetings will further define roles and

provide our leaders with more resources and experiences. This is all part of the RA's evolution to be your voice for complementary interests in the mosaic that is our organization.

The year ahead promises to be important with patient medical homes, primary/patient care networks, implementation of the next phases of the PMA, a possible verdict in the Cambie legal challenge, and further collaboration with the Canadian Medical Association, government, health authorities, UBC, and the College of Physicians and Surgeons. Changes in society and the practice of medicine make for uncertain times, but under the leadership of incoming president Dr Kathleen Ross we are in good hands: she understands the stresses we face and the importance of professional unity in the face of identity politics. The staff support us tremendously and often in ways that go unnoticed, so on behalf of us all I thank our CEO Allan Seckel and all the staff who do their work well, so we can do ours.

Lastly, thank you to everyone who took the time to write, call, or meet me this year. You are brilliant, dedicated, and inspiring. Doctors of BC is made of members: YOU are Doctors of BC, and we are better because of it. No matter our differences on a particular issue, we are all on the same team caring for the same patients in the same health care system. After everything that has happened this year, I hope that you agree that having stayed together we have definitely done better.



REPORT OF THE CHAIR OF THE BOARD OF DIRECTORS

JEFF DRESSELHUIS, MD

A friend and colleague recently asked me, “What is it that you actually *do* at the Board?”

This got me thinking. What *do* we do, anyway? Have we produced anything?

As I pondered these questions, I realized the answers might not be as straightforward as one might think. Because in truth, your Board’s primary role isn’t simply to *do* or to *produce*—it is to *govern*.

When we have our clinical hats on we work side by side with each of you, doing what physicians do best—looking after our patients, and working with each other and allied health leaders to produce changes for the better in our local and regional health systems. But at the Board, we wear a different hat. Our 2018–2023 Strategic Framework—along with significant input from members and our Representative Assembly (RA)—guides our overall course. Your Board’s job is to ensure that our CEO, staff, and committee structure stay true to that course to guide our province’s physicians into a future that recognizes (and fairly compensates) their pivotal role in creating and maintaining the best health care system in Canada.

Your Board’s goal is to ensure that Doctors of BC provides the services you want, the assistance you need, and the economic and negotiating strength on which you have come to rely.

But back to the question about what we, as a Board, actually do. Well, here are this past year’s highlights:

- Endorsing the 2019–2022 Physician Master Agreement.
- Establishing a joint Compensation Model Consultation Committee with the Ministry of Health.
- Launching the Diversity and Inclusion Advisory Working Group.
- Beginning work on a Code of Conduct.
- Deciding to discontinue mandatory/conjoint CMA membership as of 2020.
- Realizing savings to the association through a reduction of caucus size to the CMA annual general meeting.
- Consulting and soliciting feedback on the ICBC changes.
- Providing input on, and approving, the JCC mandates and work plans.
- Funding the Doctors of BC Presidential Scholarship Premium Awards (\$2 million endowment at UBC).
- Improving open access to board agendas and minutes through SLACK.
- Increasing positions for members-at-large on the Governance and Nominating Committees.
- Reaffirming the principle of voluntary membership in Societies and Sections.
- Prioritizing the development of new and ongoing mechanisms for the relationships between the Board, Societies, and Sections.

Continued

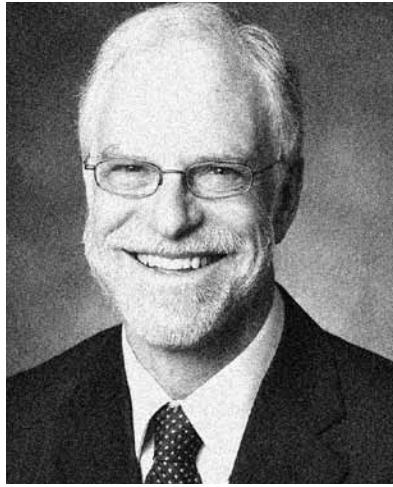
REPORT OF THE CHAIR OF THE BOARD OF DIRECTORS 2018-19

(CONTINUED)

- Providing support from regional advisors and advocates to Section delegates in the RA.
- Approving a committee evaluation review.
- Setting strategic priorities.

In considering all matters that come before your Board, members take their time, listen to various perspectives, and provide avenues for needed input. We are, after all, your colleagues. We did see our share of challenges this year, and it is inevitable that not everyone will agree with all decisions taken. Nonetheless, the Board this year has been exemplary in its quest to make decisions based on fairness, equity, and what is good for the majority of members and the future of our association.

Your Board's goal is to ensure that Doctors of BC provides the services you want, the assistance you need, and the economic and negotiating strength on which you have come to rely—to permit all of us to focus on our real jobs. Our association's success in providing this service is not possible without the leadership of our CEO, the intelligence and dedication of our staff, and all our member-physicians' willing participation in this great organization. Once again this year, you proved that we are Better Together.



REPORT OF THE SPEAKER OF THE REPRESENTATIVE ASSEMBLY

MICHAEL GOLBEY, MD

Since my inaugural report, the Representative Assembly (RA) has held 3 full-day meetings, discussing a variety of issues that are both timely and of ongoing concern to members. Among these was the issue of conjoint membership with the Canadian Medical Association (CMA). At our October meeting, two RA members participated in a debate that considered both sides of the question, with a vote from the floor following. Along with broader member input, RA consideration of this issue informed Board deliberation, which ultimately led to the decision to end mandatory membership in the CMA effective 1 January 2020.

More recently, the RA participated in foundational conversations to inform the organization's work in two key areas: understanding and addressing barriers to diversity and inclusion on our governance structures and committees, and identifying systemic stressors facing physicians. RA input will help to inform broader member engagement and future action, including development of policy recommendations to address the cumulative impact of pressures facing physicians.

Our work to improve communication between the Board, RA, and members continues, with a report to members now distributed following each

The RA participated in foundational conversations to inform the organization's work in two key areas: understanding and addressing barriers to diversity and inclusion on our governance structures and committees, and identifying systemic stressors facing physicians.

RA meeting and posted on the Doctors of BC website. These reports provide timely updates, including how the work of the RA and Board aligns.

In support of this alignment, the RA recommended that the Board make its own committee minutes available to RA delegates and provide them with advance access to Board meeting agendas. The Board agreed to both proposals. The RA also contributed feedback to the Board on a new proposed strategic framework to guide the organization over the next 5 years.

The RA has hosted a number of guest speakers, including BC Minister of Health, Adrian Dix, and a governance expert from the Alberta Medical Association (AMA). The latter provided perspectives on the AMA's move to a representative governance structure. In May, the RA will host the CMA president as well as First Nations Health Authority representatives, who will lead us through a ceremony formalizing our Declaration of Commitment on Cultural Safety and Humility in Health Services, which the Board signed in 2018. As the organization's largest representative body, the RA is the optimum physician group to engage in this ceremony, where higher participation numbers enhance experiential impact. Through participation, Doctors of BC joins the College, Ministry of Health, and others in demonstrating our commitment.

My sincere thanks to our staff support, our deputy speaker Dr Alan Gow, and the RA Planning Committee members.

These are still early days for the RA and our new governance structure, and I welcome your input at speaker@doctorsofbc.ca on how best to represent your interests as we move forward.



2 DOCTORS OF BC ANNUAL GENERAL MEETING DRAFT MINUTES

Dr Jessica Chan speaking at the
Doctors of BC Annual General
Meeting in June 2018.

DOCTORS OF BC ANNUAL GENERAL MEETING

DRAFT MINUTES—PAN PACIFIC HOTEL, 2 JUNE 2018

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 9:30 a.m. and welcomed members to the 2018 Annual General Meeting (AGM). Mr Seckel acknowledged the passing of Dr Jim Busser and 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 the 2018 AGM and called for additional nominations.

There being no additional nominations, Dr Michael Golbey was acclaimed as chair of the 2018 AGM.

2. MEETING STANDING RULES

Distributed material: Doctors of BC (BCMA) 2018 Annual General Meeting Standing Rules

Dr Golbey assumed the role of chair. He acknowledged the traditional, ancestral, and unceded territory of the Musqueam people, and referenced the Annual General Meeting Standing Rules.

MOVED/SECONDED RESOLUTION AGM18/06/02-01

That the 2018 Annual General Meeting Standing Rules be adopted.

CARRIED

3. ELECTION OF RESOLUTIONS COMMITTEE

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

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

4. APPROVAL OF AGENDA

Distributed material: Doctors of BC Annual General Meeting Agenda 2 June 2018

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

MOVED/SECONDED RESOLUTION AGM18/06/02-02

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

CARRIED

5. CANADIAN MEDICAL ASSOCIATION (CMA) ADDRESS

Dr Granger Avery, CMA president, acknowledged the unceded territories of the Coast Salish peoples and their advocacy for the land and health.

Dr Avery commented that there is a crisis of human health resources both in rural communities and in Vancouver as a result of the impending retirement of a significant number of physicians. The health care system in BC must change to address the significant number of unattached patients, aging population, long surgical waiting lists, and physician burnout. Physicians are facing an increasing burden of paperwork and lack of work-life balance. The stressors result in the breakdown of the relationships between the five partners in health care: professions, government, universities, people, and the public. The partners must work together to identify and implement areas for improvement and monitor the results. Success will be demonstrated by health equity across the land, particularly for Indigenous peoples.

Dr Avery congratulated the Doctors of BC for its contribution to the development of the new primary health care strategy to deliver faster and improved access to health care announced by Premier John Horgan in late May 2018. He noted that BC is a leader in Canada in the relationships it has forged with the provincial government and the health authorities.

The CMA 2020 strategy and the sale of MD Financial to Scotiabank were presented at the 1 June 2018 Representative Assembly meeting. Dr Avery reviewed the client benefits of the 10-year affinity agreement between MD Financial and Scotiabank. The sale of MD Financial will allow the CMA to more strongly advocate for physicians and health care concerns in Canada.

Continued

Dr Avery provided examples of CMA advocacy on health care improvement in the areas of seniors health care, public health care approach to medical cannabis, creation of a national Pharmacare program, and innovation, all of which will be the focus of the August 2018 CMA Health Summit in Winnipeg, Manitoba.

A member questioned whether the \$2.5 billion sale of MD Financial is taxable to the CMA and what affect it will have on the future of the CMA. Dr Avery advised that the funds of the disposition raise the potential to eliminate the CMA membership fees. However, any future action on membership dues and the areas of advocacy will be at the direction of the membership. The CMA has not received an advance ruling from the Canada Revenue Agency (CRA) on the proceeds of the sale.

In response to a question from a member, Dr Avery advised that the services provided by MD Financial to CMA members over the past 40 years have been below cost, providing value from their investments.

A member expressed concern about pharmaceutical shortages and questioned whether the CMA is taking action to address this issue. Dr Avery noted that this issue would be included in the discussions regarding a national Pharmacare program.

6. APPROVAL OF 2017 AGM MINUTES

Distributed material: Draft Minutes of Doctors of BC Annual General Meeting of 3 June 2017—Page 8 of the 2017-18 Doctors of BC Report to Members

Dr Golbey referred the meeting to the distributed draft minutes of the 3 June 2017 Annual General Meeting and inquired if there were any errors or omissions.

MOVED/SECONDED RESOLUTION AGM18/06/02-03

That the minutes of the Doctors of BC Annual General Meeting for 3 June 2017 be approved as presented.

CARRIED

7. PRESIDENT'S REPORT

Distributed material: Report of the President—Page 5 of the 2017-18 Doctors of BC Report to Members

Dr Trina Larsen Soles commented on lessons learned during her year she served as president. She noted that the president is called upon to respond to the media on a range of issues. The role is mainly about forging relationships, displaying the value of the profession, and demonstrating the value that physicians provide to the public.

The relationships with government and health authorities are critical to the ability to make real and lasting changes in the health care system.

She noted that physicians are presented daily with opportunities to utilize relationships to make changes.

Dr Larsen Soles expressed appreciation to the Doctors of BC members for the opportunity to serve as their president.

8. CHIEF EXECUTIVE OFFICER'S REPORT

Distributed material: Report of the CEO—Page 4 of the 2017-18 Doctors of BC Report to Members

Mr Seckel commented that Doctors of BC has been ranked number 21 in Great Place to Work's 50 Best Workplaces in Canada among organizations with 100 to 999 employees. It builds upon the National HR Award for Greatest Recognition Program received in late 2017. This recognition demonstrates the ability of Doctors of BC to provide service to members and to act as a role model to government and health authorities on how to treat employees.

9. REPORT OF THE STATUTORY NEGOTIATING COMMITTEE

Distributed material: Report of the Statutory Negotiating Committee—Page 45 of the 2017-18 Doctors of BC Report to Members

Dr Larsen Soles provided an update on the negotiations process that was in the report in the distributed material.

10. REPORT OF THE TARIFF COMMITTEE

Distributed material: Report of the Tariff Committee—Page 46 of the 2017-18 Doctors of BC Report to Members

On behalf of Dr Brian Winsby, Tariff Committee chair, Dr Eric Cadesky, Tariff Committee member, referred members to the report included in the 2017-18 Doctors of BC Report to Members.

11. REPORT OF THE BOARD OF DIRECTORS

Distributed material: Report of the Chair of the Board—Page 6 of the 2017-18 Doctors of BC Report to Members

Dr Jeff Dresselhuis, Board chair, expressed appreciation for the mentorship provided by Dr Alan Gow.

Dr Dresselhuis acknowledged the efforts of Mr Seckel and his staff and the members of the Board of Directors.

12. REPORT OF THE GOVERNANCE COMMITTEE

Dr Alan Ruddiman, Governance Committee chair, commented on the transformative change that occurred in the Doctors of BC governance structure in 2017-18. He recognized the efforts of Dr Bill Cavers, Ms Cathy Cordell, and Dr Michael Golbey in developing and implementing the new governance structure.

Dr Ruddiman introduced the members of the Governance Committee and reviewed its mandate. He summarized the work of the Governance Committee over the past year and noted that a copy of the report will be published on the members' section of the Doctors of BC website.

In response to a question from a member regarding the need to reduce the burden of paperwork, Dr Ruddiman suggested that it would be more appropriate for the issue to be addressed by the Board of Directors, Insurance Committee, or the Council on Health Economics and Policy.

13. REPORT OF THE NOMINATING COMMITTEE

Distributed material: Report of the Nominating Committee—Page 39 of the 2017-18 Doctors of BC Report to Members

Dr Cheryl Hume, Nominating Committee chair, referenced the report provided in the distributed material and introduced the Nominating Committee members.

A member questioned whether the process of advising the membership of the numerous and diverse Doctors of BC committees and those upon which they would be eligible to serve could be improved. Dr Hume advised that a list of statutory committees is posted on the Doctors of BC website and members are notified of opportunities by email. It was suggested that a more coordinated approach be developed to annually advise members of the opportunities, rather than the current ad hoc approach.

14. REPORT OF THE AUDIT AND FINANCE COMMITTEE

Distributed material: Financial Statements of British Columbia Medical Association (dba Doctors of BC), for the year ended 31 December 2017—Page 12 of the 2017-18 Doctors of BC Report to Members

14.1 Presentation of Financial Statements

Dr Michael Curry, Finance and Audit Committee chair, led a review of a presentation titled Audit and Finance Committee Report, highlighting the variances from the prior year, the excess of revenue over expenses of \$195,388, and the narrowing surplus over the past 5 years. Dr Curry advised that the external auditors have verified the financial results.

Dr Curry and Mr Seckel responded to questions from the membership regarding the trend of increasing salary expenses, strategies implemented to address the narrowing surplus of revenue over expenses, the purpose of restricted reserves, requirements of the CRA with respect to the reserves, a suggestion to consider prorated membership dues based on the fees earned by a physician, and whether the number of joint collaborative committees is a contributor to the increasing salary costs.

MOVED/SECONDED RESOLUTION AGM18/06/02-04

That the audited financial statement of the British Columbia Medical Association for the year ended 31 December 2017 be accepted.

CARRIED

14.2 Appointment of the Auditor

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

In response to a question from a member, Dr Curry reported that the Audit and Finance Committee considers a change in the auditor annually.

MOVED/SECONDED RESOLUTION AGM18/06/02-05

That the firm KPMG LLP be appointed as auditors for the Doctors of BC for the 2018 fiscal year.

CARRIED

14.3 Membership Fees

Dr Curry commented that, due to the narrowing of the annual surplus, there is a need to consider increasing 2019 membership dues by the rate of inflation.

Dr Curry responded to questions from members.

MOVED/SECONDED RESOLUTION AGM18/06/02-06

That there be a 2% increase in Doctors of BC dues for 2019.

CARRIED

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

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

Dr Cathy Clelland was nominated as a member-at-large for the Audit and Finance Committee and accepted the nomination.

Each candidate for the three members-at-large of the Audit and Finance Committee was provided with an opportunity to address the AGM. Dr Ruddiman read aloud a statement from Dr Mark Corbett.

Mr Seckel announced that Drs Cathy Clelland, Mark Corbett, and Michael Curry were elected as members-at-large to the Audit and Finance Committee.

Continued

MOVED/SECONDED RESOLUTION AGM18/06/02-07

That the destruction of the ballots be authorized.

CARRIED

16. INTRODUCTION OF OUTGOING PRESIDENT AND INCOMING PRESIDENT AND PRESIDENT-ELECT

Dr Golbey introduced outgoing president Dr Trina Larsen Soles, incoming president Dr Eric Cadesky, and president-elect Dr Kathleen Ross.

17. REPORT OF THE SPECIALISTS OF BC

Distributed material: Report of Specialists of BC (formerly Society of Specialist Physicians and Surgeons of BC)—Page 61 of the 2017-18 Doctors of BC Report to Members

Dr John Falconer, Society of Specialists Physicians and Surgeons of BC president, highlighted the report provided in the 2017-18 Doctors of BC Report to Members.

18. REPORT OF THE SOCIETY OF GENERAL PRACTITIONERS of BC

Distributed material: Report of Society of General Practitioners of British Columbia—Page 60 of the 2017-18 Doctors of BC Report to Members

Dr Wendy Amirault, Society of General Practitioners of BC (SGP) president, referred members to the report provided with the distributed material and noted that the SGP will be reviewing its governance structure during summer 2018 and will be presenting recommendations to the SGP Board. If approved, there will be a referendum on the amended SGP constitution and bylaws.

Dr Amirault acknowledged that the new Doctors of BC governance structure has led to the improvement of relationships among members. She requested that Doctors of BC Board consider permitting the SGP and Society of Specialists Physicians and Surgeons of BC presidents and executive directors to attend Doctors of BC Board meetings as nonvoting members.

Dr Amirault responded to questions from the membership regarding the difference between the SGP and Section of General Practice, the development of strategies to address the crisis in longitudinal full-service primary care, a suggestion to require mandatory membership in the SGP, a request to involve specialist colleagues in primary care reform, and the effectiveness of the SGP in representing its constituency.

19. NEW BUSINESS

A member suggested that the Doctors of BC request that the CMA provide annual funding to the provincial/territorial medical associations for the work that they undertake.

CONCLUSION

MOVED/SECONDED RESOLUTION AGM18/06/02-08

That the 2018 Annual General Meeting be concluded at 11:50 a.m.

CARRIED

3 INDEPENDENT AUDITORS' REPORT

Drs Andy Hamilton and Devin Harris at the Power of Togetherness Joint Collaborative Committee event in February 2019.

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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)

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, 2018
- 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, 2018, 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.

Emphasis of Matter – Comparative Information

We draw attention to Note 3 to the financial statements (“Note 3”), which explains that certain comparative information presented for the year ended December 31, 2017 has been restated.

