2015-16 WHITE REPORT

Annual Report of the CEO

2015 Business Session and General Assembly Draft Minutes

Annual Reports of the Council on Health Promotion

Annual Reports of Doctors of BC Committees and Councils

Annual Reports of Sections and Societies

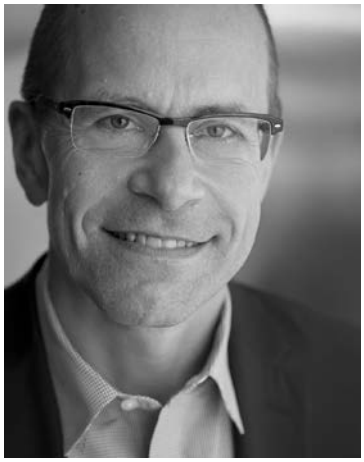
Annual Reports of Affiliated Organizations

doctors of bc

TABLE OF CONTENTS

3. ANNUAL REPORTS OF SECTIONS AND SOCIETIES

4. ANNUAL REPORTS OF AFFILIATED ORGANIZATIONS



Allan Seckel, QC

Recognizing our physician leaders

As I look back on the work of Doctors of BC in 2015–16, I think about the role of so many physician leaders who are promoting positive change for our patients, the health care system, and the profession.

This year, Doctors of BC has supported the leadership of physicians and the profession as a whole on a number of fronts. The Ministry of Health released a series of policy papers with proposed changes in the area of primary care, surgical care, and rural health. Physicians and staff have been working together to ensure we have a strong voice and a leadership role in helping to shape those changes.

Another focus for the year has been establishing Medical Staff Associations, empowering facilities-based physicians to have a greater voice and influence in health authority decision making. At the time of writing, 47 societies are in various stages of incorporation and we are working hard to build a strong foundation to ensure their success. Meanwhile, we continue to support and strengthen the work of all our collaborative committees and programs.

Physician leaders have played and will continue to play a critical role as we move forward in a time of change. One of the important supports we provide at Doctors of BC is our member services. This year we made significant strides in some key areas. We introduced free legal expense insurance, and we have endorsed MedRecords, a BC-based nonprofit organization that scans medical records and digitally stores them at a reasonable cost to physicians. I want to thank our member services and benefits departments who provide exemplary service to our members.

I also want to personally thank all the staff of Doctors of BC who are committed to doing a great job and providing value for our members. Their energy and dedication are greatly appreciated by every one of us.

—Allan Seckel, QC
Chief Executive Officer

DOCTORS OF BC ANNUAL BUSINESS SESSION & GENERAL ASSEMBLY

DRAFT MINUTES—Pan Pacific Hotel, 6 June 2015

CALL TO ORDER

Mr Allan Seckel called the meeting to order at 9:43 a.m. and welcomed members to the Pan Pacific Hotel. He introduced the head table: Dr Bill Cavers, current president; Dr William Cunningham, past president; Dr Charles Webb, president-elect; and Dr Lloyd Oppel, chair of the General Assembly. He also introduced from the CMA Mr Tim Smith, CEO; Dr Brian Brodie, chair; and Dr Louis Hugo Francescutti, past president.

He then invited members to stand and observe a moment of silence in remembrance of colleagues who had passed away in the last year.

1. ELECTION OF CHAIR

Mr Seckel advised that he has received the name of Dr Granger Avery as nominee to chair the Business Session. He inquired if there were any additional nominations, and there being none:

Moved/Seconded Resolution AGM15/06/06-01

That Dr Granger Avery is acclaimed as chair of the 2015 Annual Business Session.

CARRIED

2. MEETING STANDING RULES

Dr Avery assumed the role of chair. He gave an overview and inquired if there were any questions. There being none, a motion to adopt the Meeting Standing Rules was introduced:

Moved/Seconded Resolution AGM15/06/06-02

That the 2015 Annual General Meeting Standing Rules are adopted as circulated.

CARRIED

3. ELECTION OF RESOLUTIONS COMMITTEE

Dr Avery called for nominations to the Resolutions Committee. He reviewed the purpose of the committee in assisting members to draft motions that comply with the Society Act and the bylaws of the organization, and to ensure that they do not overlap each other. Two nominations were received:

Moved/Seconded Resolution AGM15/06/06-03

That Drs Alan Gow and Mike Golbey are acclaimed as members of the Resolutions Committee.

CARRIED

4. APPROVAL OF THE AGENDA

Distributed material: Doctors of BC Annual Business Meeting and General Assembly Agenda 6 June 2015

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

Moved/Seconded Resolution AGM15/06/06-04

That the agenda for the Doctors of BC Annual Business Meeting and General Assembly for 6 June 2015 is adopted as circulated.