Note 3 explains the reason for the restatement and also explains the adjustments that were applied to restate certain comparative information.

Our opinion is not modified in respect of this matter.

Other Matter – Comparative Information

As part of our audit of the financial statements for the year ended December 31, 2018, we also audited the adjustments that were applied to restate certain comparative information presented for the year ended December 31, 2017. In our opinion, such adjustments are appropriate and have been properly applied.

Other Information

Management is responsible for the other information. Other information comprises the information, other than the financial statements and the auditors’ report thereon, included in 2018–2019 Report to Members.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit and remain alert for indications that the other information appears to be materially misstated.

We obtained the information, other than the financial statements and the auditors’ report thereon, included in 2018–2019 Report to Members as at the date of this auditors’ report.

If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in the auditors’ report.

We have nothing to report in this regard.

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

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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.

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.

REPORTING 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 year.

"KPMG LLP"

Chartered Professional Accountants

May 3, 2019

Vancouver, Canada

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2018, WITH COMPARATIVE INFORMATION FOR 2017

	2018	2017
Assets		
Current assets:		
Cash	\$ 9,565,580	\$ 10,576,096
Accounts receivable (note 4 and 13)	4,223,785	5,393,713
Prepaid expenses	439,103	531,545
Short-term investments (note 5)	10,256,912	3,251,066
	24,485,380	19,752,420
Investments (note 5)	12,065,029	20,317,446
Investment in BCMA Agencies Limited (note 6)	51	51
Capital assets (note 7)	7,753,513	8,453,287
Cash held for designated holding accounts (note 8)	823,082	602,182
	\$ 45,127,055	\$ 49,125,386
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 3,788,123	\$ 6,392,626
Prepaid membership dues	2,491,867	2,652,709
Group life premiums accounts (note 9)	346,179	348,661
Group insurance accounts (note 9)	2,182,166	1,975,175
	8,808,335	11,369,171
Designated holding accounts (note 8)	823,082	602,182
Deferred contributions (note 10)	835,790	645,857
	10,467,207	12,617,210
Net assets:		
Internally restricted (note 2)	7,411,907	9,385,683
Investment in capital assets	7,753,513	8,453,287
Unrestricted	19,494,428	18,669,206
	34,659,848	36,508,176
Commitments (note 12)		
	\$ 45,127,055	\$ 49,125,386

See accompanying notes to financial statements.

Approved on behalf of the Board:

Jeffrey Dresselhuis MD
Board Chair

STATEMENT OF OPERATIONS

YEAR ENDED DECEMBER 31, 2018, WITH COMPARATIVE INFORMATION FOR 2017

	2018	2017 (restated – note 3)
Revenue:		
Membership dues	\$ 20,227,618	\$ 19,722,521
Less: dues collected for Canadian Medical Association	(5,054,218)	(4,943,103)
	15,173,400	14,779,418
Contributions for designated programs (note 10)	693,428	828,009
Insurance administration fees	2,595,483	2,776,267
Management fees (note 13)	2,308,003	2,218,000
Investment and miscellaneous income	1,680,474	1,322,899
Building rents	1,121,205	1,010,334
Payroll recovery – JCC & PHP (note 13)	10,032,640	8,813,388
	33,604,633	31,748,315
Expenses:		
Building – rented portion	893,014	816,781
Committee costs (note 14)	2,669,951	2,521,448
Consulting and professional fees	661,649	747,627
Designated programs expenses (note 10)	693,428	828,009
Marketing and communications	495,275	482,481
Occupancy	1,044,392	1,020,681
Office	2,096,066	1,945,080
Physician health program (note 13)	900,000	850,000
Salaries and benefits	13,947,796	13,474,644
Salaries and benefits – JCC & PHP (note 13)	10,032,640	8,813,388
UBC Blue and Gold Campaign (note 2)	1,800,000	—
UBC Student Bursaries	218,750	52,788
	35,452,961	31,552,927
Excess (deficiency) of revenue over expenses	\$ (1,848,328)	\$ 195,388

See accompanying notes to financial statements.

STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2018, WITH COMPARATIVE INFORMATION FOR 2017

	Internally Restricted (note 2)							Investment in capital assets	Unrestricted	2018 Total	2017 Total
	Student bursary fund	Staff reward and recognition fund	Professional development fund	Medical care fund	Negotiations stabilization fund	Capital asset replacement fund	Total				
Net assets, beginning of year	\$ 2,000,000	\$ 85,600	\$ 88,176	\$ 4,000,000	\$ 1,000,000	\$ 2,211,907	\$ 9,385,683	\$ 8,453,287	\$18,669,206	\$36,508,176	\$ 36,312,788
Interfund transfers (note 2)	—	(85,600)	(88,176)	—	—	—	(173,776)	—	173,776	—	—
Excess (deficiency) of revenue over expenses	(1,800,000)	—	—	—	—	—	(1,800,000)	(1,245,798)	1,197,470	(1,848,328)	195,388
Net additions to capital assets	—	—	—	—	—	—	—	546,024	(546,024)	—	—
Net assets, end 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

See accompanying notes to financial statements.

STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2018, WITH COMPARATIVE INFORMATION FOR 2017

	2018	2017
Cash provided by (used in):		
Operating:		
Excess (deficiency) of revenue over expenses	\$ (1,848,328)	\$ 195,388
Items not involving cash:		
Amortization	1,232,306	1,030,555
Loss on disposal of capital assets	13,492	—
Amortization of bond premium included in investments	114,479	2,313
Change in accrued interest included in investments	157,456	(120,618)
Gain on sale of investments	(298,137)	—
	(628,732)	1,107,638
Changes in non-cash operating working capital:		
Accounts receivable	1,169,928	(1,103,676)
Prepaid expenses	92,442	(124,170)
Accounts payable and accrued liabilities	(2,604,503)	2,106,021
Prepaid membership dues	(160,842)	809,613
Group life premiums accounts	(2,482)	(23,992)
Group insurance accounts	206,991	(44,639)
	(1,927,198)	2,726,795
Investments:		
Purchase of investments	(6,964,424)	(2,069,090)
Proceeds from sale of investments	8,237,197	1,763,094
Purchase of capital assets	(546,024)	(788,093)
	726,749	1,094,089
Financing:		
Increase in deferred contributions	189,933	13,682
Increase (decrease) in cash	(1,010,516)	1,646,388
Cash, beginning of year	10,576,096	8,929,708
Cash, end of year	\$ 9,565,580	\$ 10,576,096

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2018

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

1. SIGNIFICANT ACCOUNTING POLICIES:

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) Revenue recognition:

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

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

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

(b) Short-term investments and investments:

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

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

(c) Capital assets:

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

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

(d) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the determination of useful lives for amortization of capital assets, carrying amount of capital assets, and provisions for contingencies. Actual results could differ from those estimates.

(e) Pension plan:

Effective January 1, 2017, Doctors of BC and its employees contribute to the Public Service Pension Plan (“PSPP”). PSPP is a multi-employer contributory defined benefit pension plan. Contributions to the PSPP are expensed as incurred (note 11).

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2018

1. SIGNIFICANT ACCOUNTING POLICIES (Continued)

(f) Financial instruments:

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

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

2. INTERNALLY RESTRICTED NET ASSETS:

Doctors of BC has set up internally restricted funds which are approved by the Board of Directors (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) **Staff reward and recognition fund** is established to reward and recognize employee contributions to Doctors of BC.

(c) **Professional development fund** is designed to provide staff and officers with financial support when attaining graduate or post-graduate degrees.

(d) **Medical care fund** is established to enhance the ability of physicians to provide quality medical care. These funds enable Doctors of BC to campaign for the economic rights of all physicians in the Province of British Columbia (the "Province").

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

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

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, 2018, the Board approved the closure of the Staff reward and recognition fund and Professional development fund with the balance of funds transferred to unrestricted net assets. 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. RESTATEMENT OF COMPARATIVE INFORMATION:

Doctors of BC acts as principal with respect to the salaries and benefits expenditures of the Joint Clinical Committees programs and Physician Health Program. Accordingly, these amounts should be presented on a gross basis and management has restated the financial statements to increase both payroll recovery—JCC & PHP and salaries and benefits—JCC & PHP by \$8,813,388 in the comparative information on the statement of operations, with no impact on excess of revenue over expenses for the year ended December 31, 2017.

Continued

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2018

4. ACCOUNTS RECEIVABLE:

As at December 31, 2018, accounts receivable includes allowance for doubtful accounts of \$3,622 (2017 - \$971), amounts due from BCMA Agencies Limited of \$184,213 (2017 - \$108,836) (note 6) and amounts due from related parties of \$1,022,733 (2017 - \$3,762,777) (note 13).

5. SHORT-TERM INVESTMENTS AND INVESTMENTS:

Short-term investments and investments are comprised of bonds valued at amortized cost with maturity from the balance sheet date as follows:

	Greater than 1 year	Less than 1 year	2018	2017
Bonds	\$ 12,065,029	\$ 10,256,912	\$ 22,321,941	\$ 23,568,512

The bonds mature between 2019 and 2028 (2017 - between 2018 and 2022).

6. INVESTMENT IN BCMA AGENCIES LIMITED:

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

As at December 31, 2018, Agencies had assets of \$184,264 (2017 - \$108,887), liabilities of \$184,213 (2017 - \$108,836) and retained earnings of \$51 (2017 - \$51). For the year ended December 31, 2018, Agencies earned revenue of \$342,442 (2017 - \$565,536) and had expenses of \$342,442 (2017 - \$565,536), with cash provided by operations of \$75,377 (2017 - \$40,049).

As at December 31, 2018, amounts receivable from Agencies of \$184,213 (2017 - \$108,836) is recorded in accounts receivable (note 4). For the year ended December 31, 2018, included in investment and miscellaneous income is Doctors of BC's share of Agencies' income of nil (2017 - nil).

7. CAPITAL ASSETS:

			2018	2017
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 1,000,000	\$ —	\$ 1,000,000	\$ 1,000,000
Building and building improvements	14,125,889	8,971,557	5,154,332	5,596,927
Furniture and fixtures	1,719,323	644,194	1,075,129	1,166,263
Computer equipment	2,566,340	2,055,919	510,421	674,228
Office equipment	71,296	57,665	13,631	4,791
Work-in- progress	—	—	—	11,078
	\$ 19,482,848	\$ 11,729,335	\$ 7,753,513	\$ 8,453,287

8. DESIGNATED HOLDING ACCOUNTS:

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

	2018	2017
Benefit funds held in reserve	\$ 656,797	\$ 364,167
Other holding accounts	166,285	238,015
	\$ 823,082	\$ 602,182

9. GROUP LIFE PREMIUMS AND GROUP INSURANCE ACCOUNTS:

Group life premiums account is comprised of amounts held for member insurance premium fluctuations. Group insurance account is comprised of amounts payable to third-party insurance providers at predetermined terms, net of amounts collected from members.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2018

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:

	2018	2017
Balance, beginning of year	\$ 645,857	\$ 632,175
Add net amount transferred in during the year	883,361	841,691
Less amount recognized as revenue in the year	(693,428)	(828,009)
Balance, end of year	\$ 835,790	\$ 645,857

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

	2018	2017
Government funded committees	\$ 229,103	\$ 229,103
General practice services committee	173,792	90,255
Protocol steering committee	322,758	227,235
Shared care and scope of practice committee	57,441	49,519
Specialist services committee	52,696	49,745
	\$ 835,790	\$ 645,857

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, 2018, the PSPP has about 61,900 active members and approximately 47,900 retired members.

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

Employers participating in the 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.

Doctors of BC paid approximately \$1,224,000 for employer contributions to the PSPP during the year-ended December 31, 2018 (2017 - \$1,300,000).

12. COMMITMENTS:

Doctors of BC has committed to operating equipment leases until 2021. The minimum annual lease payments are as follows:

2019	\$ 29,185
2020	17,058
2021	6,875
	\$ 53,118

13. 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, on which there is equal representation between representatives of the Province and members of Doctors of BC, as governed by the Physician Master Agreement. Doctors of BC exercises significant influence over these programs by virtue of its equal representation on these committees. The purposes of the programs are to improve delivery of health services and patient health outcomes and/or provide services to doctors as described in the Physician Master Agreement. The financial information of these programs are not reflected in the financial statements of Doctors of BC.

Continued

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEAR ENDED DECEMBER 31, 2018

13. RELATED PARTY TRANSACTIONS (Continued)

During the year ended December 31, 2018, Doctors of BC charged \$10,032,640 (2017 - \$8,813,388) to these programs for payroll recovery of Doctors of BC employees working on these programs, and charged management fees of \$957,503 (2017 - \$902,000) 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, 2018, Doctors of BC provided a contribution of \$900,000 (2017 - \$850,000) to the Physician Health Program.

The balances due from these programs included in accounts receivable are as follows:

	2018	2017
GPSC Collaboratives Program	\$ 587,876	\$ 2,091,226
Specialist Services Programs	243,497	851,253
Shared Care Programs	171,433	574,191
Physician Health Program	19,927	246,107
	<u>\$ 1,022,733</u>	<u>\$ 3,762,777</u>

14. COMMITTEE COSTS:

For the year ended December 31, 2018, committee costs includes honoraria paid to directors of \$144,392 (2017 - \$233,688).

15. FINANCIAL RISKS:

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

Doctors of BC believes that it is not exposed to significant interest rate, market, credit, or 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.

16. COMPARATIVE FIGURES:

Certain comparative figures have been reclassified to conform to the current year's presentation.

4 ANNUAL REPORTS OF THE COUNCIL ON HEALTH PROMOTION

Dr Parhas Mehta, a GP and co-chair of the Fraser Northwest Division of Family Practice, participating in the Divisions Learning Session in March 2019.

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ANNUAL REPORTS OF THE COUNCIL ON HEALTH PROMOTION

COUNCIL ON HEALTH PROMOTION

Drs I. Gillespie, 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, M. Flanagan, C. Maheswaran, S. Sze. Staff: Ms M. Adair, Ms K. Bowers, Mr P. Higgins, Ms B. Hodgson, Ms K. Saunders, 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 in a manner that influences positive change in population health.

We received seven excellent project proposals last October and continued to refine methods to review and prioritize issues for our policy recommendations to the Board. This work included delegating tasks to subcommittees and making the process more transparent and accountable. Succession planning and good role modeling are part of our work, too. We are changing meeting conduct and encourage regular brief exercise breaks and standing during our meetings. Here is an update on COHP's 2018-19 key activities:

ACTIVITY 1: Policy paper on emergency preparedness. This activity was chaired by Dr Chris Rumball and, with excellent support from staff and a working group, culminated in the November publication of the policy paper *Improving Collaboration in Times of Crisis: Integrating Physicians in Disaster Preparedness and Health Emergency Management*. We were excited about the enthusiasm that various government representatives and other agencies expressed for this policy paper, and we hope that this now translates into meaningful collaboration and goal setting before the risk of another wildfire situation in the summer.

ACTIVITY 2: Resolutions for Board approval. The Board adopted a resolution from COHP that physical activity history be included in the vital sign section of EMR systems.

ACTIVITY 3: Oversight and facilitation of subcommittee health promotion initiatives. 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 4: Review of policy project submissions and recommendation to the Board. On 8 March 2019, the Board approved the policy project submission related to healthy aging and preventing frailty, which received the strongest endorsement by COHP members.

We thank several past members of COHP (Drs K. Cadenhead, R. Gallagher, H. Swinkels) for their commitment to health promotion and service to Doctors of BC. We welcome two new subcommittee chairs and one new COHP member-at-large to the Council. Thank you for supporting COHP's work. We appreciate members' increasing involvement in the annual Walk With Your Doc (May) and Be Active Every Day (October) community engagement initiatives managed by the Communications Department.

—Ian Gillespie, MD *Chair*

ATHLETICS AND RECREATION COMMITTEE

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

The mandate of the Athletics and Recreation Committee continues to focus on promoting active living by supporting initiatives to increase physical activity and prevent sport-related injury.

The committee supports the two main Doctors of BC programs that help to encourage physical activity: Be Active Every Day and Walk With Your Doc. These are opportunities for physicians across BC to engage with their respective communities.

In the fall, 40 doctors went to 25 schools across BC to speak with over 4000 schoolchildren about the importance of keeping active. The Be Active Every Day program targets children aged 5 to 11 years old with a challenge to get an hour of exercise every day for the month of October. The children were particularly enthusiastic about this year's "choose your own activity adventure" theme.

As well, all across the province in May, patients had an opportunity to get out in the fresh air to participate in Walk With Your Doc. The program took place May 4-12 and was another successful event partnering with the Physiotherapy Association of BC.

The committee also published topical articles in the *BC Medical Journal* about the importance of asking about physical activity in patient encounters (September 2018) and assessing and addressing frailty (March 2019).

The committee brought forward a resolution that was adopted by the Doctors of BC's Board of Directors to support the inclusion of physical activity history within the vital signs section of electronic medical record systems. Efforts continue to encourage these standards to be implemented by EMR vendors.

Several presentations were made to the committee about efforts in the community to promote physical activity. There was a clear message that local and grassroots efforts can be effective to get our patients motivated to move! In addition to helping our patients move, the committee is exploring strategies to minimize the inactivity that many physicians experience while attending meetings at Doctors of BC.

Concussions continue to be a topic of interest for this committee as policies, guidelines, and legislation evolve across Canada. We recognize the importance of educating providers and the public about concussions and appropriate management. Efforts have been made to disseminate information on the latest concussion guidelines and resources to physicians (CATT Online). Additionally, the committee continues to explore options to address challenges related to implementing national concussion care guidelines, including appropriate remuneration for the time it takes to properly manage concussions, and access to various aspects of concussion care.

—Tommy Gerschman, MD *Chair*

EMERGENCY AND PUBLIC SAFETY COMMITTEE

Drs C. Rumball, Chair; J. Brubacher, D. Chang, G. Dodd, J. Ghuman, D. McVea, R. Pursell, P. Yoon. Ms P. Boyle; Mr D. Campbell (RoadSafetyBC). Staff: Ms K. Bowers, Ms B. Hodgson, Ms H. Thi, Ms D. Viccars.

The Emergency and Public Safety Committee (EPSC), supported by the Doctors of BC's Policy Department, has been quite active in the past year formulating and producing the disaster preparedness policy paper that was released in November 2018. The paper, which is available through the Doctors of BC website, emphasizes the need for an expanded role for primary care physicians and clinics in planning and responding to disaster incidents in BC.

The committee has also assisted in attempting to raise physician awareness of various training opportunities in disaster preparedness including a new on-site disaster medicine course using the province's mobile medical unit. The committee will continue to encourage and work with government and health authorities to better integrate physicians in disaster preparedness and planning.

The EPSC continues to liaise with RoadSafetyBC and disseminate information to physicians about road safety policies and programs, including RoadSafetyBC's revised Enhanced Road Assessment program and future efforts to transition to an electronic format for physicians reporting medically unfit drivers.

The legalization of cannabis products and their potential effect on the incidence of impaired driving remains a major area of concern for committee members and is being followed closely. The committee supports compulsory roadside breath testing for alcohol and drugs, and making Canada's driving regulations in line with most major Western countries.

In an effort to increase the incidence of bystander CPR, improve out-of-hospital cardiac arrest survival, and provide important life skills, the committee developed a resolution to recommend that CPR and AED training be a part of the provincial secondary school core curriculum at the appropriate grade level.

EPSC committee members have published two articles in the *BCMJ* in the past year, one providing information on the new PulsePoint Respond app which enables bystanders to become lifesavers when cardiac arrest occurs in a public place (October 2018) and one related to past and present efforts, including mandatory alcohol screening, to reduce road accidents involving alcohol and other drugs (April 2019).