CARRIED

5. APPROVAL OF 2014 MINUTES

Distributed material: Minutes of Doctors of BC Annual Business Meeting and General Assembly for 31 May 2014

Dr Avery invited members to review the minutes of last year's meeting and inquired if there were any errors or omissions. There being none:

Moved/Seconded Resolution AGM15/06/06-05

That the minutes of the Doctors of BC Annual Business Meeting and General Assembly for 31 May 2014 are approved.

CARRIED

6. PRESIDENT'S REPORT

Distributed material: President's Report in the Annual Report

Dr Cavers spoke of the privilege and pleasure it has been to be the president of Doctors of BC over the past year and he acknowledged the dedication and hard work that his colleagues were doing across the province. Dr Cavers then led the meeting in a review of the President's Report provided in the Annual Report.

In response to a question from the floor, Dr Cavers noted that the Governance Committee recommended to the Board that consideration of the 2014 motion regarding members identifying their primary section when joining or renewing their membership be deferred until the committee completes its work with respect to governance changes at Doctors of BC.

Moved/Seconded Resolution AGM13/06/01-06

That the report of the president is accepted.

CARRIED

7. STATUTORY NEGOTIATING COMMITTEE

Dr David Attwell, chair of the Statutory Negotiating Committee, drew members' attention to his written report at page 44 of the White Report. He commented on the success of the negotiation, noting it was currently being implemented. In response to a question from the floor, he noted there was no additional funding for IT and IT implementation forthcoming.

Moved/Seconded Resolution AGM15/06/06-07
That the report of the Statutory Negotiating Committee is accepted.

CARRIED

8. CHIEF EXECUTIVE OFFICER'S REPORT

Mr Seckel drew members' attention to his written reports in the Annual Report and White Report. Mr Seckel acknowledged Dr Dan McCarthy who retired on 31 December 2014, and he thanked Ms Lorie Welsh and other staff for their efforts relating to organizing the Annual General Meeting of members. He noted the key activities over the year, including negotiating the successful Physician Master Agreement that supported and was consistent with the Strategic Plan.

The members joined Mr Seckel in thanking the core executive team for their efforts over the past year.

Mr Seckel commented on the current status of the litigation with Dr Wang, noting the Supreme Court of Canada denied leave to appeal, and Doctors of BC continues to pursue payment from the insurance company due to indemnification. He also advised that the question of payment of costs is outstanding.

Moved/Seconded Resolution AGM15/06/06-08
That the report of the chief executive officer is accepted.

CARRIED

9. REPORT OF THE BOARD OF DIRECTORS

Dr Mark Corbett, interim Board chair, invited members to review the report from chair of the Board in the Annual Report. Dr Corbett joined the members in thanking Dr Carole Williams as the former chair of the Doctors of BC Board.

Dr Corbett reported that the Board continues to oversee the steady progress along the path of the new strategic plan. He noted the Board will maintain its focus in two key areas in the coming year: governance and member engagement.

Moved/Seconded Resolution AGM15/06/06-09
That the report of the chair of the Board of Directors is accepted.

CARRIED

10. AUDIT AND FINANCE COMMITTEE

Distributed material: Financial statements of the British Columbia Medical Association for the year ended 31 December 2014
Presentation: Financial statement highlights

10.1 PRESENTATION OF THE FINANCIAL STATEMENTS

Dr Corbett led members in a detailed review of the 2014 financial statements. He highlighted key variances from the prior year. He noted that the statements were in compliance with guidelines for not-for-profit organizations regarding reserves.

Moved/Seconded Resolution AGM15/06/06-10
That the audited financial statements for 2014 are accepted.

CARRIED

10.2 APPOINTMENT OF AUDITOR

Dr Corbett spoke of the excellent work of KPMG LLP, and introduced a motion to appoint that firm as auditors for the current fiscal year:

Moved/Seconded Resolution AGM15/06/06-11
That the firm KPMG LLP is appointed as auditors for Doctors of BC for the 2015 fiscal year.

CARRIED

10.3 MEMBERSHIP DUES RECOMMENDATION

Dr Corbett reviewed the history of dues increases over the last 15 years and the current membership in the organization. He then introduced a motion stipulating that there would be no dues increase in 2015:

Moved/Seconded Resolution AGM15/06/06-12
That there is no increase in the 2015 membership dues of Doctors of BC.