—Chris Rumball, MD *Chair*

ENVIRONMENTAL HEALTH COMMITTEE

Drs L. Oppel, Chair; R. Copes (Guest), A. Crabtree, J. Lu, C. Maheswaran, D. McVea, A. Pawluk, E. Wiley. Staff: Ms M. Adair, Ms K. Bowers, Ms B. Hodgson, Ms S. Shore, Ms H. Thi, Ms D. Viccars.

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

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

- The potential health impacts of ambient noise.
- The role of forestry regulations in preventing forest fires.
- Smoking in multi-dwelling units.
- Environmental contamination from active and inactive mines.

Additionally, in the past year the committee has produced two articles for the *BCMJ* on the following topics:

- The status of drinking water for First Nations communities.
- The relationship between climate change and the spread of infectious diseases, such as Lyme disease.

Finally, the upcoming work for the committee will include:

- Identifying and addressing the clinical effects of climate change, traffic-related air pollution, and other potential environmental health concerns.
- Establishing a stronger relationship with the BC Centre for Disease Control by partnering with the Environmental Health Services on issues of mutual interest.
- Developing a better understanding of the development and implementation of climate policy as it relates to human health by liaising with the provincial Climate Action Secretariat.

—Lloyd Oppel, MD *Chair*

GERIATRICS AND PALLIATIVE CARE COMMITTEE

Drs M. Chung, Chair; R. Gallagher, R. Jones, D. May, L. McCoy, H. Rubensohn, J. Slater; Ms J. Trimble (Patient Voices Network). Staff: Ms M. Adair, Ms K. Bowers, Ms B. Hodgson, Ms S. Shore, 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. Additionally, the committee develops

expertise within the medical profession on seniors care, end-of-life care, and palliative care.

In the last year, the committee has focused primarily on updating Doctors of BC policy on dementia. Doctors of BC first published a dementia policy in 2004. Since then, there has been substantial progress in some areas of dementia care, while significant challenges remain. Additionally, there are a number of new, emerging challenges that were not considered in 2004. Recognizing this changing landscape, the committee, under the guidance of COHP, developed and published a policy paper in March 2019, *Improving the Lived Experience of People with Dementia*.

This policy update reconfirms and expands on Doctors of BC calls to action and commitments from 2004 to support efforts to reduce stigma and improve the quality of life for all British Columbians living with dementia, regardless of age or stage of disease. Specifically, the policy update makes recommendations in the following areas:

- Prioritizing prevention.
- Education and training programs.
- Direct care hours in long-term care facilities.
- Promoting a palliative approach to care.

In addition to this work, the committee published two articles in the *BCMJ* in the last year. The first article, published in July/August 2018, looked at the results of a study on the impacts of opioid prescribing standards on the management of chronic pain in BC. The second article, published in January/February 2019, built on the dementia policy update to look at how the lived experience of people with dementia can and should be incorporated into academic research on the disease.

—Maria Chung, MD *Chair*

NUTRITION COMMITTEE

Drs M. Lyon, Chair; K. Cadenhead, I. Hale, M. Hinchliffe, R. McCallum, P. Manjoo; Ms C. Buckett (PHSA), Ms M. Day (Office of the Provincial Dietitian), Dr T. Mihalynuk (HealthLink BC). Staff: Ms M. Adair, Ms K. Bowers, Ms B. Hodgson, Ms S. Shore, Ms H. Thi, 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 projects and policies to help support physicians providing nutrition counseling to patients in collaboration with the Ministry of Health, the Provincial Health Services Authority, and HealthLink BC.

In the last year, the Nutrition Committee continued to work with key partners to disseminate information on nutrition-related programs, tools, and resources for physicians and other health care providers. These included the Pediatric Nutrition Guidelines, the handbook *Healthy Eating for Seniors*, the Family Healthy Living Program, and the updated Canada Food Guide. The committee also continued to build a strong relationship with registered dietitians, who are key partners in ensuring patients have access to evidence-based advice on nutrition.

The committee also published two articles in the *BC Medical Journal* on the relationship between mental health and nutrition. The first article, published in June, looked at the relationship between mental health outcomes and specific

components of an individual's diet. The second article, published in December, discussed the relationship between diet and the long-term management of obesity.

Finally, the Nutrition Committee developed one policy resolution that went on to be approved by the COHP and the Board or Directors. The resolution reads: *Doctors of BC supports the expansion of signing authority for registered dietitians on the following nutritional supplements programs: short-term nutritional supplements, monthly nutritional supplements, and existing diet supplement programs, including the high-protein diet supplement program.*

—Michael Lyon, MD *Chair*

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ANNUAL REPORT OF DOCTORS OF BC COMMITTEES AND COUNCILS

ALLOCATION COMMITTEE

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

This committee formed in late 2015 as part of the Physician Master Agreement (PMA), and 2017-18 was its third and final year. This committee replicated the work of the Alternate Payment Committee and was tasked with allocating new money for alternative payment (AP) physicians. These are primarily service and or salaried physicians mostly working in health authorities throughout the province and represent approximately 1840 FTEs (full-time equivalents).

The primary mandate of the committee was defined as: “To adjust the Salary Agreement Ranges and the Service Contract Ranges by allocating the funding identified in sections 1.3(b), 1.4(c) and 1.5(b) of Appendix F to the 2014 Physician Master Agreement respectively.”

To this end, the PMA mandated \$11 million of funds in the previous fiscal year to be awarded to the AP doctors and reviewed disparity in equity and issues of recruitment and retention.

The committee initially asked for submissions from all APP doctors concerning the mandate. Committee members then met with the internal Alternate Payment Physicians Issues Committee prior to meeting with government.

A final consensus opinion was agreed to and completed in February 2019 concerning the residual balance of the current fiscal year’s allocation. The committee has come to a final allocation agreement with the Ministry of Health and health authorities on 1 April 2018 allocation, and all residual money has been allocated to AP physicians. The committee has now completed its 3-year term and work.

The collaborative nature of our strategic direction as an organization can be noted in this committee. As an organization, we hope to engage with the Ministry of Health and with our physician colleagues to bring about better health outcomes for all residents of British Columbia. It has been a privilege to work with the members and staff of this committee on behalf of the members of Doctors of BC. On a personal note, I would like to acknowledge and thank Drs Schaeffer and Hill for their tireless work and time on the committee. Special thanks to Ms Deanna Mayhew.

—Sanjay Khandelwal, MD *Co-chair*

ALLOCATION SUPPORT COMMITTEE

Drs D. Brabyn, Chair; C. Bellamy, R. Jones, D. Plausinis, J. Trepess. Staff: Mr P. Melia.

The Allocation Support Committee (ASC) was established by the Doctors of BC Board in 2010 to provide ongoing support to the allocation process. The ASC’s terms of reference include a responsibility to determine an appropriate full-time equivalent (FTE) model required for Stage 1, as well as to provide data for Stage 2 of the allocation process to the Sectional Allocation Forum.

Dr John Trepess was appointed to the ASC as a replacement for Dr Yusuf Bawa whose term on the committee had expired. I appreciated the valuable input and contributions from Dr Bawa over his term on the committee.

The ASC met once this year, on 10 March, to review and approve the Stage 1 fee allocation as outlined in the Two-Stage Fee Allocation Process.

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

—David Brabyn, MB ChB *Chair*

ALTERNATE PAYMENT PHYSICIANS ISSUES COMMITTEE

Drs R. Tukker, Chair; V. Bergson, J. Card, S. Fedder, K. Lim, D. Petrik, L. Vogt, D. Wilton. Staff: Mr T. Macpherson, Ms D. Mayhew.

The Alternate Payment Physicians Issues Committee (APPIC) is a standing committee of the Doctors of BC Board that engages with alternative payment (AP) physicians and advises on issues affecting physicians who receive a portion of their remuneration through salaries, service contracts, and/or sessions.

The APPIC also provides input and recommendations on the mandate for negotiations and on the activities of joint Doctors of BC/government committees.

Given that there was no AP allocation process for 2018-19, there were only two in-person meetings of the APPIC over the past year.

The majority of the work for the committee this year was to provide input for the Physician Master Agreement (PMA) negotiations on behalf of AP physicians. The composition of the committee allowed us to have a diverse view of, and discussion about, important issues facing physicians from all AP modalities. The committee submitted a number of suggestions to the Statutory Negotiating Committee for consideration for the next PMA with the hope of addressing some critical issues facing AP physicians.

Some of the other issues discussed at our meetings over the past year included the provincial practice category dispute, reviewing the APPIC/ Allocation Committee process, AP template contracts, population-based funding contracts, and AP physician expansion funding.

Another part of each meeting has been a roundtable process where each of the committee members had the opportunity to share issues of significance to AP physicians who they have had contact with or represent. This process has been very effective at keeping all committee members informed on a broad range of issues facing AP physicians and stimulating group discussion, which has led to ideas on how to assist AP physicians deal with various issues.

There has been some turnover in the membership on the committee, with two members, Drs Jonathon Down and Peter Tonseth, having completed their terms. We would like to acknowledge their hard work and contributions. The APPIC was fortunate to welcome two new members this year, Drs Lori Vogt and Victor Bergman. We thank them for stepping forward to represent AP physicians, and we look forward to working with them.

Finally, APPIC would like to thank all of the Doctors of BC staff that support our committee, especially Mr Tod Macpherson and Ms Deanna Mayhew.

—Roderick Tukker, MD *Chair*

AUDIT AND FINANCE COMMITTEE

Drs M. Curry, Chair; C. Clelland, M. Corbett, T. Gerschman, E. Leduc, K. Ross; Mr M. Hartwick. Staff: Ms J. Turgeon, Mr A. Seckel, 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. Although Doctors of BC ended the 2018 year with a deficit, it is in line with projections and continues to maintain a strong and secure financial position with sizable reserves. The complete financial statements are included in the 2018-19 Report to Members.

The committee met three 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.
- Reviewing and recommending approval of a proposal to the Board of Directors to set up an endowment for a medical student bursary as well as a Presidential Premier Scholar Award through the UBC Blue & Gold campaign by utilizing the student bursary fund.
- 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 the 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 would like to extend my thanks and appreciation to the committee members for their energy, insight, and time, and to the staff of Doctors of BC for their excellent work and support.

—Michael Curry, MD *Chair*

AWARDS COMMITTEE

Dr K. Paton, Chair; Drs D. Etches, K. McKeen. Staff: Ms A. Gray.

The Doctors of BC Awards Committee has the gratifying task of identifying and selecting for public recognition those individuals who exemplify the best in the profession in a variety of arenas: local, provincial, and national; medical innovation and excellence; volunteerism, philanthropy, and leadership; early, mid, and late career. The awards showcase both the lifetime accomplishments of members for national recognition in the CMA Honorary Membership, and the early promise of young members of the profession in the Changemaker Awards. We are grateful to those who have founded and supported such awards. They are a rare opportunity to celebrate and promote the profession with the public, the media, the health authorities and the government. Most importantly, they give us all pause to recognize the amazing work of colleagues, to highlight often unseen and unsung tireless work, and to connect to the altruism that motivates such work. The named awards have the additional role of celebrating the work of our predecessors.

The awards adjudicated by the committee are 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, Changemaker Awards for Medical Residents and Students, and CMA Honorary Membership Award.

The committee is pleased to be in full alignment with the association's mandate to "provide best quality care, build a stronger health care system, and enable change to happen." It is wonderful to be able to reward individuals who do just that, and the reaction of the awardees is reward for the time and effort required to review submissions and deliberate merit.

This year the new electronic submission system available via the Doctors of BC website garnered more nominations, but some awards still required the devoted efforts of committee members to identify candidates. Reminder notices to members, the Board, and the Representative Assembly, as well as notes of thanks for the efforts of submitting a nomination, were aimed at increasing nominations: those who deserve recognition are best known by their peers.

In its deliberations the committee has traditionally balanced urban, suburban and rural, gender, field of practice, and effect of efforts. This year with the Doctors of BC emphasis on diversity we aim to garner more nominations reflecting the diversity of the membership and the community.

My thanks to my dedicated, diligent committee members, and most especially to staff member Ms Aria Gray for her organization and work behind the scenes.

—Katherine Paton, MD *Chair*

BC MEDICAL JOURNAL

Drs D. Richardson, Editor; J.K. Chahal, D.B. Chapman, B. Day, D.J. Esler (as of April 18), A.L. Ribeiro (as of January 2019), T.C. Rowe (to December 2018), Y. Sin, C. Verchere, W.R. Vroom (to March 2018). Staff: Ms M. Adair, Mr J. Draper, Ms J. Jablkowski, Ms K. Suraliwalla.

This past year was one of change for the *BCMJ* Editorial Board. Two members transitioned to quieter lives away from the limelight that comes with being a part of our esteemed journal. Thanks to Drs Robert Vroom and Timothy Rowe for their years of service and dedication. Dr Vroom knows something about everything and shares his wide knowledge base with grace and calmness. Dr Rowe applies his high intellect in the pursuit of correctness in all things (including grammar). They will be missed and we wish them the best in the next chapters of their lives.

The vacancies were filled by Drs David Esler and Amanda Ribeiro. Dr Esler is a Vancouver-based emergency physician who adds an authoritative voice to the Editorial Board with his interests in health law and bioethics. Dr Ribeiro is an OB/GYN resident who was previously co-editor of the *UBC Medical Journal* and adds another young voice to our journal.

Editorial Board members work diligently to make the *BCMJ* a quality publication. Each adds diversity to our Board through their varied backgrounds and medical practices. Our monthly meetings remain a highlight for me, and I thank each of my Board colleagues for making it so.

In 2018 we launched our new website. The site was updated to make it easier to navigate and more vibrant with the addition of more white space, more images, and access to all the content. The site is now also responsive, so it should be a more enjoyable read regardless of a visitor's device of choice.

I would be remiss in not pointing out the outstanding contributions of the *BCMJ* staff. Managing Editor Jay Draper keeps the figurehead editor in line. Associate Editor Joanne Jablkowski wrangles all the editorial content, in print and online, so that we're all more coherent, concise, and clear. Senior Editorial and Production Coordinator Kashmira Suraliwalla works behind the scenes as the glue that binds us all together.

The *BC Medical Journal* is written by the physicians of BC for the physicians of BC. I encourage you to send in your research articles, letters, and opinions. The Editorial Board and staff remain committed to being trusted caretakers of this journal and ensuring it remains a useful and widely read vehicle for continuing medical education and a forum for association news, BC medical news, and the ideas and opinions of BC doctors.

—David R. Richardson, MD *Editor*

CLINICAL FACULTY WORKING GROUP

Drs D. Wensley, Co-Chair, K. Blouw, S. Tulsiani. UBC: Ms S Jordan Gaetz, Dr G. Parhar, Ms Susan Paul (to December 2018). Staff: Ms D. Mayhew, Ms T. Obradovic.

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

In 2018, the CFWG met twice to discuss the implementation of the 2017 Joint Recommendations to the Dean of Medicine, which included supporting the Pilot Mentorship Program, improving recognition of clinical faculty, and exploring ways to protect clinical teaching time. The CFWG also discussed the compensation-related concerns of clinical faculty as identified in Doctors of BC's separate recommendation to the dean.

In November and December 2018, Doctors of BC conducted a survey to better understand matters of importance to clinical faculty members. The results will be used to guide and inform the CFWG discussions on the renewal of the clinical faculty compensation terms. In January 2019, the CFWG met to review and discuss the survey results. This spring the CFWG will develop recommendations to the Dean of Medicine to address the concerns of clinical faculty as identified in the survey.

—David Wensley, MD *Co-chair*

CONTINUING PROFESSIONAL DEVELOPMENT NUCLEUS COMMITTEE

Drs I. Schokking, Chair; B. Hobson, K. Houghton, N. Mallek (Procedural Specialist), K. McGarvey (Specialist), C. Newton. Ex Officio: Drs S. Johnston (RCCbc), B. Lynn (UBC CPD). Staff: Dr S.P. Bugis, Mr R. Hulyk, Ms G.A. Lynch-Staunton.

In the election of officers this year, Dr Kelvin Houghton replaced Dr Tracy Morton as a GP rep, and Dr Kathleen McGarvey was elected as the nonsurgical specialist rep.

The Continuing Professional Development Nucleus Committee (CPD) continues to play a unique role of advocating for and facilitating the coordination and networking of CME/CPD resources in BC. Our goal is to improve resources and activities that involve both GPs and specialists, and focus on the CanMEDS competencies other than medical expert.

The April 2018 CPD Leaders Conference included a strategic planning session and a survey followed in June. As a result, this year's conference will focus

on the Advocacy CanMEDS role and will showcase several Doctors of BC programs including presentations by Dr Sam Bugis, Ms Marisa Adair, Ms Holly Pastoral, and Ms Cindy Myles. You can link to the conference website at <https://www.eventbrite.ca/e/cpd-leaders-conference-qli-strategic-thinking-for-results-april-26-28-2019-tickets-55522565488>

We have invited a much broader group of physicians this year, including from Divisions of Family Practice, Facility Engagement Initiatives, and Regional Quality Improvement Initiatives. We have also expanded the annual conference invitation to one GP and one specialist from each community. By broadening the invitee list over the years, the number of specialists attending the Friday education sessions in the last 3 years has increased by 142%.

For the eighth year, we are hosting a Physician Leadership Institute course as part of the conference. The Strategic Thinking for Results PLI is sold out and wait-listed. We hope to create a resource where the content of our conference can be shared and where we can catalogue one CanMEDS resource per year.

There were nine motions from the 2018 AGM:

- Motion 1: To develop a strategy to better disseminate the CPD Committee's activities to all physicians in BC.
- Motion 2: That the CPD Committee represent and advocate for unique connection and collaboration of FPs and specialists for their CPD learning needs.
- Motion 3: That the CPD Committee create a 3-year strategic plan from the visioning exercise at the 2018 leadership meeting and report back at the 2019 AGM.
- Motion 4: That the CPD Committee collaborate with other provincial CPD organizations to develop a comprehensive picture of physician learning needs across the province (to inform negotiations and inform the work of the Collaborative Committee).
- Motion 5: That the CPD Committee identify unmet learning needs and bring FP and specialists together for CPD offerings that are focused on similar CanMEDS roles.
- Motion 6: That the CPD Committee collaborate with physician groups (e.g., divisions and MSAs) to create the capacity for physicians to develop their individual learning plans.
- Motion 7: That Doctors of BC fund representation to attend the CPD Committee AGM from the following groups: two specialist section leaders, one senior family medicine resident, one senior specialist resident, one Divisions of Family Practice rep, one MSA rep, one medical educator, one faculty development lead.
- Motion 8: That the JCC continue to explore the feasibility of the Doctors Technology Office and PSP to create an electronic repository

of CQI learning, CPD resources, and processes. This would facilitate communication between Divisions of Family Practice and MSAs, allowing for sharing of successes and failures.

- Motion 9: That the CPD Committee actively identify barriers to CPD from their diverse representation (e.g., provincial privileging process and limited OR time).

—Ian Schokking, MD *Chair*

COUNCIL ON HEALTH ECONOMICS AND POLICY

Drs D. Milliken, Chair; E. Chang, T. Gerschman, J. Ghuman, D. Horvat, G. Hutchinson, T. McLaughlin, T. Monk, L. Oppel, J. Otte, E. Weiss. Medical Undergraduate Society Guest: Ms P. Randhawa. Resident Doctors of BC Guest: Dr N. Monfries. Staff: Ms M. Adair, Ms K. Bowers, Ms K. Saunders, Ms S. Shore, Ms H. Thi, Ms D. Viccars, Ms T. Webb.