CARRIED

11. GOVERNANCE COMMITTEE

Dr Cavers reviewed the committee's identified priorities and progress on each of them. With respect to the structure and process he noted that considerable time and effort went into looking at the governance options, and a Green Paper was currently being developed with the help of external advisors. Dr Cavers highlighted the importance of member input and engagement in determining the best governance model for Doctors of BC going forward. He also advised that the Board, Board chair, Governance Committee, and Governance Committee chair have been or will be in the near future evaluated for the first time as part of Doctors of BC's commitment to good governance and quality improvement.

Moved/Seconded **Resolution AGM15/06/06-13**
That the report of the Governance Committee is accepted.

CARRIED

11.1 NOMINATING COMMITTEE

Dr Phil White provided an overview of the committee's mandate and work. He advised that Doctors of BC committee positions are now open to the entire membership, which has led to attracting outstanding candidates. Dr White also noted an increased interest from younger members.

Dr White outlined the process for recommendations to the Board, noting the committee is exploring ways to continue to streamline expression of interest forms and the collection of nominee data. In response to a question from the floor, Dr White outlined the process for how the Nominating Committee is populated.

Moved/Seconded **Resolution AGM15/06/06-14**
That the report of the Nominating Committee is accepted.

CARRIED

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

Dr White advised that three members-at-large were sought for the Audit and Finance Committee. Dr Avery then called for nominations from the floor.

Nominations were received for Dr Mark Corbett, Dr Michael Curry, Mr Robyn Patyal, and Ms Michelle Chiu. Drs Corbett and Curry, and Ms Chiu each made a short presentation to the meeting. Ballots were distributed and following the count:

Moved/Seconded **Resolution AGM15/06/06-15**
That the three members-at-large for the Audit and Finance Committee are Dr Mark Corbett, Dr Michael Curry, and Ms Michelle Chiu.

CARRIED

12. INTRODUCTION OF NEWLY ELECTED OFFICERS

The newly elected officers were introduced: Dr Bill Cavers, past president; Dr Charles Webb, president; Dr Trina Larsen Soles, chair, General Assembly; Dr Eric Cadesky, honorary secretary treasurer; and Dr Mark Corbett, interim chair of the Board.

13. TARIFF COMMITTEE

Distributed material: Page 45 of the Doctors of BC 2014/15 White Report

Dr Brian Winsby referred the members to the report in the White Report and inquired if there were any questions. In response to a question from the floor, Dr Winsby provided an update on the progress of the Consultation Working Group.

Moved/Seconded **Resolution AGM15/06/06-17**
That the report of the Tariff Committee is accepted.

CARRIED

14. SOCIETY OF SPECIALIST PHYSICIANS AND SURGEONS OF BC

Distributed material: Pages 66 and 67 of the Doctors of BC 2014/15 White Report

Dr John Falconer referred members to the distributed report and provided an update on the Society's activities. He noted the Society was working toward increasing its visibility and establishing a higher-level working group with the Ministry of Health to improve the quality of care that specialists provide.

Moved/Seconded Resolution AGM15/06/06-18
That the report of the Society of Specialist Physicians and Surgeons of BC is accepted.

CARRIED

15. SOCIETY OF GENERAL PRACTITIONERS OF BC

Distributed material: Pages 65 and 66 of the Doctors of BC 2014/15 White Report

Dr Lawrence Welsh referred members to the written report in the White Report and inquired if there were any questions. There being none:

Moved/Seconded Resolution AGM15/06/06-19
That the report of the Society of General Practitioners of BC is accepted.

CARRIED

16 NEW BUSINESS

16.1 BOARD/EXECUTIVE COMMITTEE MEMBERS HONORARIA

Presentation: Honoraria

Dr Corbett provided an overview of the honoraria proposal, including benchmarks from other medical associations across Canada. He noted that the last increase to members' fees at Doctors of BC was 1 July 2011.

Moved/Seconded Resolution AGM15/06/06-20
That Doctors of BC honoraria rates for the Board Directors and Executive Committee members be increased annually by the average increase in MSP sessional rates as defined in the 2014 Master Agreement.

CARRIED

16.2 RECENT ELECTION

Mr Seckel referred the meeting to the e-mail sent to members related to the recent election events.

> Doctors of BC committee positions are now open to the entire membership, which has led to attracting outstanding candidates.

He confirmed that the possible three votes in question did not have an effect on any other results.

16.3 INFLUENZA CONTROL PROGRAM

Moved/Seconded Resolution AGM15/06/06-21
That Doctors of BC consider whether any new influenza control program is supported by reputable scientific research, meets the requirements of informed consent, and respects the Canadian Charter of Rights and Freedoms.