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

CHEP is currently developing a policy paper that addresses the systemic burdens on physicians that reduce their ability to complete clinical work. The impact of these burdens is feeling frustrated, overwhelmed, and, in some cases burnout. This paper will illustrate the burdens that are specific to the BC context, demonstrate their impact on physicians, and make a number of concrete, actionable recommendations.

To date, CHEP has:

- Conducted a literature review and environmental scan to identify systemic causes of physician burnout in the academic research.
- Performed a thematic analysis using both the academic literature and issues identified by the project working group to define 10 categories of burdens.
- Engaged the Representative Assembly to begin to validate these findings and gain further insight into the BC context.

CHEP has also prioritized development of a policy statement related to the return-to-work (RTW) process with WorkSafeBC. The statement aims to address ongoing concerns with the RTW process that have been raised by members and through the Doctors of BC–WorkSafeBC Projects and Innovation Committee. WorkSafeBC is undergoing a review to improve the RTW process

in BC, and this policy statement will allow Doctors of BC to present a strong and well-developed position to influence this process.

I would like to thank all CHEP members for their commitment and contributions over the past year, and staff colleagues for their prompt and professional advice and assistance that has made our tasks much lighter. It has been my pleasure to be the chair for the last 6 years.

—Donald Milliken, MB *Chair*

DOCTORS OF BC–WORKSAFEBC LIAISON COMMITTEE

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

In accordance with the Doctors of BC–WorkSafeBC agreement ratified in 2015, the Liaison Committee reviews issues and consults with individual physicians and appropriate Sections to address challenges on certain fees without the need to wait for the next round of negotiations. The committee also collaborates closely with the Doctors of BC–WorkSafeBC Projects and Innovation Committee on projects and issues of mutual concern.

One of the biggest accomplishments for the committee in 2018 was to streamline how physicians are assigned to a classification unit. Prior to 31 July 2018, physicians could be assigned one of three classification units, all with varying rates. It was found that physicians were not being classified consistently, and they were incurring significant costs as a result. To address this, the committee worked with WorkSafeBC to reduce the number of classification units from three to one. Now all relevant physicians have been assigned a single classification unit, which has simplified WorkSafeBC registration and reduced costs for physicians.

The committee has also focused on strategies to increase physician engagement and improve experiences in the care of injured workers. For instance, the committee has started to explore the applicability of the Centers for Occupational Health and Education (COHE) in BC. COHE is a program designed in Washington State to improve recovery for injured workers by enhancing occupational health education, developing best practices, and appropriately compensating physicians.

The committee has also contributed to a return-to-work (RTW) policy statement being developed by the Council on Health Economics and Policy. The policy statement addresses ongoing concerns with the RTW process that have been raised by Doctors of BC members and through both the Liaison and PIC Committees.

To assist physicians in billing WorkSafeBC, the committee has also started to work with WorkSafeBC to develop billing tips and education that address common questions and concerns. The committee is also continuing to work on improving WorkSafeBC forms by providing feedback on a project to redesign Forms 8 and 11.

Finally, while the committee has been successful in improving classification for physicians, there continues to be confusion and concern about WorkSafeBC registration. The committee will continue to address these concerns and find ways to improve registration for physicians in the coming year.

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.

—Colin Jackson, MD *Co-chair*

DOCTORS OF BC-WORKSAFEBC PROJECTS AND INNOVATION COMMITTEE

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

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

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

Some key projects from 2017 have seen progress in 2018. In particular, the restrictions and limitations project, aimed at improving the form used by case managers and medical advisors, has been developed and tested in select communities. Results from those tests were mixed, and it is unclear whether the form has been an improvement. Further pilot projects will be conducted in 2019 to clarify those results.

In 2018 PIC also contributed to the development of a return to work (RTW) policy statement being developed by the Council on Health Economics and Policy. The policy statement aims to address ongoing concerns with the

RTW process that have been raised by Doctors of BC members and both WorkSafeBC committees.

PIC has also started exploring a project to improve the expedited consult process. This process is intended to result in faster access to care from a specialist by providing specialists with an additional fee for seeing WorkSafeBC patients within an expedited time frame. At present there are challenges in the process that affect GPs, patients, specialists, and WorkSafeBC. PIC is hoping to leverage the resources and relationships of the Shared Care Committee to improve this process and WorkSafeBC referrals more generally.

Doctors of BC members on PIC also spent 2018 emphasizing the need for WorkSafeBC to use the committee to address issues that are a priority for them and physicians. Specifically, we advocated for additional staff support from WorkSafeBC to direct projects to the committee and ensure that existing projects progress consistently.

PIC continues to accept new project proposals on improving outcomes and efficiency of care for WorkSafeBC patients, and improving communications or lowering administrative barriers between doctors and WorkSafeBC. For more information, please contact Jorgen Harink: jharink@doctorsofbc.ca or 604-638-4865.

—Thomas Goetz, MD *Co-chair*

GENERAL PRACTICE SERVICES COMMITTEE

Dr S. Ross, Mr T. Patterson, Co-Chairs; Drs F. Duncan, M. Fagan, K. Hendry, L. MacKay, T. Monk, G. Watson, J. Young. Ministry of Health: Mr M. Armitage, Dr R. Crow, Dr J. Hamilton, Mr R. Jock, Ms S. Ooms. Health Authority Representatives: Mr J. Giesbrecht, Ms Y. Jetha, Mr P. Lawrence, Ms P. Mulroy, Dr S. McDonald, Mr D. Thompson. Doctors of BC Staff: Ms M. English, Dr R. Fernandez, Ms A. Godin, Ms C. Grafton, Dr B. Hefford, Ms P. Lolic, Ms M. Markovic, Ms A. Moradi, Ms C. Rimmer. Ministry of Health Staff: Ms A. Micco, Ms J. Richards.

The General Practice Services Committee (GPSC) has a mandate to work on matters affecting the provision of services by general practitioners in British Columbia. The committee supports integration and alignment of physician services with other health service delivery, and encourages appropriate collaborative practice with physicians and other health professionals. The GPSC has set out a clear vision of an integrated system of primary and community care that improves access to primary care services. At the heart of an integrated system is the patient medical home (PMH). Through extensive work by the GPSC, the model is well recognized in the province. With over 1500 family physicians completing the PMH assessment, movement toward the PMH model is being seen in a growing number of family practices. This uptake

has enabled communities to transition into the next stage of primary care and begin the development of primary care networks (PCNs).

A primary focus over the past year has been providing foundational in-practice offerings for GPs, such as panel management, quality improvement support to enable team-based care, and health technology supports in practice. The GPSC panel development incentive (valued at \$6000), accompanying workbook, and in-practice supports were made available to GPs to support them with panel management, a foundational component of PMH. Additionally, the GPSC is continuing to develop incentives to support ongoing panel maintenance and management of other PMH activities.

Information and technology play a significant role in physician practices in the transition to a more integrated system of care. Through the Doctors Technology Office (DTO), the GPSC supports physicians with health technology initiatives. In 2018, the DTO launched the Physician Office Security Program in support of the new physician office IT security guide. This work aims to enable team-based care through secure patient information sharing within the PMH and PCNs.

Over the past year, the GPSC's role in PCNs has become one of leadership in the broader primary care strategy, and of support for divisions and physicians to implement PCNs in their communities. To date, 25 PCNs have been initiated across 11 communities, and another 11 communities are in the process of developing PCN service plans. 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.

It has been a pleasure to co-chair the committee with Mr Ted Patterson over the past year. Additionally, I would like to thank Drs George Watson and Joanne Young for their years of service as GPSC members.

—Shelley Ross, MD *Co-chair*

GOVERNANCE COMMITTEE

Drs T. Larsen Soles, Chair; B. Blumenauer, E. Cadesky, J. Dresselhuys, L. Gaede, L. Oppel, Evert Tuyp. Staff: Ms C. Cordell, Ms C. Donnelly, Mr A. Seckel.

The Governance Committee is advisory to the Board of Directors and reviews issues related to the governance of our organization, including the Board of Directors, the Representative Assembly, and the Committees of the Doctors of BC.

Over the course of the 2018-19 year we have addressed the issue of potential conflicting fiduciary duties affecting the Board of Directors, resulting in a Board decision to limit directors from concurrently serving as directors of other related bodies, which might put them in such a conflict, effective

1 June 2019. The matter of determining the necessary time frame for voting on bylaw referendums and for elected positions was considered. As well a recommendation was made to the Board to shorten the voting window range as electronic voting is not subject to the time constraints imposed by using the postal service for election materials. Another recommendation was made to reduce the number of Board directors appointed to the Governance and Nominating Committees due to the smaller composition of the current Board. A change to the appointment process for the Council on Health Economics and Policy was recommended. Some of these recommendations required a bylaw amendment and were approved by the membership over the course of the year.

The Governance Committee has also been tasked with developing and conducting a review of all of the committees of the organization. This review will consider each committee's terms of reference, size, membership, specific work and possibly term limits. Such a process has been developed and approved in principle by the Board to move ahead over the next several years. It is anticipated that all structures of our organization will be reviewed on an ongoing basis to ensure efficient functioning of the Doctors of BC.

—Trina Larsen Soles, MD *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: Drs S. Lee, D. McTaggart, Mr W. Pang. Other: Ms C. Evanson, Dr A. Tejani. Doctors of BC Staff: Dr B. Hefford, Ms P. Lolic. Ministry of Health Staff: Ms S. Asuri, Ms S. Gibson, Ms S. Holms, Ms F. Munday, Ms J. Murray, 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 IN 2018-19

- Thyroid Function Testing in the Diagnosis and Monitoring of Thyroid Function Disorder
- Testosterone Testing Protocol
- C-Reactive Protein and Erythrocyte Sedimentation Rate Testing
- Iron Deficiency—Diagnosis and Management

GUIDELINES AND PROTOCOLS IN DEVELOPMENT IN 2018-19

Guidelines undergoing revision:

- Vitamin D Testing Protocol
- Viral Hepatitis Testing (in collaboration with the BC Centre for Disease Control)
- Hypertension—Diagnosis and Management
- Chronic Kidney Disease—Identification, Evaluation and Management of Adult Patients
- Macroscopic and Microscopic Urinalysis and the Investigation of Urinary Tract Infection
- Microscopic Hematuria (Persistent)
- Osteoporosis—Diagnosis, Treatment and Fracture Prevention
- Alcohol Use Disorder (formerly Problem Drinking)
- Cardiovascular Disease—Primary Prevention
- Cobalamin (Vitamin B12) Deficiency—Investigation and Management
- HFE-Associated Hereditary Hemochromatosis—Investigations and Management

New guidelines in development:

- Appropriate Imaging for Common Situations in Primary and Emergency Care
- Prostate Cancer (in collaboration with the Family Practice Oncology Network)
- Adverse Childhood Experiences and Trauma Informed Practice
- Fall Risk Assessment and Management (in collaboration with the BC Injury Prevention Committee)
- Managing Pain

There are a number of other guideline topics under consideration for the GPAC 2019–20 work plan, which are awaiting formal approval by the Medical Services Commission in May or June.

OTHER GPAC UPDATES

- GPAC is seen as a leader in guideline development in BC and continues to be approached by stakeholders seeking to collaborate. Collaborative relationships continued with the Medical Imaging Advisory Committee, the BC Centre on Substance Use, Trauma Services BC, and BC's Agency for Pathology and Laboratory Medicine. New collaborations are underway with the BC Injury Prevention Committee and the BC Centre for Disease Control.

- Celia Evanson, a family nurse practitioner, was invited to join the GPAC general committee. While nurse practitioners have been included in GPAC guideline working groups for many years, this is the first time a nurse practitioner has joined the general committee.
- GPAC representatives attended the BC College of Family Practice Fall Medicine Conference, the BC Nurse Practitioners Conference, St. Paul's CME Conference, the UBC Resident Scholarship Day, the UBC Annual Post-Graduate Review in Family Medicine, and the BC Quality Forum to reach out to the target audience of BC practitioners, promote guidelines, and increase brand awareness. The booths were very popular among conference attendees with guidelines receiving positive feedback.

—Jim Gray, MD *Chair*

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 Doctors of BC physician representative on this committee meets the Doctors of BC strategic objective to engage with its partners to achieve a high-quality health care system by engaging with government on the development and implementation of policies and programs that promote the best standard of health care, specifically health information privacy policy and governance that affects physicians and their patients. It should be noted that Doctors of BC staff also participate on this committee. For the past year, this committee has continued to address policy development of importance to physicians, specifically to:

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

There has been little progress on all these topics despite much dialogue. However new channels of communication have opened between Doctors of BC, GPSC, and the ministry on information sharing for primary care. In light of all this, the priority of a Doctors of BC physician representative on the IPSSC should be re-evaluated by the Board.

—Eugene Leduc, MD *Doctors of BC representative*

INSURANCE COMMITTEE

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

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

In 2018, 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 them for insurance assistance throughout the year. The committee assisted the HBTF trustees transition the health and dental plan to Great-West Life in order to provide coverage enhancements and lower premiums to members. The committee is concerned about the insurer's management of and the performance of the Physicians' Disability Insurance and Disability Income Insurance plans, which has, in part, prompted a due diligence tendering of these programs, along with several of the other insurance programs in 2019.

SUMMARY OF PLANS

- PDI (premiums sponsored by the Medical Services Commission).
- Disability income insurance (supplemental to the PDI plan).
- Life insurance (term life plan shared with the AMA and SMA).
- Professional expense Insurance.
- Critical Illness insurance.
- Accidental death and dismemberment insurance.
- HBTF (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 operating as Mardon Group Insurance).
- MEDOC travel insurance (brokered through Johnson Inc.).
- Specialty insurance (individual coverage sought by Doctors of BC insurance advisors to meet unique member needs).

In 2018, total premiums of \$56 million were generated, broken down as follows:

- PDI: 8350 enrollees, \$18 million premium.
- Disability income: 3781 enrollees, \$3.3 million premium.
- Life insurance: 5919 enrollees, \$4.4 million premium.
- Professional expense: 1102 enrollees, \$825 000 premium.
- AD&D: 1332 enrollees, \$275 000 premium.
- Health and dental: 3920 enrollees, \$12 million premium.
- Critical illness: 2114 enrollees, \$1.4 million premium.
- Office contents/homeowners: \$8.7 million premium.
- MEDOC travel plan: \$890 000 premium.
- Specialty individual coverage: \$6.4 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. Rabkin; Mr J. Cook. Ministry of Health: Mr R. Murray, Co-Chair; Ms E. Ackerman. Staff: Ms S. Luciuk, Ms J. Turgeon, Ms S. Vergis.

The Joint Benefits Committee is responsible for general oversight and administration of the benefit plans as outlined in the Benefits Administration Agreement. The primary function of the committee is to oversee and allocate funds between the negotiated benefit programs: the Physicians Disability Insurance (PDI), the Contributory Professional Retirement Savings Plan (CPRSP), the Continuing Medical Education Fund (CME), the Parental Leave Program (PLP), and the Canadian Medical Protective Association Dues (CMPA) Rebate Fund.

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

For 2018-19, the CPRSP increased its maximum basic benefit and length of service benefit to \$4100 and \$3480 respectively, with a minimum income threshold for the length of service benefit of \$60,000 gross.

The maximum CME benefit for 2018 was increased to \$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 2018 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 ages 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	2016-17	2017-18	2018-19	Comments
PLP	\$1000/wk	\$1000/wk	\$1000/wk	Benefit maximum
CME	\$1800	\$1800	\$1900	Benefit maximum
PDI	\$6100/mo	\$6100/mo	\$6100/mo	Benefit maximum
CPRSP	\$7450	\$7450	\$7580	Benefit maximum
CMPA	\$45.9M	\$51.1M	\$57.7M	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). Secretariat: Mr D. Baird (Ministry of Health). Members: Drs J. Card (Valemount), N. Humber (Lillooet), R. Routledge (Duncan), J. Soles (Clearwater). Alternates: Drs S. Gryzbowski (Salt Spring Island), E. Marquis (Prince George), J. Nichol (Cranbrook). Ministry of Health: Mr K. Brown, Dr S. MacDonald (IHA), Dr B. Temple (NHA), Ms C. Therriault-Finke, Ms S. Walker. Health Authority Representatives: Dr P. Armogam (VIHA), Dr D.R. Brown (VCHA), Dr S. McDonald (FNHA). Alternates: Dr J. Fourie (NHA). Guests: Dr R. Markham (Rural Coordination Centre of BC), Dr J. Pawlovich (Rural Education Action Plan). 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. It is responsible for the overall governance of the rural programs within the Rural Subsidiary Agreement (RSA). It is the trailblazer of the JCCs and has been active and effective since 2000. The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of BC by addressing some of the unique, demanding, and difficult circumstances physicians face in providing those services.

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), xʷməθkʷəy̓əm (Musqueam), and səlilwətaʔ (Tsleil-Waututh) Nations.

The JSC continues to identify strategies that align with the Ministry of Health areas of priority, while valuing and incorporating the Doctors of BC strategic goals. In the past year while anticipating a new, enhanced Physician Master Agreement, the JSC focused on its established areas of priority and also on rising and demonstrated need in these key domains: education and training; recruitment and retention; physicians and community engagement; access to care; the unique needs of First Nations and Aboriginal populations; rural health care quality improvement; and rurally relevant evaluation and research.

The JSC continues to effectively manage the broad portfolio of BC's longstanding rural programs to the benefit of BC's rural generalists and specialists. These include the Rural Retention Program (RRP), the rural locum programs, the Rural Incentive Fund (RIF), the Rural Continuing Medical Education (RCME), the Rural Contingency Fund (RCF), the Rural Emergency Enhancement Fund (REEF), and the Northern and Isolation Travel Assistance Outreach Program (NITAOP).

The Rural Coordination Centre of BC (RCCbc), through its extensive network of relationships, is the active operational arm of the JSC and remains the

integral driving force in support of the initiatives and projects being deployed and managed by the committee. A notable highlight this past year was the JSC engaging the RCCbc to conduct extensive evaluations of both the NITAOP and RRP programs. The first phase of the RRP evaluation is complete. As a result of these review processes, the JSC was able to implement an increase in the RRP flat fee amount of up to 15% across BC's RSA communities.

The RCCbc has remained pivotal in moving key initiatives forward, including the Nanaimo Regional Site supported Enhanced Emergency Program (NEEP), the Rural Surgical Obstetrics Network (RSON), and ongoing delivery of the Mainpro+ accredited Comprehensive Approach to Rural Emergencies (CARE) course. The RCCbc, as tasked by the JSC, has now successfully engaged over 30 visits to rural BC communities, and intends to visit all 200+ RSA points assessed communities including Indigenous and First Nations over the coming 3 years, sharing lessons learned information with health partners.

In 2018-19 the JSC made significant improvements to the RCME program. Earned RCME benefits/funds are now directly paid to rural physicians via their health authority, thus removing an application process to receive the earned RCME benefit. The JSC heard from rural physicians how important the reverted RCME community funds are, and to ensure continuity the JSC made the decision to provide new ongoing funding to establish an RCME Community Fund Program. This new program will be implemented in 2019-20.

The JSC heard concerns from rural physicians about the significant impact the increase in the net Canadian Medical Protective Association (CMPA) costs may have on rural physicians, specifically on specialists and GPs with enhanced skills and training (such as obstetric and anaesthesia). The JSC allocated funding toward physician out-of-pocket CMPA costs, and 2018 marked the first year in a 3-year process to reimburse 50% of these costs for rural physicians.