CARRIED

16.4 *BC MEDICAL JOURNAL* COVER ART

Based on a comment from the floor, Dr Avery thanked Mr Jerry Wong for the excellent work he has done as cover artist for the *BCMJ*. The meeting joined in thanking Mr Wong.

CONCLUSION

There being no further business, the Business Session concluded at 11:40 a.m.

GENERAL ASSEMBLY

Dr Oppel took the chair and called the General Assembly to order at 11:41 a.m. He reviewed the purpose of the General Assembly: to review the reports of the standing committees, councils, sections, and affiliated organizations.

1. REPORTS OF THE COUNCIL ON HEALTH PROMOTION

Dr Oppell drew members' attention to the reports of all standing and ad hoc committees in the White Report and inquired if there were any questions. There being none, he thanked the members who volunteer on these committees.

2. REPORTS OF ALL SECTIONS

Dr Oppell next drew members' attention to the reports of all sections and inquired if there were any questions. There were none.

3. REPRESENTATIVES TO ORGANIZATIONS

Dr Oppell invited members to review the reports of the representatives to organizations and inquired if there were any questions. There were none.

4. RELATIONS BETWEEN THE ASSOCIATION AND THE CMA

Dr Oppell asked if there were any questions regarding the relationship between Doctors of BC and the CMA. There were none.

5. RECOMMENDATIONS TO THE CMA DELEGATES TO THE DIVISIONAL REPRESENTATIVES TO THE CMA GENERAL COUNCIL, AND TO THE ASSOCIATION REPRESENTATIVES TO THE CMA COMMITTEES

Dr Oppell invited questions on the agenda item. There were none.

CONCLUSION

There being no further business, the General Assembly meeting concluded at 11:49 a.m.

The Board, Board chair, Governance Committee, and Governance Committee chair have been or will be in the near future evaluated for the first time as part of Doctors of BC's commitment to good governance and quality improvement.

Doctors of BC Board Officers & Delegates 2015-16

President	Charles Webb
Immediate Past President	William Cavers
President-Elect	Alan Ruddiman
Chair of the General Assembly	Trina Larsen Soles
Honorary Secretary Treasurer	Eric Cadesky
Chair of the Board	Mark Corbett
District #1	Robin Saunders
District #1	Gerald Tevaarwerk
District #1	Eugene Leduc
District #2	Robin Routledge
District #2	Anthony Booth
District #3	Lloyd Oppel
District #3	Joanne Young
District #3	Alex She
District #3	Kaiyo Nedd
District #3	David Kendler
District #3	David Wilton
District #3	Geoffrey Ainsworth
District #4	Michael Marshall
District #4	Vacant
District #5	Jean-Noel Mahy
District #6	Jeffrey Dresselhuis
District #7	Ralph Jones
District #7	Peter Barnsdale
District #8	Barry Koehler
District #9	James Chrones
District #10	Shirley Sze
District #11	Dan Horvat
District #12	Charl Badenhorst
District #13	Alan Gow
District #13	Vacant
District #14	Cheryl Hume
District #15	W. Fraser Bowden
District #16	Luay Dindo
District #16	Sanjay Khandelwal
Representative from the CMA Board of Directors	Nasir Jetha
Representative from the CMA Board of Directors	Shelley Ross
Representative from the CMA Board of Directors	Carole Williams
CMA President-Elect	Granger Avery
Society of General Practitioners of BC President	Ken Burns
Specialists of BC President	John Falconer

COUNCIL ON HEALTH PROMOTION

DRS I. GILLESPIE, CHAIR; K. CADENHEAD, NUTRITION; R. GALLAGHER, GERIATRICS & PALLIATIVE CARE; L. OPPEL, ENVIRONMENTAL HEALTH; C. RUMBALL, EMERGENCY MEDICAL SERVICES; R. WILSON, ATHLETICS & RECREATION; DRS. C. DY, M. FLANAGAN, C. MAHESWARAN, D.F. SMITH, H. SWINKELS; MR R. MASON. STAFF: MS M. ADAIR, MS B. HODGSON, MS K. SAUNDERS, MS S. SHORE, MS H. THI, MS D. VICCARS, MR J. WONG.

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

A survey was conducted of COHP subcommittee members to assess what was working well with COHP and what might be improved. We continue to build and define COHP's role in the Doctors of BC's Strategic Plan.

We welcome topics that members wish us to consider, will date-stamp these, and refine methods to review the priorities for issues, delegate tasks to subcommittees, and make the process more transparent and accountable. New joint projects between COHP subcommittees will build collaboration and inform future structural changes. Succession planning and good role modeling is part of our work, too.