The JSC remains committed to strengthening the partnership between rural communities, the First Nations Health Authority (FNHA), and First Nations Health Council (FNHC). Demonstrated activity toward this commitment over the past year included approval of an initiative to support collaborative projects between the FNHA and regional health authorities, the addition of First Nations Communities to the list of recognized RSA communities, and, participating in the Indigenous Leadership and Mentorship Symposium in March 2019.

There continues to be a strong relationship between the JSC and Health Match BC (HMBC). HMBC's Locums for Rural BC program has experienced continued growth across all areas, and the JSC continues to work to refine and improve them. Over the past several years, the JSC has been the primary funder of the Practice Readiness Assessment program (PRA-BC), also administered through HMBC. The program intends to increase the supply of practice-ready family

physicians to BC by assessing internationally trained GP/FP physicians who are seeking BC licensure. To date, the 3-year return-of-service commitment required by this program has seen 112 physicians placed in 44 rural and remote communities across BC. With these gains the JSC has now decided to reduce its support and funding for the program from March 2019 in an effort to transition it toward becoming a broader provincial program.

The Rural Education Action Plan, a long-standing range of education and skills-based training programs funded by the JSC, is focused on supporting these key activities: focused skills and training needs of physicians in rural practice; opportunities for students and residents to gain rural practice experience; increasing rural physician participation in the medical school selection process; and providing funding to medical students and residents who participate in rural rotations in RSA communities. During 2018-19, REAP provided 28 Rural Interest Awards of \$5000 each to medical students who demonstrated an interest in rural medicine. The new Rural Resident CME program launched this year and has provided funding for rurally focused family medicine residents. Uptake in skills enhancement training programs continues to increase, providing training to nearly 100 rural physicians and locums this past year. Additional focus and support on rural education is the New to Practice Mentorship program that has now matched 105 new-to-rural-practice physicians with experienced physician mentors.

As the primary funder of the Rural Doctors' UBC Chair in Rural Health, the JSC has worked closely with UBC faculty and the founding chair to fund, establish, and develop a distributed provincial network of rural health researchers, and a Dean's Advisory Committee on Rural and Remote Health. With continued JSC primary funding toward investing in the Selkirk Rural Pre-Medicine program, the JSC and Selkirk have recently celebrated two student acceptances into medical school this year.

The JSC continues to work with the RCCbc, REAP, and the Rural and Remote Division of Family Practice to support its annual events, including the Rural Locum Forum and the BC Rural Health Conference, and committing funding of a \$1000 stipend to any rural physician who attends the national annual Society of Rural Physicians of Canada (SRPC) Rural and Remote Medicine course. The BC Rural Health Conference, held in May every year, had its highest attendance to date in 2018, as well as the most positive evaluations of any of our conferences to date.

In late January 2019 with full JSC support, the RCCbc hosted the JCC BC Provincial Partners' Retreat. This event required the health care partners to collaborate on BC health care transformation with shared perspectives and insights from policy makers, managers, the health professions, academia, peoples, communities, and linked sectors using the Health Partnership

Pentagram (WHO, 2000) proposal. The goal is to build and strengthen relationships; co-develop shared priorities for the future of health care redesign and transformation in British Columbia; and generate new ideas and commitments to support and improve integrated primary and community care within our province. Overwhelming positive feedback was received across all partner and peer groups.

At its January 2019 meeting, in alignment with its 2018–19 work plan, the JSC focused on key priority areas including identifying solutions to significant challenges experienced with patient transfers in rural and remote areas, how to support maternity care, and providing funding to support Critical Outreach and Diagnostic Intervention (CODI). The JSC continues to prioritize providing rural supports for primary and community care networks, and supporting the development and creation of rural primary care networks at the provincial, regional, and community level. These supports are targeted to ensure rural equity in this GPSC and Ministry of Health–led initiative.

Over the past decade the JSC has intentionally conducted and hosted one of its yearly meetings at an offsite venue in a rural BC RSA community. The September JSC meeting was held in Pemberton. The upcoming 2019 rural meeting is scheduled to be hosted in Valemount.

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 incredible leadership, time, and commitment to ensure that the JSC’s rural programs are managed and supported at their highest possible level. The advocacy and expertise offered by our rural physician members supports the JSC to enhance the availability and stability of physician services in rural and remote areas of BC, and is invaluable to our 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*

LAB REFORM COMMITTEE

Drs C. Bellamy, Chair; K. Berean, J. O’Connell, C. Sherlock. Staff: C. Cordell.

The committee and the BC Association of Lab Physicians (BCALP) have been active over the past year engaging with the Ministry of Health on the importance of the current workload models, emphasizing that they represent over a decade of collaborative work between the ministry and Doctors of BC, and the value of continuing with them as a basis for aligning workload with human resources and the importance of embedding them in future contracts. As a result of these talks, Doctors of BC has been successful in reaching an agreement with the ministry on a collaborative framework to review the anatomic pathology workload model, further develop and validate clinical pathology workload models, and determine how both models will be used in local laboratory physician compensation contracts. We look forward to working with the ministry on this important initiative.

On 29 June 2018, BC Clinical and Support Services were formally amalgamated with the Provincial Health Services Authority (PHSA) under the governance of the PHSA Board and PHSA CEO Mr Carl Roy. The minister instructed PHSA to finalize the provincial strategic service delivery plan based on government-approved direction and to lead pathology and laboratory medicine workload model initiatives.

The upcoming year will be busy with both the laboratory workload model initiative and assessment/review of the service delivery plan.

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

—Chris Bellamy, MD *Chair*

MEDICAL-LEGAL DISPUTE RESOLUTION PROGRAM

Ms D. Griffin, Chair; Dr H. Oetter, College of Physicians and Surgeons of BC. Law Society of BC: Mr D. Avison, Ms B. Buchanan.

The Medical-Legal Dispute Resolution Program is a joint initiative of the Doctors of BC, the Law Society of British Columbia, and the College of Physicians and Surgeons of British Columbia. The program’s mandate is to resolve disputes regarding medical-legal matters between the legal and medical professions.

There were six complaints referred to the chair this year, summarized as follows:

- Two separate disputes regarding the payment of an account and the amount of the account, both resolved by settlement.
- A dispute regarding payment of an account and refusal to pay an account—resolved by settlement.
- A complaint concerning multiple requests for a medical report not received. A letter was sent with confirmation that the report would be sent shortly.
- A complaint that multiple requests were sent for a medical report with no response. Following telephone conversations, it was confirmed that the report would be provided by a new doctor and counsel was satisfied with this.
- A complaint with multiple requests for a medical report with no response. A letter was written to the doctor and the matter is ongoing.

—Danine Griffin *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: Ms J. Code, Ms E. Godfrey, Mr K. Werker.

MANDATE

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.

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 Medical Services Plan 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.

RESPONSIBILITIES

The responsibilities of the MSC are to ensure that all BC residents have reasonable access to medical care, and to oversee the provision, verification, and payment of medical services in an effective and cost-efficient manner.

The MSC directly oversees the physicians' fee-for-service budget of approximately \$2.6 billion. The MSC also signs off on over \$1 billion of services that are not within the fee-for-service budget, and over which

the MSC has less direct responsibility and oversight. The commission is a cosignatory to the Physician Master Agreement together with the provincial government and Doctors of BC.

ACTIVITIES

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

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

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

—Matthew Chow, MD *Doctors of BC*

NEGOTIATIONS COORDINATING GROUP

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

The Negotiations Coordinating Group (NCG) consists of the members of the Statutory Negotiating Committee as well as representatives from the Society of General Practice, the Society of Specialists, the Alternate Payments Committee, and the Rural Issues Committee. The NCG is responsible for making recommendations to the Negotiations Forum on the mandate, including the strategic plan, core objectives, proposals, and the Best Alternative to a Negotiated Agreement (BATNA) for all provincial negotiations.

The substantive work of this committee was done in spring 2018, with input into the core objectives that were approved by the Board and used for the 2018-19 negotiations. The committee met again in January 2019 to review specific content of the Doctors of BC proposals and further inform the Negotiating Committee during the ongoing Physician Master Agreement negotiations. The input of this committee is essential to ensure that any Master Agreement is as balanced as possible to address the interests of all members of the association.

—Trina Larsen Soles, MD *Chair*

NOMINATING COMMITTEE

Drs C. Hume, Chair; B. Blumenauer, T. Larsen Soles, K. Ross, T. Sorokan, S. Sze, A. Yu. Staff: Ms C. Donnelly.

The Nominating Committee is a statutory committee whose mandate is to solicit and review applications for committee appointments for recommendation to the Board. Committee members are involved in a time-consuming and detailed process of respectfully considering each application. The Nominating Committee recognizes its obligation to ensure a balanced, fair, and objective assessment of all applicants and the need to safeguard a balance on committees between experience and skill, and the need to encourage the participation of new members or sectors not represented. The Nominating Committee is diligent with the process endured when considering all applications for committees. They review committee mandates, core functions, and demographic configurations with respect to type of practice, geographic location, stage of practice, gender balance, and culturally appropriate representation. They also assess the qualities, skill sets, and type of experience required for a committee, as well as receiving and considering input from the committee chairs and Doctors of BC staff.

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

- The Statutory Negotiating Committee
- 12 standing committees
- 4 negotiating committees
- 5 subcommittees
- 5 ad hoc committees
- 13 joint committees
- 6 MSC advisory committees, including the Medical Services Commission itself
- 10 external committees
- 2 CMA committees

From June 2018 to June 2019, the Nominating Committee will have met nine times and considered the applications for approximately 100 positions on various committees. This equates to approximately 250 individual applications.

The list of committees considered is extensive and the combined mandate of all committees addresses issues that directly or indirectly affect all members: for example, PMA negotiations; payment modalities; finance and audits; physician health; WorkSafeBC; environmental/nutritional and health promotion policy; geriatric and palliative care; emergency and public safety; and insurance benefits.

This past year also saw the Nominating Committee consider membership appointments to the Joint Collaborative Committees. As well, in response to an initiative from the Representative Assembly, the committee was able to recommend eight members from the 34 applicants who were interested in the new Diversity and Inclusion Working Group.

—Cheryle Hume, MD *Chair*

OVERHEAD COMMITTEE

Drs B. Fritz, Chair; M. Baker, E. Chang, C. Jackson, K. Wong. Staff: Mr P. Melia.

The Overhead Committee was established in 2015 at the direction of the Doctors of BC Board to undertake a new physician overhead cost study. MNP was selected as the consultant to undertake both a traditional overhead study and a new model office approach. The dual approach will provide the opportunity to compare the results and to determine if one approach is preferred over another.

A random sample of physicians was selected to participate in the overhead survey, which closed at the end of 2017. There was considerable activity by MNP and the Overhead Committee during 2018 to review the data from the sample of physicians who participated in the traditional overhead survey. Two overhead ratios were developed based on the input from sections: a gross overhead ratio and an MSP daytime overhead ratio. The committee presented a report on the overhead survey with the two ratios at the 8 March 2019 Board meeting. At that meeting, the Board passed a motion to use the new gross overhead ratio in the Stage 1 allocation process.

Also during 2018, MNP developed the model office characteristics of a modern and reasonably efficient medical office for each section with input from the respective section heads and representatives. In October 2018, the model office survey was opened for 1 month to active physicians for them to provide input and comments on the characteristics. MNP is currently working on the final results of the model office for presentation to the Overhead Committee. A date for this meeting is not available at the time of writing.

Once the model office is finalized, the committee will present to the Board a final report with the results from both the traditional overhead study and the model office approach.

—Bradley Fritz, MD *Chair*

PATTERNS OF PRACTICE COMMITTEE

Drs L. Verhulst, Chair; M. Szpakowicz, Vice Chair; J. Evans; G. McInnes. College: Dr A. Sear. MSC: Dr S. Dadachanji. MSB: Dr M.C. Fabian. Staff: Dr S. Bugis, Ms J. Grant, Ms T. Hamilton, Ms S. Fox.

The Patterns of Practice Committee (POPC) acts in an advisory capacity to the Medical Services Commission (MSC). The committee informs and educates physicians on their practice and billing.

Since 2017, the POPC has been offering three CME-accredited courses to various physicians groups relating to audit and billing. The content was developed based on common themes revealed in audits. These sessions enhance physician awareness and knowledge of the audit process, highlight common audit pitfalls, and provide a better understanding of their mini-profile.

Between March 2017 and October 2018, 31 physician groups comprising approximately 696 physicians have received these presentations:

- Divisions of Family Practice: 13
- Sections: 7
- Hospital groups: 4
- Other (UBC, PRA-BC): 7

The main source of advertising for these events was email distribution to the Divisions of Family Practice, Sections, and hospital sites through the Facility Engagement Initiative. As such, many of these groups invited Doctors of BC staff and committee consultants to participate in their meetings and events as expert speakers of their subject matter.

The committee worked with the Lab Agency and sent out targeted letters to physicians that were statistically outside the norm for their ordering of total testosterone tests. These special projects are educational and serve to encourage appropriate patterns of practice and increase adherence to the guidelines and protocols.

—Lorne Verhulst, MD *Chair*

PHYSICIAN HEALTH PROGRAM STEERING COMMITTEE

Dr C. Maheswaran, Co-Chair (Doctors of BC), Mr R. Murray, Co-Chair (Ministry of Health), Drs M. Altas, A. Krishnamoorthy (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 multiyear 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, and a report of the previous year's activities, along with policies that serve as decision-making guides for staff in the day-to-day operation of the program.

The committee scheduled three meetings in 2018: in April, August, and November. The August meeting had to be canceled due to a lack of quorum. The committee approved several operating policies at its April meeting on the topics of approaching colleagues, counseling services, and intake services.

In September, Dr Yusuf Bawa reached the end of his 6-year term. The committee thanks him for his many contributions. At the November meeting, the committee welcomed Dr Melanie Altas as the new Doctors of BC representative, replacing Dr Bawa. In addition, with Mr Doug Blackie's retirement from the Ministry of Health, the committee welcomed Mr Ryan Murray as the ministry co-chair.

At its November meeting, the committee approved the negotiation of an agreement with the BC Dental Association to provide services to their members, starting in June 2019. This expansion of groups served builds on the previous success with the Medical Society of Prince Edward Island.

—C. Maheswaran, MD *Co-chair*

REFERENCE COMMITTEE

Membership: Confidential

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

The Reference Committee welcomed two new members in 2018, one GP and one specialist representative.

Over the past year, the committee has held two meetings and dealt with 25 cases referred to the committee. Of these cases, 11 were resolved prior to review. In seven of the other cases, the committee agreed with the physician, and in five they agreed with MSP. Two cases are currently on hold. The cases going to the Reference Committee continue to be surgical in nature.

There was a noticeable billing trend with 12 of the 25 cases being vascular, where similar fees were in dispute. The Reference Committee wrote to the appropriate Sections (Vascular and Cardiac Surgery) to bring this trend to their attention. The committee recommended that in order to avoid any ambiguity in future, the Sections of Vascular Surgery and Cardiac Surgery

should submit new fee items to the Tariff Committee for endovascular repair of 1) thoracic, 2) ruptured thoracic, and 3) ruptured abdominal aneurysms.

Both the Reference Committee and MSP worked closely with the Sections and the Tariff Committee to resolve these billing issues. In the end, the Section of Vascular and the Tariff Committee agreed to establish new fees, amend existing fees, and create a Section Preamble. There should now be fewer vascular cases in dispute for both the MSP and the Reference Committee.

The committee has also seen some emerging issues with the Sections of Plastic and Orthopedic Surgery and is watching these closely. The next committee meeting is scheduled for June 2019.

—Chair

REVIEW COMMITTEE

Ms J. Korbin, Chair. SGP Board Appointee: Dr M. Fagan. SBC Board Appointee: Dr D. Stark. Doctors of BC Board Appointees: Drs J. Clarke (SGP), G. McInnes (SBC).

The Review Committee is established under the Doctors of BC Constitution and Bylaws. The Review Committee's mandate states that "Any decision of the Doctors of BC Board of Directors in respect of a recommendation of the Tariff Committee, arising from its mandate, may be referred to the Review Committee by the relevant Section." The terms of reference require that "The Review Committee shall only consider matters where a manifest or over-riding error can be shown in the decision referred to it or in the process or procedure by which the decision referred to it was made."

On 27 September 2018, Ms Judi Korbin was appointed as chair of the Review Committee with regard to the Application for Appeal of the Section of Ophthalmology to the Board Motion Resolution B18/07/25-01, 25 July 2018 that states "That the Board agrees to accept the Tariff Committee's recommendation to reduce cataract fee items 02188 and 02190 from a total of \$425.06 to \$350.00 (\$277.08 for 02188 and \$72.92 for 02190) effective October 1, 2018."

The Review Committee accepted an oral hearing request by the Appellant Section. The hearing was held on 13 February 2019 at the offices of the Doctors of BC. The members of the Review Committee carefully considered all the concerns raised in the Ophthalmology Section's appeal and the responses of the Tariff Committee to these concerns. In summary, the Review Committee is unanimous in concluding that no manifest or overriding error occurred in the process or procedure by which either the Tariff Committee's recommendation to the Board, or the Doctors of BC Board's decision to approve the resolution, was made.

Every decision of the Review Committee is final and binding on every member, the Specialists of BC, the Society of General Practitioners, every Section, and the Board.

—Judi Korbin *Chair*

RURAL ISSUES COMMITTEE

Drs E. Marquis, Chair (Prince George), J. Card (Valemount), N. Humber (Lillooet), C. Hume (Trail), T. Larsen Soles (Golden), C. Little (Penticton), S. Sohmer (Campbell River). Guests: Drs A. Brezar (Resident Doctors of BC Representative), C.S. Johnston (Rural Coordination Centre of BC Representative, Oliver), Brenda Huff (Rural Representative [RA] Member, Courtenay), R. Markham (Valemount), M. Robinson (Rural RA Member, Rossland), A. Ruddiman (Oliver), R. Velazquez (Rural RA Member, Duncan). Staff: Mr J. Aikman, Ms M. Cormier, Ms T. Webb.

The Rural Issues Committee (RIC) is a standing committee of the Doctors of BC Board that advises on issues affecting rural medicine and the working conditions of physicians practising in rural areas of BC. Through the Doctors of BC Board, the committee is also responsible for providing direction for rural negotiations with government, and provided input to the current 2019 Physician Master Agreement (PMA) negotiation completed in the latter part of 2017. Rural BC health care priorities were aimed at addressing the unique challenges and opportunities faced by our rural colleagues, patients, and communities in order to advocate for improving health care delivery and access to services within this province. The RIC has provided continual support to the Joint Standing Committee on Rural Issues (JSC) with drive to improve the quality of rural health care throughout the province, and will continue to do so. In particular, this past year the RIC has supported the JSC via engaged experiential advice for the patient care network work. Physician wellness and transport are current priorities for the RIC as are GP and specialist relationships. We endorse the RCCbc initiatives to increase its rural specialist footprint, in addition to providing comprehensive guidance to improve the RCME program, develop rural surgical obstetrical networks, and provide continued guidance for rural education and feedback for the evaluations of the BC Rural Physician Programs: Rural Continuing Medical Education (RCME), Northern Isolation Travel Assistance Outreach Program (NITAOP), and the Rural Retention Program (RRP).