COHP's 2015–16 key activities included:

- Activity 1: Policy paper on physician support for informal caregivers. A draft of the paper has been circulated to government and community stakeholders for feedback. It is anticipated that this paper will be ready for release in fall 2016.
- Activity 2: Resolutions for Board approval. COHP submitted several resolutions that the BC Caucus brought forward to the 2015 General Council meeting of the Canadian Medical Association (CMA). These were timely, as they focused on care aids, a palliative care approach to the management of life-limiting chronic disease, and guidelines for assisted death.
- Activity 3: Overseeing and facilitating subcommittee health promotion initiatives.
- Athletics and Recreation: Walk With Your Doc took place 9–17 May 2015 with many patients coming out to walk with their physicians. The 2015 Be Active Every Day theme was how to be a bike star, with 47 physicians and over 4800 students participating.
- The Emergency Medical Services Committee engaged with government on the issue of distracted driving.
- The Environmental Health Committee looked into reporting high levels of mercury in blood and drafted a *BCMJ* article on the mercury content of commercially available tuna.
- The Geriatrics and Palliative Care Committee was instrumental in providing feedback on the CMA's strategic sessions on seniors care and end-of-life care at the 2015 CMA General Council meeting. The strategic sessions helped the CMA develop their Principles-based Recommendations for a Canadian Approach to Assisted Dying framework.
- The Nutrition Committee drafted several *BCMJ* articles on topical issues related to diet and nutrition. Additionally, Dr. Cadenhead is on the leadership council for the development of the Provincial Healthy Eating Strategy.

We welcome topics that members wish us to consider, will date-stamp these, and refine methods to review the priorities for issues, delegate tasks to subcommittees, and make the process more transparent and accountable.

The subcommittees are considering resolutions that the BC Caucus may bring forward to the August 2016 CMA General Council meeting in Vancouver. We look forward to celebrating the 60th anniversary of COHP in the upcoming year!

—Ian Gillespie, MD
Chair

ATHLETICS AND RECREATION COMMITTEE

DRS R. WILSON, CHAIR; J. CROOKHAM, T. GERSCHMAN, W. MACKIE, R. REMICK, K.P. SOLMUNDSON, J.E. TAUNTON; MS M. PAYNE (SPORTMEDBC). STAFF: MS M. ADAIR, MR P. HIGGINS, MS B. HODGSON, MS K. SAUNDERS, MS S. SHORE, MS H. THI, MS D. VICCARS, MR J. WONG.

The major focus of the Athletics and Recreation Committee continues to be the physical activity levels of British Columbians. As more data become available, it is evident that we are falling far short of the physical activity guidelines set by Health Canada. Evidence continues to mount that being physically active is an important way to prevent and mitigate chronic diseases.

Doctors can and do play an important role in promoting physical activity to our patients. We continue to build on the success of the Walk With Your Doc (WWYD) event held during the week of Move for Health Day on 10 May. Information about this event can be found on the WWYD website: walkwithyourdoc.ca. As a lead-up to the event, a Prescription for Health prescription pad for physical activity is given to patients along with an invitation to the WWYD event in their community. More of these events are being hosted by the local Divisions of Family Practice. While these events are important, we recognize that to broaden their success we must collaborate with others in the community. This year we are encouraging a connection with the local Recreation and Parks Association to share in this event. We hope that this can lead to more patients getting involved in their community activities and thereby sustain an increase in their physical activity levels.

In the fall our focus will be on school children through the Be Active Every Day initiative. This challenge invites school-age children to be active for 60 minutes every day for 1 month (including the 30 minutes required in the school curriculum). In addition, they will learn about Live 5-2-1-0, which stands for eating 5 fruits and vegetables, limiting screen time to 2 hours, getting 1 hour of physical activity, and drinking 0 sugar-sweetened beverages every day. Doctors are asked to be ambassadors to their neighborhood school and encourage the kids to Be Active Every Day for the month of October, which coincides with International Walk to School Month. We will be working with the Ministries of Health and Education to get schools involved. As with the WWYD event, we hope this is an initiative you will consider being involved with. We also hope to build on our early success with this program through closer connection with the schools. In addition, we will be focusing on encouraging school children to be more involved in after-school programs to increase their physical activity. Doctors are encouraged to participate in these two important events.

We are also concerned about the health and well-being of members of our profession and our own physical activity levels and other health habits. We continue to look for ways to promote physical health among the profession.