This past year the RIC has proudly welcomed the Doctors of BC rural Representative Assembly (RA) members to the committee table in order to enrich discussion, build relationships, and strengthen the communication channels for BC's rural doctors. Further, the RIC hosted a networking event for all rural RA members, centring discussions on connecting rural physicians to the resources available to them through the RIC, the JSC, and the RCCbc as an extension of the JSC. A close relationship with the RCCbc remains paramount

for coordinating and disseminating our efforts. We are working to develop an in-house communications strategy to leverage the rich diversity that this new RA governance structure potentially lends to the rural voice (there are 24 physicians on the RA that reside in RSA communities with equal GP/specialist representation). Sincere thanks go to the members and guests of the RIC for working diligently to provide innovative provincial solutions to address key challenges and emerging issues to rural practice. 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, Co-Chairs; Mr B. Abbott, Dr E. Baerg-Hall, Dr K. Lee, Dr J. Li, Mr R. Murray, Dr S. Ross, Dr I. Schokking, Dr C. Stanley.

The Shared Care Committee (SCC) has a unique mandate of enabling GPs, specialists, and GPs with focused practice to collaborate on initiatives aimed at improving the experience and integration of care for patients and providers. With an initial focus on collaborative change and innovation, the committee has taken steps to strengthen its effectiveness by fostering spread and sustainability of successful work, and to add support to the vision of a coordinated, understandable system of care in each community.

COLLABORATIVE CHANGE AND INNOVATION

- **Partners in Care/Transitions in Care (PiC/TiC):** Support continues for local improvement collaborations through PiC/TiC activities, improving care as patients move between providers and settings. Currently there are 166 projects supporting the needs of priority populations across BC.
- **Coordinating Complex Care Initiative for Older Adults:** Through this initiative, specialist physicians are engaged in primary care transformation to develop new collaborative ways of coordinating care for older adults who are seen by multiple physicians, including improved communication and medication management.

SPREAD OF SUCCESSFUL SCC WORK

- **Learning Centre:** A new web-based learning centre was launched to share resources and approaches from successful Shared Care projects with other communities.
- **Spread Networks:** These networks have been developed to support communities to work and learn together in developing new collaborative approaches to improve patient care. To date, 22 communities have joined

the Maternity Network, 10 communities the Chronic Pain Network, and an Adult Mental Health and Substance Use Network was launched early 2019.

SUSTAINING COLLABORATION AND BUILDING PHYSICIAN LEADERSHIP

- **Child and Youth Mental Health & Substance Use (CYMHSU) Community of Practice:** The successful provincial CYMHSU Collaborative transitioned to a physicians CYMHSU Community of Practice with activities including providing guidance to the health system, advancing a new standard of trauma-informed care, and strengthening provider relations.
- **Polypharmacy Risk Reduction (PPhRR):** This initiative continues to provide physicians with tools to reduce medications for improved safety and quality of life for seniors. A PPhRR evaluation, including feedback from providers and data from the Ministry of Health, has just been completed. The initiative also partnered with the First Nations Health Authority on an Indigenous storytelling project aiming to address multiple medication use in First Nations communities.

JOINT COLLABORATIVE COMMITTEE ACTIVITIES

The SCC provides coordinating support to shared activities for the Joint Collaborative Committees (JCCs).

- **JCC Power of Togetherness:** This was the fourth year the JCCs partnered with the BC Patient Safety Quality Council for their Quality Forum in February. Over 375 participants, 47% of whom were physicians, attended a pre-forum day to share and learn about the wide range of diverse JCC initiatives taking place across the province.

—Ken Hughes, MD *Chair*

SPECIALIST SERVICES COMMITTEE

Mr B. Abbott, Co-Chair, Ministry of Health; Dr M. Chow, Co-Chair, Doctors of BC. Doctors of BC: Drs F. Ervin, P. Gajecki (alternate), F. Khosa (alternate), K. Lee, P. Lott (alternate), C. Smecher. Ministry of Health: Ms M. Copes, Mr R. Murray. Health Authority: Drs D. Furstenburg (alternate), C. Hall (alternate), D. Harris (alternate), Ms G. Miller (alternate), Drs D. Muthayan (alternate), B. Wagner (alternate), N. Wieman (alternate). Patient Representatives: Ms A. Pinkerton, Ms T. Whitehouse. Guests: Ms M. English, Drs T. Gerschman (SBC), K. Hughes (Shared Care), Ms S. Taylor (HEABC). Staff: Ms M. Adair, Ms A. Ahmadi, Mr J. Aikman, Ms L. Anderson, Ms E. Babcock, Dr S. Bugis, Ms A. Einarson, Ms J. Hehir, Mr A. Hundal, Mr A. Leung, Ms C. Myles, Ms C. Tam, Mr G. Schierbeck, Ms R. Steele, Ms K. Stein, Mr J. Yu.

In 2018-19 the Specialist Services Committee (SSC) continued to support specialists, focusing on three priority areas: engaging physicians, enabling health system improvement, and supporting specialists to deliver quality care.

KEY ACTIVITY 1: Engaging Physicians

Facility Engagement (FE): FE continued to grow in 2018–19. Participation grew to 72 medical staff associations (MSAs) across BC, with 3220 physicians participating in 632 collaborative activities with health authorities. Increasingly, physicians focused on strengthening relationships with each other, and with local hospital administrators and regional health authorities. Structures were established for greater collaboration and joint decision making, and the influence of physician leaders representing the voice of medical staff gained prominence at many sites.

Physician Quality Improvement (PQI): SSC works in collaboration with health authorities to enhance capability and create a culture of quality improvement within the physician community by providing training and opportunities to lead quality improvement initiatives. Hundreds of physicians have participated in QI training delivered by PQI teams in each health authority. In fall 2018, a PQI Summit was held, where over 400 attendees shared their work and heard directly from keynote speaker Dr Don Berwick, IHI president emeritus.

KEY ACTIVITY 2: Enabling Health System Improvement

Quality and Innovation Projects: SSC supported the completion of 13 projects in 2018–19, the majority of which are being sustained within the health care system. Of particular note is the completion and sustainment of the Prostate Cancer Supportive Care project, a program implemented at all BC Cancer centres.

Provincial Projects and Priorities: Spreading successful approaches across BC, SSC launched the Enhancing Access initiative, which currently supports 10 specialist groups to adopt pooled/centralized referral processes to improve access and track wait times. The Surgical Optimization initiative launched to support sites to create a multi-disciplinary pre-habilitation program so that patients prepare for, recover faster, and have better outcomes after major surgery. Both initiatives will continue in 2019–20.

KEY ACTIVITY 3: Supporting Specialists to Deliver Quality Care

Over 3500 specialists have used the SSC fees in 2018–19 that support communication between physicians and care coordination for patients, and over 290 specialists were provided with funding to participate in leadership or quality improvement courses or conferences through the Physician Leadership Scholarship.

Setting the Course for the Future

To inform the refresh of SSC's strategic plan, the SSC sought input from specialists, Section representatives, medical staff associations, and health authority leaders. In January 2019 the SSC and Specialists of BC also co-hosted a Specialist Symposium to seek input about the future of specialty care

in BC. Over 200 participants attended, including community and facility-based specialists, GPs, government, health authority representatives, and patients.

—Matthew Chow, MD *Co-chair*

STATUTORY NEGOTIATING COMMITTEE

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

The Statutory Negotiating Committee began negotiations for a new Master Agreement in June 2018, with substantive meetings occurring from September 2018 through February 2019. Meetings included direct negotiating meetings with government and informational/communications meetings with the Negotiations Coordinating Group, the Negotiations Forum, and the Board of Directors. A tentative deal with government was reached and approved by the Board of Directors in March 2018 to be sent to the membership for ratification. A number of communications events detailing the content of the proposed deal were scheduled from mid-March through early April. The voting window is from 22 March to 12 April 2019. If approved, the Master Agreement will be in effect for a 3-year term beginning 1 April 2019. I am constrained from including the content of the deal as it has not yet been ratified at the time of writing this report.

—Trina Larsen Soles, MD *Chair*

TARIFF COMMITTEE

Drs B. Winsby, Chair; B. Gregory, Vice Chair; W. Amirault, E. Aymong, E. Cadesky, A. Karimuddin, R. Moore, E. Shukin, M. Spzakowicz. MSP: Dr M.C. Fabian, Ms B. Louie, Ms L. Shen, Ms M. Ty. Staff: Mr J. Aikman, Ms L. Harth, Ms C. Innes, Mr R. Tiagi, Ms V. Watson.

The Tariff Committee is a statutory committee with a mandate to review and recommend approval of Fee Guide/Payment Schedule changes submitted by the Sections, to provide information, clarification, and direction to Sections and members on MSP billing matters and policy, and to maintain and update protocols and policies related to the process for modifying the Fee Guide/Payment Schedule.

We typically meet 10 to 12 days annually to fully discuss the commercial interface between the Ministry of Health and Doctors of BC. This last year, several Tariff Committee working groups were created to consider various fee issues (e.g., complex fee applications, updating and modernizing sections of the Fee Guide, and assisting new Sections to implement a Fee Guide). Representation on these working groups included members from the Tariff Committee, Medical Services Plan (MSP), and relevant Sections.

The Tariff Committee reconfirms the gratitude and thanks for the well-researched background and guidance from our staff support listed above, both MSP and Doctors of BC. The committee once again proceeded through a full and productive year.

—Brian Winsby, MD *Chair*

WORKSAFEBC NEGOTIATING COMMITTEE

Drs E. Weiss, Chair; C. Jackson, G. Galanopoulos, J. MacDonald, L. Welsh.
Staff: Ms D. Mayhew, Ms T. Obradovic.

The WorkSafeBC Negotiating Committee is responsible for carrying out the negotiating directives of the Doctors of BC Board. Since negotiations with WorkSafeBC have not yet commenced, the committee has not met. However, the members of the WorkSafeBC Negotiating Committee have participated in the WorkSafeBC Negotiations Coordinating Group as they are members of this committee.

—Elliott Weiss, MD *Chair*

WORKSAFEBC NEGOTIATIONS COORDINATING GROUP

Drs E. Weiss, Chair; S. Djurickovic, K. Forgie, G. Galanopoulos, C. Jackson, J. MacDonald, L. Welsh, H. Workman. Staff: Ms D. Mayhew, Ms T. Obradovic.

The WorkSafeBC Negotiations Coordinating Group (NCG) consists of five voting members of the WorkSafeBC Negotiating Committee and three additional appointed members. The NCG is responsible for developing a recommended mandate for the negotiation of the two WorkSafeBC agreements: the 2019 Physician Service Agreement (fee for service and sessional) and the 2019 Salaried Physicians' Agreement. In 2019, the NCG met three times and is actively working to finalize a mandate to recommend to the Negotiations Forum.

The NCG reviewed and considered all negotiation submissions from individual members, sections and societies, staff, and other sources regarding the renegotiation of the agreements. The NCG is in the process of finalizing the key components of the mandate, which include a strategic approach, core objectives, a physician response plan, and proposals.

The NCG will have at least one additional meeting in the spring to finalize the mandate for recommendation to the Negotiations Forum. The NCG may be required to provide feedback and advice to the WorkSafeBC Negotiating Committee throughout negotiations.

—Elliott Weiss, MD *Chair*

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Dr Manpreet Sidhu leading Doctors of BC's medical student career event Find Your Match in Prince George in February 2019.



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ANNUAL REPORTS OF SECTIONS AND SOCIETIES

SECTION OF ALLERGY AND IMMUNOLOGY BRITISH COLUMBIA SOCIETY OF ALLERGY AND IMMUNOLOGY

Drs B. Torabi, President; R. Chang, Treasurer; D. Stark, Economics Rep;
J. Yeung, Past President

The Section of Allergy and Clinical Immunology has been growing every year and even more so this past year. We organize monthly educational events to help keep members up to date in this rapidly changing specialty. We have an annual education weekend with invited speakers, including a world leader in food allergy last year. We have planned another great and stimulating annual conference this year.

Our goals and continuous prospects are to bring hospital and community allergists and immunologists from across the province together physically and virtually. We want to create a collegial and supportive environment where members can collaborate and stay current. Our Section's newer goal is to help specialists new to practice integrate into their network of colleagues and set up best practices within their community. We are also striving to provide our services and expertise at the hospital level.

—Bahar Torabi, MD *President*

SECTION OF ANESTHESIOLOGY BC ANESTHESIOLOGISTS' SOCIETY

Drs C. Smecher, President; B. Merriman, Economics Chair; D. Sweeney,
Board Chair; H. Gill, R. Rajamohan, M. Scheepers, A. Vrana, K. Wong.

The mandate of the BC Anesthesiologists' Society (BCAS) is to represent the professional, educational, and economic interests of anesthesiologists in British Columbia.

We have made significant contributions to a number of professional initiatives both provincially and nationally over the past year. Our specialty's provincial privileging standards—first established in 2015—are being revised, and we are seeking to ensure that they will continue to protect the safety of our patients while also allowing for an efficient use of current (and limited) human resources. We are also involved in a ministry-led initiative looking at the

competencies, scope of practice, and educational requirements for anesthesia physician assistants.

Human resource challenges continue to highlight most of our work throughout 2018 and into 2019. The provincial government has implemented a surgical strategy focused on substantially increasing the province's capacity to care for surgical patients with a particular focus on hip and knee replacements, dental procedures, and now also cancer and urgent surgeries. While this strategy and its associated resources are a welcome development for the tens of thousands of citizens waiting for surgery, it has also unmasked the severity of our specialty's long-standing and progressive recruitment and retention difficulties across BC.

Incremental improvements in our MSP fee schedule—predominantly in the form of disparity funds over the last 3 years—culminated with the introduction of a BMI fee modifier in January 2019. At the time of this report, we are reviewing the potential impact of the new 2019 Physician Master Agreement relevant to our membership.

Working with the Doctors of BC, we also spent several months in 2018 negotiating a new provincial alternative payment plan template with the ministry and its Health Employers Association of BC representatives. To date, this has garnered no uptake, but the process did allow for much collaborative dialogue concerning our HR situation.

We also continue to increase our educational and professional development offerings, which are well received by our members, with 2018 marking the inaugural BCAS Spring Academic Meeting. In 2019, we will again offer a Spring Academic Meeting and our popular BCAS/WSSA combined annual meeting (in Seattle), along with a variety of skills and simulation workshop opportunities.

—Curtis Smecher, MD *President*

SECTION OF CLINICAL FACULTY THE UNIVERSITY CLINICAL FACULTY ASSOCIATION

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

The Section of Clinical Faculty represents its members and works with the Doctors of BC and UBC to promote excellence in teaching future doctors, and excellence in patient care 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 twice in 2018 and was able to review progress on past issues, including promotion of clinical faculty (which affects remuneration in some departments), timely payments for teaching, and the initiation of the teacher tracking project developed by UBC. Unfortunately, although the working group recommended an increase in stipends for clinical teaching (there has been no change in the rates for over 10 years), this is not yet forthcoming. The clinical faculty survey was sent out at the end of the year, and results are being analyzed and will be used to develop recommendations to the dean.

As a Section, we have a delegate at the Doctors of BC representative assembly. We have lobbied to have clinical teaching recognized formally in the Physician Master Agreement. We have also been engaged in discussions supporting teaching in the redesign of family medicine with the development of patient care networks and patient medical homes. If attention is not paid to learners and support of clinical teaching in this environment, it will be difficult to attract the next generation of doctors, reducing sustainability.

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 members see this as an enjoyable and important role, there is minimal compensation for the time and resources required for this teaching, and many excellent teachers are limiting their time spent on this activity or discontinuing it altogether. We will continue to bring attention to this.

—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 still has the greatest workforce shortage in the province. It has the largest number of posted opportunities on the Health Match BC website relative to both size of the Section and the length of time it would take for the UBC Department of Dermatology and Skin Science graduates to fill these positions

(at least 8 years). By that time, a similar or greater number of dermatologists can be expected to have retired considering their average age. Recruitment is hamstrung by BC having the lowest dermatology fees in the country.

Waiting lists are no longer increasing as communities are now transitioning into ones that have no dermatologist to wait for. Neither the government nor UBC Medical School have yet to address the problem.

The past year has seen two dermatologists move out of the province: Dr Julie Prendiville and Dr Robin Gray, both formerly of Vancouver.

The Section of Dermatology is hopeful that the disparity process in the new Physician Master Agreement will at least address interprovincial disparity for the Section.

—Evert Tuyp, MD *President*

SECTION OF EMERGENCY MEDICINE

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

The Section of Emergency Medicine 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 2018-19:

- Two new fee codes were developed to address specific areas of concern for fee-for-service emergency physicians: resuscitation codes 18911 and 18912. New funding was acquired for these codes and they have passed tariff but are awaiting ratification. The estimated date of implementation is July 2019.
- Alterations regarding language contained within the emergency medicine preamble to remove ambiguity are currently being reviewed by government.
- Fee codes 01850 and 01851 (clavicular and fibular fractures) were simplified with documentation guidance to ensure fee billing eligibility.
- We obtained agreement from the Society of General Physicians to allow for billing of molded splints at the same rate as casts.
- We saw increases in annual income for alternative payment plan (APP) remunerated emergency physicians via successful applications to the Allocation Committee.
- We advocated for increased emergency physician staffing to meet escalating workload demands at APP sites throughout BC.
- 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 met 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.
- We provided input to the government on urgent primary care clinics and how they may be shaped to provide excellence in patient care without negatively affecting the care provided within BC's emergency departments.
- We successfully lobbied WorkSafeBC to reduce the costs for mandatory corporate coverage for all hospital-based physicians by over 80%, resulting in annual savings for some emergency physicians of over \$1500.

Finally, members of the executive committee participated in several key decision-making committees within Doctors of BC.

—Quynh Doan, MD, Steve Fedder, MD, Gord McInnes, MD *Co-presidents*

SECTION OF ENDOCRINOLOGY AND METABOLISM SOCIETY OF ENDOCRINOLOGY AND METABOLISM 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 continues to be only one endocrinologist in Kelowna, one in Nanaimo, one in Chilliwack, one in Abbotsford, and the rest in Greater Vancouver and Greater Victoria. There is a long-standing vacancy advertisement in Prince George.

INNOVATIONS

Telemedicine and virtual care visits continue to be a tool to offer care across the province. Approximately 20% of endocrinology office follow-up visits are delivered virtually. Analysis of virtual care shows improved patient, provider, and referring doctor experience as well as cost savings to patients and the medical system. Expansion of virtual care has been limited by inclusion of these innovative fees within the capped Specialist Services Commission Labour Market Adjustment (LMA) fee allocation. It is hoped that passage of the proposed Physician Master Agreement will take place since this will move the LMA fees to the Medical Services Plan and allow further growth in use of these virtual visits.

HEALTH DELIVERY CHANGES

The Endocrinology Section looks forward to dialogues with health authorities about specialized care team assistance to primary care home and primary care network development.

Our thanks to Ms Alyson Thomas and Dr Sam Bugis for their expert assistance.

—Marshall Dahl, MD *President*

SECTION OF GENERAL SURGERY

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

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 proposed and funded a surcharge for surgical procedures on patients with a BMI greater than 35, implemented 1 April 2017. This has served as the basis for similar fees for obstetrics and gynecology, and anesthesia.

We focused the remainder of our previously negotiated allocations to try to address some of the lower fees in our guide. We were able to bring most of our fees within 70% of the Alberta fee guide and some a little higher. We are hopeful that the current round of negotiations will garner future allocations so that we will continue to fund new fees and correct disparities in our fee guide.

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. After the AGM, we are hosting the ever popular Billing Session for our members.

ADVOCACY

Our executive has attended several meetings on your behalf, including those 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 negotiation, general surgery representation at the RA and Doctors or BC Board, and specific issues that come up during the year (MOCAP, overhead study, dual representation on multiple boards, automatic fee collection, etc.).

This year our Section will hold our second Job Fair for Surgeons in May. 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 are expanding our invitation to third-year residents to help with advance career planning. It is our plan to run the Job Fair every 2 years.

We also continue to advocate politically for our members and patients. We developed a brochure and poster that showcases the surgeon as the teacher, giving their time to teach the new surgeons. Currently we are working on updating the “how to recruit/get hired” brochure.

MEMBERSHIP

We are pleased that most of the general surgeons of the province (93%) pay their annual dues to the Section, which means 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 a \$100 fee.

It has been my privilege to be your president for the second year, and I look forward to working with the dedicated executive, Economics Committee, and regional reps in the year ahead. A special thanks as always to Dr Hamish Hwang for his tireless work to advance our Section’s interests again this year. Your executive is a committed group representing you and our profession. 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. Drs W. Ghesquiere, A. Hamour.

The BC Section of Infectious Diseases is represented by the BC Infectious Diseases Society and includes 63 practising infectious diseases specialists in the province. Our society membership includes 31 Royal College-certified full member specialists in addition to 16 associate nonvoting members including student trainees and retired and noninfectious diseases certified physicians.

Our Section’s goal is to reduce the disparity between our subspecialist section and those of our colleagues in family practice, general internal medicine, and other procedural subspecialties.

We have applied our last year of disparity correction funds to improve our MSP billing codes in 2019. We were unable to achieve enough funds to move our home IV management fee code 33655 into the general MSP budget. We continue to bill this code only 4 days per week to care for our patients throughout the course of their home IV therapy. This has been an ongoing challenge since 2017 with the fixed budget of the Labour Market Adjustment (LMA) codes of the Specialist Services Committee.

The Medical On-Call Availability Program (MOCAP) review report recommends that infectious diseases continue to be level 2 on call. Unfortunately our colleagues both in Fraser Health and Northern Health have not been able to access MOCAP support to date despite being active participants in the MOCAP review. We are hopeful that these health authorities will address this issue to improve recruitment and retention to those locations.

The Doctors of BC overhead and model office study results are becoming available to the sections. There is some concern that smaller Sections may have been overrepresented by members who are salaried or have overhead provided by their institutions and health authorities. Our hope is that the model office study will help compensate increasing costs to those physicians who are practising in the community and who may have been underrepresented in the study.

Our 2018 annual general meeting was held in conjunction with the 21st Annual Infectious Diseases Update on 26 October 2018 in Victoria. The meeting was attended by five of our full voting members. We appreciate the work that Dr Wayne Ghesquiere and his team provided in organizing this educational weekend and dedicating a room for our AGM. We agreed to alternate our AGM between the Victoria ID Update and the Surrey Infectious Diseases Symposium, which will be held on 19 October 2019. Our positive financial situation again resulted in fixed membership fees for 2019, and we continue to offer free membership for associate members, including students and retired physicians.

Our society appreciates and acknowledges the dedicated service that my executive colleagues have provided over the last year, including Drs Greg Deans, William Connors, Ted Steiner, Abu Hamour, and Wayne Ghesquiere. We continue to be the professional voice for infectious diseases specialists within BC and will provide leadership and guidance to the Doctors of BC and the Specialists of BC. We will work closely with the Specialist Services Committee, our local institutions, health authorities, and the provincial government to address infectious diseases threats to the population of BC.

Our society extends gratitude to my administrative assistant, Ms Tracy Fold, who provides exceptional services and resources to our section, Ms Alyson Thomas at Doctors of BC who provides administrative assistance, and the support provided by Ms Lainie Burgess and her assistant Ms Melanie Parris at the UBC Division of Infectious Diseases.

British Columbia infectious diseases specialists continue to confront any potential communicable disease challenges that face the population, including multidrug resistant organisms and novel pathogens, while championing appropriate antimicrobial stewardship and supporting good infection control practices.

—Dwight A.N. Ferris, MD *President*

SECTION OF NUCLEAR MEDICINE

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

Several positive events occurred in Nuclear Medicine in 2018.

The BC Cancer Agency under Dr Francois Bernard was awarded an \$18 million donation for the development of new radiopharmaceuticals. The TRIUMF research facility at UBC obtained a \$30 million grant from the federal and provincial governments also to facilitate the development of new radiopharmaceuticals. UBC Hospital acquired a new PET-MRI for research. A new radiopharmaceutical, I-123 DaTscan was approved for use in Parkinson disease, and the first scans in Western Canada were done at Lions Gate Hospital in cooperation with the UBC Brain Centre and Dr A. Jon Stoessl. A third PET scanner in BC is slated to open this year in Victoria. Clinical trials with Ga-DOTATATE for neuroendocrine tumors and F-18 Pyl for prostate cancer have been underway at Vancouver BCCA.

Less positive for the specialty was the inability to get a new fee for SPECT dosimetry using Lu-177 radiotherapy after 3 years in front of MSP. Nuclear medicine has not had a new fee code for at least a decade.

The lack of access to PET scans remains a huge problem, with patients being sent to Bellingham for FDG PET studies whenever the BCCA cyclotron or PET scanners need repair, and often simply due to lack of capacity to do all necessary scans at the BCCA PET centre. This will only worsen as new radiotherapies become available for prostate cancer in the next 1 to 3 years. Currently, besides being sent to Bellingham, prostate cancer patients are routinely paying to fly to Germany, the United States, Australia, and India for Lu-177 radiotherapy treatments. It is not clear if this will change any time soon.

Vancouver Prostate Centre is now aware of the situation, and a submission to the BC government is expected sometime in 2019 to outline the growing magnitude of the problem.

—Philip Cohen, MD *President*

SECTION OF OBSTETRICS AND GYNECOLOGY SOCIETY OF OBSTETRICIANS AND GYNECOLOGISTS OF BC

Drs S. Kaye and B. Wagner, Co-Presidents; D. Waterman, R. Jackson, Co-Economics Chairs; J. Cooper, Secretary-Treasurer.

Over the past year, the Section of Obstetrics and Gynecology (SOGBC) remained committed to its mandate of representing its membership and supporting members in providing the highest possible quality of obstetrical/gynecological specialist care for the women of British Columbia.

The SOGBC annual general meeting was held in Vancouver on 2 November 2018. There were a number of changes to the executive and Board of Directors in 2017, so the executive positions will continue to be held by the previously elected members. Co-presidents Drs Stephen Kaye and Brenda Wagner are now entering the second year of a 2-year mandate. They are being supported by co-economics chairs, Drs Roy Jackson and Doug Waterman, who continue to bring a wealth of experience and leadership to this role. Likewise, Dr John Cooper agreed to continue as secretary-treasurer, a role he has held for more than 20 years. The Board of Directors was expanded last year to include a greater number of younger members and provide wider provincial representation. The Board includes Drs Claudine Storness-Bliss, Helen Robson, Michelle Belanger, Owen Yoshida, Kristi Kyle, Mina Wesa, Marius Pinaar, and William Kingston. Ms Leigh Anne Cooper has assumed the role of administrative assistant for the Section for the upcoming year.

Priorities as we move into 2019 include ongoing efforts to manage and address the continued upward pressure on Canadian Medical Protective Association costs as well as the issue of disparity correction. Additionally, the new Physician Office Medical Device Reprocessing Assessments standards set out by the College have been an issue of discussion between the membership and executive. Many members of the Section perform a number of office-based procedures. Addressing the added cost and time of implementing the new standards will be a priority for the upcoming year.

Two laparoscopic fee items (laparoscopic hysterectomy and laparoscopic sacrocolpopexy) both received a P designation this year. With the significant increase in complex laparoscopic procedures being performed, this designation change will be of significant benefit in allowing for the billing of specialist assist fees for these procedures. An additional economic priority for the Section this year is addressing the issue of developing a surgical premium for obesity.

Finally, the Section is continuing to look at ways to support outreach and education for members in communities remote from the Lower Mainland. It is an ongoing challenge to provide province-wide support equally to all members; the executive feels that involvement of rural members should be encouraged and supported.

—Stephen Kaye, MD *Co-president*

SECTION OF ORTHOPAEDICS BC ORTHOPAEDIC ASSOCIATION

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

TIMELY ACCESS TO ORTHOPAEDIC CARE IN BC

The BC Orthopaedic Association (BCOA) continues to advocate for our patients for access to care, which is our top priority.

In April 2018, a study of wait times for 4100 BC orthopaedic patients, "Regional Variations in Access to Orthopaedic Care in BC," funded by the BCOA, was published in the *BC Medical Journal*. The study concluded that the average journey from referral to surgery was "worryingly long at 59.5 weeks." This study confirmed what our members have long known: our patients wait up to 1 year for non-emergency access to consultation and care.

The government's targeted funding for hip and knee replacements is a positive start to reducing wait times, but these only account for 15% of all orthopaedic surgeries in the province. The majority of orthopaedic patients still have to suffer and wait an unreasonable amount of time.

PHYSICIAN MASTER AGREEMENT

While we agree in principle with the Physician Master Agreement (PMA) and acknowledge the hard work of the negotiating team that has made a number of wins for both patients and the Doctors of BC, Orthopaedics is still in a difficult position. Our experience with the Allocation Committee and the Overhead Committee is that both take into account non-MSP income, which will harm us in disparity allocation and does not account for the hours worked at nights and weekends performing consults and surgeries that essentially reduce our overall income.

The last disparity process was deeply disappointing to the orthopaedic surgeons of this province, and we remain severely disadvantaged by intersectional and interprovincial disparity for our MSP income. Even the 17% increase in nighttime callback will not change this much as the surgical codes remain comparatively low.

BCOA ANNUAL GENERAL MEETING

The AGM will be held on 2 May 2019 in conjunction with UBC Orthopaedic Update.

—Alastair Younger, MD *President*

SECTION OF PAIN MEDICINE

Drs O. Williamson, President; B. MacNicol, Secretary; R. Trow, Treasurer; P. Etheridge, P. Inkpen, B. Lau, S. Wiseman.

The Section of Pain Medicine/Pain Medicine Physicians of BC Society represents physicians who practise in the area of pain medicine. Our aims include the advancement of the scientific, educational, professional, and economic welfare of pain medicine physicians, and the promotion of the highest quality of health care delivery to the one in five British Columbians living with persistent pain. We have been working with representatives of the Ministry of Health and Pain BC to develop a provincial pain strategy that would deliver comprehensive pain management to those in need.

We are greatly concerned by the process by which the College of Physicians and Surgeons of BC is seeking to introduce accreditation standards that will preclude many of our members from continuing to provide interventional pain services. If the standards are introduced in their current form, there will be a profound loss of access to point-of-care diagnosis and management of pain, particularly for people living in regional and rural communities. We will be seeking the assistance and support of the Doctors of BC leadership team to ensure that the College standards are evidence-informed, and their introduction is monitored to ensure that there is no loss of access to the safe and high-quality services currently provided by our members.

Members of our society have been involved in the development of pain medicine fee codes, a difficult task, it seems, because the Tariff Committee and MSP do not have processes in place to engage with and support Sections that represent both specialists and family physicians. We look forward to further discussions with Doctors of BC to develop a process that allows multidisciplinary societies such as ours to achieve better financial outcomes for our members.

Our society looks forward to the continuing support of Doctors of BC and invites all other Sections to collaborate with us to more efficiently and effectively deal with issues of mutual interest.

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

—Owen D. Williamson, MD *President*

SECTION OF PALLIATIVE MEDICINE

Drs D. McGregor, President; I. Reddy, President-Elect; G. Kimel, Treasurer and Secretary. Members-at-Large: Drs D. Barwich, L. MacDonald. Regional Representatives: Drs P. Edmunds (VCH), P. Hawley (PHSA); S. Minhas (FHA); S. Nayar (SSC); W. Prinsloo (Island Health); S. Sze (IHA), W. Yeomans (VCH).

The mandate and goals of the Section are to represent hospice palliative care physicians in BC who are members of Doctors of BC, and to advance their scientific, educational, professional, and economic welfare.

During 2018-19 we have been engaged in the following activities:

- We submitted a proposal for consideration in preparation for the 2019 Physician Master Agreement negotiations.
- We submitted a suite of four new fee codes to the Tariff Committee for consideration.
- We participated in the development of a “privileging dictionary” for the recognition and credentialing of palliative care physicians.
- We kept both CCFP and FRCPC members abreast of the changes in the certification processes for the respective colleges.
- We appealed the MOCAP review and have been granted a year to demonstrate the volume of work we are doing in expanding programs.
- We coordinated communication across different health authorities as they renegotiated new service contracts, with great help from Doctors of BC staff.
- We have been in conversations with Doctors of BC and the Ministry of Health about the proposed changes threatening the availability of medication kits for end-of-life scenarios when people choose to die at home.

—Douglas McGregor, MD *President*

SECTION OF PEDIATRICS BC PEDIATRIC SOCIETY

Drs A. Poynter, President; S. Noseworthy, Vice-President; W. Abelson, Secretary-Treasurer. Drs W. Arruda, J. Balfour, A. Chomyn, A. Eddy, B. Eldridge, A. Foran, N. Jain, K. Miller, K. Schultz, T. Sorokan. Residents Representatives: P. Thiessen, V. Ward.

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.

Our advocacy work is centred on the following themes.

ECONOMICS. We are providing input for upcoming Physician Master Agreement negotiations and discussing the overhead report and telephone prescription renewals.

TRANSITION. We received a second grant from the Specialist Services Committee to devise pathways 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 several times over the last few years with the Ministry of Children and Family Development (MCFD), Ministry of Education, and Ministry of Health. We are working with Neuropsychiatry and Psychiatry at BC Children’s Hospital to improve access for psychiatric services and support for paediatricians who provide these services for children.

EDUCATION. We met with both the MCFD and the Ministry of Education about school-based wellness centres. The three school-based wellness clinics on the Island have just come through a rigorous evaluation which was very positive. We’ve also produced with our partners at the Ministry of Education an update to the designation form and brochure for communication between pediatricians and schools.

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

SECURE CARE. A Secure Care Working Group has been established to look at the possibility of secure care for severely addicted youth (within an integrated set of services).

EDUCATION. We hold our 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 2019.

Our website (www.bcpeds.ca), which is aimed at both physicians and families, has been substantially redesigned and updated. We also have a Facebook page.

—Aven Poynter, MD *President*

SECTION OF PSYCHIATRY BC PSYCHIATRIC ASSOCIATION

Drs A. Bates, President; C. Richford, President-Elect; R. Randhawa, Secretary; K. Stevenson, Treasurer; B. Matthew, Past President; T. Black, Economics Chair; C. Booth, S. Wiseman, Economics Subcommittee; C.-A. Saari, Child and Adolescent Psychiatry Representative; P. Campbell, Psychosomatic Medicine Representative; P. Chan, Geriatric Psychiatry Representative; B. Chow, M. Danilewitz, Resident Representatives; A. Jagdeo, Governance Chair; C. Pole, I. Hussain, Fraser Representatives; B. Kane, Northern Representative; V. Karapareddy, Addictions Psychiatry Representative; F. McGregor, Advocacy Chair; D. Miller, C. Northcott, VCHA Representatives; B. Singh, Forensic Psychiatry Representative; N. Collins, VIHA Representative; M.A. Syed, J. Padmanabhan, Community Psychiatry Representatives; W. Song, CPA 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 3 November at the Coast Coal Harbour Hotel, with over 150 psychiatrists attending. The Honourable Minister of Mental Health and Addictions, Judy Darcy, gave one keynote address, and Dr Nick Kates gave the other, speaking about enhancing collaboration between primary care and mental health. The meeting organization was led by Dr Terry Isomura with the assistance of Gabrielle Lynch-Staunton. Dr Ram Randhawa was master of ceremonies. Our annual residents' dinner, organized by Drs Bryan Chow and Marlon Danilewitz, was also a success with Dr Birgitta Donahue speaking about research into using psychedelics in therapy.

We continue to support UBC psychiatry residents through annual junior and senior resident awards. New this year has been an initiative to present a Distinguished Contribution to Psychiatry Award, with the inaugural award going to Dr Soma Ganesan. Our advocacy efforts have been strengthened through renewed partnerships with the BC Schizophrenia Society, the UBC Department of Psychiatry, and other organizations we share goals with.

Among the changes in our executive, it is worth highlighting the end of Dr Biju Matthew's productive term as president, as well as Dr Wei-Yi Song transitioning from president-elect to president of the Canadian Psychiatric Association. We would like to thank Dr Steve Wiseman for his tireless work as our economics chair over several years.

—Alan Bates, MD *President*

SECTION OF PUBLIC HEALTH AND PREVENTIVE MEDICINE SPECIALISTS

Drs S. Allison, President; R. Gustafson, Past President; S. Pollock, Secretary; J. Wong, Treasurer. Drs J. Kancir, J. Lu, H. Swinkels.

The Section's 2018 activities included:

- Participating in the new Representative Assembly.
- Updating the privileging dictionary.
- Clarifying the bylaws of the College of Physicians and Surgeons of BC for clinical currency.
- Making a submission to the Allocation Committee.
- Participating on COHP, EHC, and Specialists of BC.

HIGHEST STANDARD OF HEALTH CARE

Adequate investment in prevention can strengthen system resilience and sustainability. The Section seeks to determine the best pathways to providing population health in the newly transformed system. Providing high-quality continuing education for members is foundational for quality health care. Over the past years, many public health and preventive medicine specialists (PHPMs) have benefited from available sponsored leadership development or other development initiatives, such as the following:

- In collaboration with the Health Officers Council of BC, providing high-quality continuing professional development at the biannual council meeting to advance the scientific knowledge base of PHPM.
- Engaging system partners in developing best evidence in population health within the current context.
- Strengthening the connection with the Specialist Services Committee for public health funding opportunities.

FAIR ECONOMIC REWARD

Specialist salary equity is a justice issue for the population of the province; ensuring the appropriate level of services, including public health and preventive medicine specialists, is essential to improving population health. Notable and persistent income disparity exists for PHPMs when compared at all levels to all jurisdictions and all other specialties. Recruitment to PHPM positions is challenging due to the income disparity and the high cost of living in BC. We plan to:

- Seek consultation on pathways to equitable remuneration. PHPMs do not access pathways other specialists use like billing codes, labor market adjustment, or equipment considerations.
- Follow up on the Allocation Committee submission. Survey Section and HOC members on considerations and recommendations on the business and economic matters of interest for PHPMs.

- Stimulate membership by building awareness and communication, exploring Section services, and maintain a governance model and bylaws.

FAVORABLE SOCIAL, POLITICAL, AND ECONOMIC ENVIRONMENT

System transformation involving many different health sectors is currently impacting PHPMs. The ministry, Doctors of BC, and Joint Clinical Committees would benefit from consultation with PHPMs to identify their unique value proposition and gain further clarity on the role of these specialists in the health care system and how they can benefit population health in BC. Therefore, we:

- Seek to strengthen connections with ministry partners, association, and the Health Officers Council.
- Heighten PHPM participation on committees/initiatives.
- Connect with the Section in Alberta and explore Western partnerships.
- Connect with other Sections across Canada to gain their documents/ supports.

—Sandra Allison, MD *President*

SECTION OF RADIOLOGY BC RADIOLOGICAL SOCIETY

Drs A. Harris, President; S. Bicknell, Z. Kotwall, P. Kurkjian, E. Lee, M. Martin, K. Seland, K. Sharma, W. Siu, P. Trepanier, P. Vos, W. Yap, C. Yong-Hing. Resident Representatives: Drs R. Dhatt, C. Egri, D. Holmes. Administrative Consultants: Mr B. Rauscher, Ms C. Rentz-Bennett.