The committee continues to be concerned about injury and safety in sport. We have been looking at safety in bicycling, which is an excellent way to be physically active.

—Ron Wilson, MD
Chair

EMERGENCY MEDICAL SERVICES COMMITTEE

DRS C. RUMBALL, CHAIR; G. DODD, J. GHUMAN, M. MURTI, R. PURSSELL, K. WANGER; MR S. MACLEOD (SUPERINTENDENT OF MOTOR VEHICLES). STAFF: MS M. ADAIR, MS B. HODGSON, MS K. SAUNDERS, MS S. SHORE, MS H. THI, MS D. VICCARS, MR. J. WONG.

During the past year the Emergency Medical Services Committee continued to fulfill its mandate to address issues and improve standards on injury prevention, road safety, and disaster planning both in the pre-hospital and hospital fields. With significant assistance from the Office of the Superintendent of Motor Vehicles, the committee liaises with RoadSafetyBC and other stakeholders to meet its objectives.

Three resolutions were forwarded by the Committee and passed by the CMA General Council in 2015.

- CMA supports community-based programs that offer access to opioid overdoses prevention tools and services.
- CMA supports development of improved screening tools to detect drug-impaired drivers.
- CMA calls for the review of national and provincial/territorial legislation to address drug-impaired driving.

During 2016 and beyond, the committee will continue to advocate for improved abilities for law-enforcement officers to detect and reduce drug-impaired driving. Possible future legislative change, specifically in relation to marijuana, will require significant improvements in the ability for roadside screening and detection. As BC looks at developing minimum levels that establish cannabis impairment and methods for detection, expert medical input into developing provincial standards is essential.

RoadSafetyBC has replaced the 2010 BC Guide in Determining Fitness to Drive with the CCMTA Medical Standards for Drivers as their primary resource for licensing decisions. Through the committee, physicians were able to provide input into this change, and the committee will continue to work with RoadSafetyBC to provide physician input into other issues related to driver fitness.

The committee will also continue to work closely with the Superintendent of Motor Vehicles to monitor road and traffic safety issues including injury prevention strategies, traffic speeds and impacts of speed limit changes, distracted driving, and evolving technologies within the automotive industry.

To address the topic of disaster preparedness, committee member Dr Graham Dodd authored a *BCMJ* article about how family physicians and local clinics can prepare to provide health services during major and minor disasters.

—Chris Rumball, MD
Chair

ENVIRONMENTAL HEALTH COMMITTEE

DRS L. OPPEL, CHAIR; R. COPES, B. HORNE, E. YOUNG, J. LU, C. MAHESWARAN, M. MURTI; MS S. BABOVIC. STAFF: MS M. ADAIR, MS. B. HODGSON, MS K. SAUNDERS, MS. S. SHORE, MS H. THI, MS D. VICCARS, MR J. WONG.

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

Over the last year the committee has focused on:

- Producing a *BCMJ* article on mercury content of commercially available tuna.
- Monitoring the issue of fracking and its potential health impacts.
- Considering issues relating to reporting and follow-up of patients with elevated blood mercury levels.

Upcoming topics include:

- The ability of provincial and federal governments to apply health and environmental impact assessments to policy and trade agreements.
- Revisiting federal and provincial radon regulations to ensure optimal public safely.
- Water stewardship, particularly the safe use of gray water.

—Lloyd Oppel, MD
Chair

GERIATRICS AND PALLIATIVE CARE COMMITTEE

DRS R. GALLAGHER, CHAIR; M. CHUNG, D. MAY, L. MCCOY, D. MCGREGOR, S. MINHAS, J. SLATER, MS J. TRIMBLE. STAFF: MS M. ADAIR, MS B. HODGSON, MS K. SAUNDERS, MS S. SHORE, MS H. THI, MS D. VICCARS, MR J. WONG.

This year the Geriatrics and Palliative Care Committee has been very active advocating for better care of seniors and those with serious illness. The committee has helped shape policy for end-of-life care issues in Canada by participating in two stra-

tegic sessions of the Canadian Medical Association (CMA): Enabling the Physician Role as Part of a National Seniors' Strategy, and Principles-based Approach to Assisted Dying in Canada. In addition, the committee brought forward several resolutions that were approved at the CMA General Council meeting in August:

- The Canadian Medical Association supports the development and application of accredited standards for the integration of a palliative care approach into the management of life-limiting chronic disease.
- The Canadian Medical Association will develop clear guidelines for physician assessment of patients who request physician-assisted death.
- The Canadian Medical Association encourages increased end-of-life care education and training for community health care workers.

The committee has written two *BCMJ* articles, one on physician-assisted death and one on medications in frail older adults at the end of life.

—Romayne Gallagher, MD
Chair

NUTRITION COMMITTEE

DRS K. CADENHEAD, CHAIR; M. HINCHLIFFE, P. MARTIQUET, M. SWEENY, T. MIHALYNUK (HEALTHLINKBC); MS M. YANDEL (MINISTRY OF HEALTH); MS H. YEUNG (VCH). STAFF: MS M. ADAIR, MS B. HODGSON, MS K. SAUNDERS, MS S. SHORE, MS H. THI, MS D. VICCARS, MR J. WONG.

The Nutrition Committee's 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 for the population of BC. The committee works closely with the Healthy Living Branch of the Ministry of Health and HealthLinkBC on projects and policies to help support physicians provide nutrition counseling to patients.

Over the past year, the committee has focused on the prevention of childhood obesity by supporting provincial programs such as Shapedown and MEND, and community programs such as the Sustainable Childhood Obesity Prevention through Community Engagement (SCOPE) initiative, which uses the Live 5-2-1-0 healthy lifestyle message.

As chair of the Nutrition Committee, I have had the pleasure of participating on the SCOPE advisory team. I have also participated on the Provincial Healthy Eating Strategy Leadership Council, which is developing a province-wide strategy focused on strengthening public policy to increase healthy eating, promote healthy behavior, and improve food literacy and food skills.

The committee has submitted several articles to the *BCMJ* this year: "The Vitamin D Debate," "The FODMAP Diet for Irritable Bowel Syndrome," and "Current Issues: Weight Loss and Dieting." Our focus for these articles was to alert and inform physicians on topical nutritional issues.

—Kathleen Cadenhead, MD
Chair

The Nutrition Committee's 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 for the population of BC.

ALLOCATION COMMITTEE

DRS S. KHANDELWAL, CHAIR; M. HILL, D. SCHAEFFER. STAFF: MR B. BRZEZYNSKI, MR T. MACPHERSON, MS D. MAYHEW.

This is a new committee formed in late 2015. It is a reworking of the Alternate Payment Committee that was a tripartite committee of the Ministry of Health, health authorities, and Doctors of BC representatives.

The committee is tasked with addressing allocating new money for alternate payment (AP) physicians. These are primarily service and or salaried physicians mostly working in health authorities through the entire province. They represent approximately 1600 full-time equivalents (FTEs).

The primary mandate of the committee is 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 (PMA) respectively.

The PMA mandates $8 million of funds in this fiscal year to be awarded to the AP physicians, and the committee's primary mandate is to review disparity in equity and issues of recruitment and retention. The committee initially asked for submissions from all AP physicians concerning the mandate. It then met with the internal APP Issues Committee in November 2015 before meeting with government.

The committee has now met with government on four separate occasions, and is continuing to work toward a consensus opinion that will allocate the entire money assigned for the fiscal year for all AP service and salary physicians. A final consensus opinion must be rendered by 31 March 2016, or all $8 million of new funding will be equally allocated to each eligible FTE in BC.

The collaborative nature of our strategic direction as an organization can be noted in this committee as it hopes to engage with the Ministry of Health and with physician colleagues to bring about better health outcomes for all residents of BC.

It has been a privilege to work with the members and staff of this committee on behalf of the members of Doctors of BC.

—Sanjay Khandelwal, MD
Chair

ALLOCATION SUPPORT COMMITTEE

DRS D. BRABYN, CHAIR; Y. BAWA, C. BELLAMY, S. DJURICKOVIC, R. JONES.

The Allocation Support Committee (ASC) was established by the Doctors of BC Board in 2010 to provide ongoing support to the new 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.

The ASC finalized the review of the modified adjusted net daily income (MANDI) model. A number of recommended changes were distributed to section heads in March 2015. This model can be used in the disparity considerations and may possibly be used in the allocation of funds.

As requested by the Board, the ASC reviewed changing the percent cut-off for the Stage 1 fee allocation process. This review has been completed and section input has been received. The results are being considered by the ASC and a report to the Board is being prepared.

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

—David Brabyn, MB ChB
Chair

ALTERNATE PAYMENT PHYSICIANS ISSUES COMMITTEE

DRS R. TUKKER, CHAIR; C. BOOTH, J. CARD, J. DOWN, S. FEDDER, C. FITZGERALD, D. MCGREGOR, P. TONSETH, D. WILTON. STAFF: MR B. BRZEZYNSKI, MR T. MACPHERSON, MS D. MAYHEW.