CHANGES TO EXECUTIVE COUNCIL

Dr Alison Harris continues in the role of president of the Section. Dr Siu remains on the executive as the past president. Dr Simon Bicknell joins the executive as president-elect. The executive council continues to be well represented by radiologists from all regions of the province along with representatives from the UBC Radiology Residency Program.

CME SESSIONS

The BC Radiological Society (BCRS) continues to provide valuable continuing medical education for members. In 2018, we offered the BCRS LIVER course in the spring, and Pediatric Imaging: Pearls and Perils for the General Radiologist in conjunction with the AGM in November.

In 2019, the BCRS will offer a hands-on Prostate MRI Simulation workshop in Richmond on 27 April, and we anticipate offering a Trauma Imaging workshop in the fall.

SPONSORSHIPS

The BCRS is pleased to announce that we have once again offered a Leadership in Radiology Resident Scholarship this year. This award will allow one UBC radiology resident to attend the next Canadian Association of Radiologists Annual Scientific Meeting in Montreal, Quebec, in April. The 2019 award recipient is Dr Jeff Hu, a PGY-5 resident.

The Section of Radiology continues to sponsor BCIT awards for technologists in diagnostic imaging programs, with consideration being given to adding other training sites to our awards budget.

2019 ACTIVITIES

In 2019, the BCRS continues to work with its members and other stakeholders, such as the Ministry of Health, Doctors of BC, health authorities, the Medical Imaging Advisory Committee, WorkSafeBC, and the Canadian Association of Radiologists on the following activities:

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

—Alison Harris, MD *President*

SECTION OF RESPIRATORY MEDICINE RESPIRATORY PHYSICIANS ASSOCIATION OF BC

Drs J.D. Rolf, President; N. Schneider-Rae, Secretary-Treasurer; I. Waters, Past President.

On behalf of the Section I want to thank Dr Waters for the time and energy being involved in both the Section from its founding, and with the Doctors of BC all these years. I am delighted he stays on to help guide us.

After some work and discussion with the Medical Services Commission, we were able to get fee coverage reinstated to our members that was previously only grandfathered, and at the same time allowing for the possibility of having walk-in spirometry done in accredited offices without consultation attached.

We look forward to working with the association.

—J. Douglass Rolf, MD *President*

SECTION OF RHEUMATOLOGY BC SOCIETY OF RHEUMATOLOGISTS

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

LABOR MARKET ADJUSTMENT FEE CODES

Our Section has spent considerable time looking at the evaluation of the Labour Market Adjustment fee codes through the support of the Specialists Services Committee (SSC). We have examined the impact of our special codes through various avenues, including changes in physician demographics, improvement in full-time equivalent rheumatologists in the province, access to nursing care, clinic practice insufficiency and patient satisfaction. We are looking forward to reporting our results in 2019. The impact of these changes on rheumatology practice cannot be understated and have transformed the model of care in BC.

RHEUMATOLOGY HUMAN RESOURCES SUMMIT

In an effort to improve access to care in BC, we convened our first-ever rheumatology human resources summit in December 2018. The purpose of this meeting was to bring together stakeholders in rheumatology to discuss how we can better meet the needs of the BC population when it comes to rheumatic disease care. Several recommendations and initiatives came out of the summit, which we hope to advance in the years ahead.

PHARMACARE MANDATED NONMEDICAL BIOSIMILAR SWITCHING

Many biosimilar medications for rheumatologic diseases are entering the marketplace. It is anticipated that Pharmacare will mandate switching patients from originator biologic to less-expensive biosimilars for anticipated cost savings. We have been working with Pharmacare and other groups to try and make sure this process is safe for patients and practical for physicians.

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 on 27 September 2019 in Vancouver.

—Jason Kur, MD *President*

SOCIETY OF GENERAL PRACTITIONERS OF BC

Drs R. Dosanjh, President; W. Amirault, Past President; K. Forgie, President-Elect; M. Fagan, Treasurer; J. Chan, Secretary; P. Asquith, Economics Chair; H. Fox, SNC.

The Society of General Practitioners (SGP) is the economic and political voice of family doctors in BC. We advocate at the Doctors of BC, the GPSC, and with government.

In August, our incoming executive director and I attended the Family Doctors of Canada Forum in Winnipeg. Representatives from across the country came to discuss the current family practice climate, share valuable insights and lessons learned, and consider ways to move forward both provincially and nationally.

In the fall, we officially welcomed our new executive director, Dr Renee Fernandez, and planned a staged transition from our previous executive director, Dr B. Jean Clarke. We are fortunate to have such incredibly talented physicians represent our organization and serve our membership. They both possess passion, authenticity, strategic leadership, and integrity.

SGP has carefully reviewed our constitution, bylaws, and governance structure over the last 2 years to ensure that we are accurately reflecting the needs of our membership and our organization. Two special resolutions to amend the constitution and bylaws were sent out to the membership for a referendum in March of this year.

We have increased our efforts to engage with family doctors and divisions in their local communities and at provincial events. These opportunities to meet with members on the ground strengthen our understanding of provincial issues and improve our relationships around the province. In April, we held a joint conference with the BC College of Family Physicians, which was a remarkable opportunity to honor our profession and embrace the fact that ordinary family physicians are extraordinary.

This year has seen an increased advocacy role for SGP as well. We rallied more than 1000 family doctors to comment on the College of Physicians and Surgeons' referral consultation guideline, putting patient notifications back in the hands of the consultant. We voiced the concerns of family doctors to the Ministry of Health regarding alternative payment physician service contracts for new-in-practice physicians. We communicated the need for funding to cover the increased cost of doing business, particularly for fee-for-service physicians responsible for office costs;

SGP is committed to the future of family medicine. We believe that family doctors are ready for a new primary care model that supports patients *and* family physicians. We believe that changes to both primary care funding and family physician remuneration are necessary to value family doctors for the outstanding work they do.

It has been an absolute privilege to serve all of you this year. I am cognizant of our present challenges but remain hopeful that together we can create something monumental.

—Ramneek Dosanjh, MD *President*

SPECIALISTS OF BC

Drs J. Falconer, President; T. Gerschman, Vice President; L. Oppel, Chair of Council; D. Kendler, Secretary-Treasurer. Members-at-Large: Drs M. Baker, Medicine; D. Wong, Surgery; W.W. Yap, Diagnostics. Executive Delegates: Drs B. Blumenauer, D. Thangavelu. Council of Specialists: Drs W. Abelson/A Poynter, Pediatrics; E. Aymong, Cardiology; J. Bashir, CV Surgery; T. Black, Psychiatry; N. Chatur, Gastroenterology; S. Comeau, Geriatric Medicine; M. Dahl, Endocrinology/Metabolism; D. Dhanda, Ophthalmology; S. Fedder, Emergency Medicine; D. Ferris, Infectious Diseases; G. Ganz, Nephrology; T. Hartl, Otolaryngology; C. Hoag, Urology; H. Kanji, Critical Care Medicine; K. Kazemi, Vascular Surgery; J. Kur, Rheumatology; T. Scott, General Surgery; K. Smecher, Anesthesiology; B. Torabi, Allergy/Immunology; E. Tuyp, Dermatology; N. Van Laeken, Plastic Surgery; G. Vorobeychik, Neurology; P. Vos, Radiology; B. Wagner, Obstetrics Gynecology; I. Waters, Respiriology; E. Weiss, Physical Medicine/Rehabilitation; P. Yenson, Hematology and Oncology; A. Younger, Orthopaedic Surgery; A. Yu. Doctors of BC: Mr P. Hans, Medical Undergraduate Society; Dr N. Monfries, Residents of BC.

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

- We are pleased to welcome back the Section of General Internal Medicine Specialists to the Council of Specialists of the SBC in 2019; we now have representation from all specialty sections in BC.

- The Doctors of BC undertook an overhead and income survey, which is now wrapping up. Our Disparity Data and Overhead Working Group has been monitoring this project carefully. In particular, this overhead study will include some reference to measures of error in the data collected.
- The Physician Master Agreement is coming up for renewal, and the Specialists of BC has been active in presenting alternative negotiation scenarios to our specialist members.
- The BC College of Physicians and Surgeons has continued to take on new activities, such as setting standards for interventional pain treatments and the accreditation of out-of-hospital medical and surgical procedures. There is a good deal of concern about how these initiatives will affect practices. We have been lobbying on behalf of our fellow specialists.
- Doctors of BC has moved ahead with its new governance model of a small board and a large representative assembly (RA). The Specialists of BC has a seat on the RA and, together with the other specialty representatives, has been working very hard to make sure the RA is as useful as it can be.
- The Specialists of BC has been regularly conferring with our GP colleagues at the Society of General Practitioners on matters of mutual interest. We would like to continue these conversations as the introduction of patient medical homes and patient care networks moves along.
- We continue to welcome returning and new specialist members to our society.

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

—John Falconer, MD *President*

A woman with blonde hair, wearing a light-colored blazer, stands in a meeting room, presenting to a group of people seated around a table. She is holding a small object in her hands. In the background, there are two whiteboards. The one on the right has handwritten notes, including 'negotiate', 'hold the line', 'walk away', and 'CFA demise = loss?'. The one on the left has some text that is partially obscured. The room has a blue wall and a wooden panel on the right.

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GPSC regional liaison Marina McBride facilitating a dialogue at the Divisions Learning Session in March 2019.

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ANNUAL REPORTS OF EXTERNAL COMMITTEES AND AFFILIATED ORGANIZATIONS

ADVISORY COMMITTEE ON DIAGNOSTIC FACILITIES

Ms M. Diacu, Chair; Dr I. Allan, Dr J. Busser, Ms A. Capron, Dr A. Hoffman, Dr D. Kolodziejczyk, Ms K. McEwen, Dr G. Scheske. Staff: Ms D. Blaj, Ms R. Henneberry, Mr W. Turnquist.

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

The committee 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-approved policies and guidelines. Applications that are recommended for denial are forwarded to the MSC to confirm or overturn the denial.

For the 2018 calendar year and up to March 2019, 55 applications were reviewed for diagnostic imaging, polysomnography, pulmonary function, electoneurodiagnostics, and clinical laboratory facilities. Recommendations were made to the MSC for each application, either for acceptance, acceptance with conditions, or denial/rejection.

The committee was appraised and updated that the following major issues had been assessed in detail:

- The ultrasound stakeholder policy review.
- The ACDF public preference policy.
- The foreign ownership policy.
- A revised map layout for the ACDF mapping tool.

Moratoriums were established for ultrasound and polysomnography, and applications were reviewed requesting exceptions to the moratorium. In the case of nuchal translucency scans (an important obstetrical management tool), the committee was briefed in depth on the scan’s importance and utility.

The committee also heard presentations on the ultrasound sonographer shortage and the impact on planning for expanded or new ultrasound facilities in BC. Detailed ultrasound policy recommendations were also approved by the MSC, including prerequisites for privately owned facilities to receive approval to bill the MSP for outpatient diagnostic ultrasound services. Recommendations to remove restrictions for noncardiac Doppler studies only for public hospital facilities were made, and there was discussion about further work required to determine if the option to remove echocardiography restrictions from the current public hospital facilities only was necessary.

The MSC has delegated authority to the ACDF chair to approve or deny applications for electroneural diagnostic testing, pulmonary function testing, and private facilities.

Ongoing diagnostic services policy review and stakeholder discussions are or will be taking place during the current calendar year for:

- Polysomnography catchment area.
- Pulmonary function testing review in private facilities (to be undertaken by Ministry of Health physician Dr Vicki Forstner).

The committee also reviewed draft guidelines for chronic obstructive pulmonary disease.

—Alan Hoffman, MD, FRCPC *Doctors of BC Representative*

DIVERSITY AND INCLUSION ADVISORY WORKING GROUP

Drs B. Singh, Chair; E. Adams, S. Kara, C. Maheswaran, G. Reid, K. Ross, S. Segal, S. Spassova; Mr B. Chen. Staff: Ms M. Adair, Ms S. Shore, Ms D. Viccars. Consultant: Ms S. Berman.

Last year, the Board of Directors instructed that work be undertaken to consider the challenges with, and identify the opportunities of, diversity and inclusion within the association’s governance structures (Board, Representative Assembly, committees). In December 2018 the working group was formed after a call for nominations was sent to members. Since a thorough understanding of members’ views is imperative for this work to be successful, a consultant with expertise in addressing issues of diversity

and inclusion in health care organizations and professional associations was contracted to lead the group's work. This will be undertaken in three phases, with a final report going to the Board later this year.

Phase one has been completed and we await full results: A survey was sent to all members that asked about any negative experiences they may have faced when applying for or participating in any positions within Doctors of BC and whether they witnessed others experiencing negative experiences. As well, detailed demographic information was gathered. All responses were anonymous, with Doctors of BC receiving the aggregate data only. More than 1400 members responded, which aligns with the number of respondents to many of the association's member surveys.

We look forward to continuing this work with phases two and three, which include a series of focus groups and one-on-one conversations.

—Barinder Singh, MD *Chair*

DRIVER FITNESS ADVISORY GROUP

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

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 include:

- Discussion on the successful rollout of the Enhanced Road Assessment program, with implementation starting 5 March 2018. This is a specialized road test different from the previous computer-simulated driving examinations.
- The CCMTA medical standards were updated to coincide with the ninth edition of the CMA Drivers Guide published in July 2017. RoadSafetyBC has revised its guidelines on a number of issues, including hypoglycemia, psychiatric disorders, psychotropic drugs and driving, substance abuse or dependence, alcohol and driving, alcohol-related seizures, and surgery for epilepsy.
- The CCMTA also updated guidelines (on the basis of a ballot) for reporting drivers with obstructive sleep apnea, raising the mandatory AHI reporting index from 15 to 20 respiratory events per hour.
- The Driver Fitness Overview Group met in April 2018 to review the medical standards across Canada, and issues such as ICD placement and cross-jurisdictional restrictions were discussed. Further research in ICD and syncope is being undertaken by Dr Staples, cardiologist.

- There was detailed discussion about the introduction of cannabis legislation in Canada and how that will affect the Motor Vehicle Act. One of the issues that was clarified was zero tolerance for alcohol or cannabis for drivers in the graduated licensing program.
- New physician forms for reporting medically unfit drivers have now been in use for over a year. RoadSafetyBC is exploring options to transition to an electronic format for physicians reporting medically unfit drivers, including electronic DMER forms.
- A jurisdictional survey is underway across Canada to gather operational statistics on driving safety.

This year, 2019, is expected to be a busy one for the committee, particularly with respect to drugs and driving and new cannabis regulations. Other ongoing projects include further work in the eDMER, commercial class driver's licence downgrades, and further assessment of mandatory physician reporting for age-based medical screening.

—Ian Bekker, MD, Alan Hoffman, MD, FRCPC *Doctors of BC*

EMERGENCY SERVICES ADVISORY COMMITTEE

Dr N. Barclay, Co-Chair; Ms Christy Hay, Co-Chair; Mr D. Rains, Co-Chair; Ms A.J. Brekke, Dr R. Chan, Dr J. Christensen, Ms M. De Moor, Dr Q. Doan, Ms S. Feltham, Ms Sheila Finamore, Ms D. Gault, Ms N Gault, Dr J. Hussey, Mr D. Lange, Ms E. Leask, Dr G. Meckler, Dr G. McInnes, Mr J. Oliver, Ms R. Paul, Dr P. Rowe, Ms Priya Shetty, Mr P. Thorpe, Dr S. Wachtel, Dr J. Wale. 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 developing a performance strategy supported by data and agreed-upon performance targets related to emergency department crowding and its primary causes. Dr McInnes is leading the working group that is looking

to implement, evaluate, and report on site and regional initiatives targeting emergency department crowding.

Additional emergency department system issues that have been reviewed, discussed, and addressed by ESAC include mental health and substance use, medically complex frail adults, urgent primary care centres, alternative level of care patient and residential care access, and the Health Emergency Management BC's Critical Supply Project.

—Quynh Doan, MD, and Gord McInnes, MD *Doctors of BC Representatives*

RESIDENT DOCTORS OF BC

Dr N. Monfries.

Resident Doctors of BC (RDBC) is the professional association representing over 1350 resident doctors across BC. Our goal is to ensure that the interests of our province's resident doctors are well represented in contractual matters, while supporting our member's education and training, and promoting our members' professional, personal, and financial well-being.

As with many professional associations, this year RDBC underwent the renegotiation of our collective agreement. As you may know, residents in BC are among the lowest paid in Canada, making our work negotiating a fair agreement for our members even more crucial. Our staff, board directors, and negotiations team dedicated a significant amount of time and effort into the collective agreement negotiations, and we hope our members are satisfied with the end result. We also appreciate the support of our partner organizations in trying to improve the resident experience here in BC.

This year we also spent more time enhancing the public recognition of the work resident doctors do and the impact our members have on our province's health care system. The year also brought a renewed focus on resident wellness and physician well-being. The release of the results from national surveys by the Resident Doctors of Canada and the Canadian Medical Association brought to light the staggering number of residents (and staff physicians) who are experiencing burnout and other mental health concerns. While not surprising, these results advanced the discussion of physician well-being, and our organization has already had the opportunity to work on several projects targeting resident and physician wellness. We will continue to work hard to advocate for physician health and wellness at all stages of a physician's career.

Finally, we are celebrating our first year as tenants in the Doctors of BC building and look forward to continuing to foster our already close working relationship with our partners in the association.

—Nicholas Monfries, MD

UNIVERSITY OF BRITISH COLUMBIA MEDICAL UNDERGRADUATE SOCIETY

Mr J. Liu, President; Mr J. Hans, VP External Sr; Mr D. Mitchell, VP External Jr.

The 2018–19 academic year was a busy one for the Medical Undergraduate Society (MUS). Our focus this year included greater integration with our partner organizations and greater advocacy efforts on issues that affect medical students.

The Division of External Affairs has been fostering relationships with our external partners. Highlights include participation in our Provincial Lobby Day at the BC legislative assembly in collaboration with the political advocacy committee to advocate on unmatched Canadian medical graduates. This year was the first time we advocated for something that affects medical students directly, and it was our most popular lobby day to date. We are grateful for the endorsement from Resident Doctors of BC for our position paper, and to Doctors of BC president Dr Eric Cadesky for his ongoing support of our efforts. We also had our students featured on television, in print, and on the radio.

The Division of Internal Affairs has been facilitating the day-to-day operations of the vibrant MUS sports and clubs program. There are over 80 clubs, interest groups, and sports initiatives, including the Webber Boot Soccer tournament, Careers Night, and Med Ball. In addition, we have continued to review changes to our constitution in keeping with the restructuring of the MUS governance last year. Furthermore, with the support of the Doctors of BC initiative grant we were able to support many clubs and interest groups that expand and benefit the UBC medical student experience.

The Division of Academic Affairs has been working hard this year with the UGME Limited Site Survey Visit, which occurred on 4–5 February 2019. This was a “mid-term” review of the accreditation done by the committee on the accreditation of Canadian medical schools and the liaison committee on medical education. In addition, the division has been working hard on clarifying our process of how students are chosen to sit on committees with faculty via our Medical Education Committee. Finally, they have been involved in conversations regarding a national 8-week elective cap.

The MUS as a whole has taken on larger projects throughout the year. These include writing a position paper on return-of-service contracts, clearly defining the Indigenous health representative roles on MUS, and advocating for a “medd499” course that allows unmatched students to continue taking clinical electives after they have graduated.

In summary, the MUS council has been busy with both day-to-day operations and new initiatives this year. We are thankful for our partnership with Doctors of BC and look forward to continuing to grow and cultivate the relationship between our organizations.

—John Liu *President*

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of bc