There were four meetings of the Alternate Payment Physicians Issues Committee (APPIC) over the past year: 21 May, 21 October, 4 December 2015, and 13 January 2016.

Each meeting follows a roundtable process where each committee member has an opportunity to share with the group issues of significance to alternate payment (AP) physicians whom 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 it helps to stimulate group discussion on how to assist AP physicians deal with these issues.

The committee also assisted on a few other important initiatives. At the October meeting, APPIC members, along with the appointed co-chairs of the newly formed Allocation Committee, met with Dr David Ostrow, the consultant who is leading the Alternate Payments Review to provide information on the AP programs and insight into what is and is not working within the AP system.

APPIC also spent a great deal of time this past year assisting the Allocation Committee. It helped develop the application form for groups to apply for range adjustment from the AP funds, reviewed the applications, and provided input to the Allocation Committee to help with the task of allocating the funds.

APPIC would like to acknowledge the work of our representative on the Negotiations Coordinating Group (NCG), Dr David Israel, who is stepping down after a number of years serving on the NCG. We thank him for all of his hard work on behalf of APPIC. Dr Steve Fedder will now represent APPIC on the NCG.

—Roderick Tukker, MD
Chair

ARCHIVES AND MUSEUM COMMITTEE

DRS B. TAMBOLINE, CHAIR; G. DAVIDSON, B. FRITZ, D. WOODHOUSE; MR J. GILMORE.

With renovations to the building, there is now no space for archives and museum artifacts. The on-site archives have been packed and consolidated with those in safe off-site storage. Currently the archives are created in digital form, but the older records require review and a decision made on what to retain and how best to do this.

The museum artifacts are all catalogued and photographed and are being packed for storage. No further museum material can be accepted at this time.

When the archives review will begin is not certain, and it is still hoped that a new home for the museum artifacts will be found.

—Beverley Tamboline, MD
Chair

AUDIT AND FINANCE COMMITTEE

DRS M. CURRY, CHAIR; E. CADESKY, M. CORBETT, S. KHANDELWAL, A. RUDDIMAN; MS M. CHIU, MR M. HARTWICK. STAFF: MS J. PHILLIPS, MR A. SECKEL, MS S. VERGIS.

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

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

- Reviewing and recommending approval of the budget to the Board of Directors.
- Reviewing the monthly financial reports and monitoring the expenditures of various committees and projects to ensure they are within budget.
- Reviewing and recommending approval to the Board of Directors of a new members' benefit that grants access to a free, unlimited, confidential legal advice helpline as well as coverage for all reasonable costs incurred in pursuing or defending a claim.
- Supervising the Doctors of BC's annual audit conducted by KPMG LLP. The committee meets twice a year with the auditors, first to review and approve the audit planning document, then to receive the audited financial statements, review recommendations from the auditors, and discuss any changes to accounting practices

that may affect Doctors of BC.
- Reviewing and recommending approval of the Doctors of BC annual financial statements and report to the Board of Directors.
- Allocating funds to maintain adequate reserves to cover contingencies and provide for capital and long-term projects.
- Following the progress and cost implications of the renovations of 1665 West Broadway.
- Overseeing policies and ensuring governance is in place for the financial management of all funding, ensuring the funds are segregated and accounted for in compliance with financial best practices, and providing a framework for administration of the programs.
- Reviewing and recommending changes to the honoraria rates to the Board of Directors.
- Overseeing compliance with government regulations. Recently, Canada Revenue Agency has shown a greater interest in reviewing the accounting practices of not-for-profit organizations. With the implementation of our new system, income taxes will be withheld on honoraria as of 1 January 2016.

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

AUDIT AND INSPECTION COMMITTEE

DR K. HENDERSON, CHAIR (MSC REP). MEMBERS: MR S. ABERCROMBIE (AUDIT AND INVESTIGATIONS BRANCH), DR W. AMIRAULT (DOCTORS OF BC), DR J. BURAK (CPSBC), DR V. DAVIS (AUDIT AND INVESTIGATIONS BRANCH), MR E. DOLHAI (PUBLIC REP), MR D. FAIRBOTHAM (AUDIT AND INVESTIGATIONS BRANCH), MS C. JONES (SECRETARIAT), MS K. KICKBUSH (MINISTRY OF JUSTICE), MS M. THELISMA (AUDIT AND INVESTIGATIONS BRANCH), DR M. VANANDEL (CPSBC). GUESTS: MS J. GRANT (DOCTORS OF BC), DR K. WHITE (CHAIR, PATTERNS OF PRACTICE COMMITTEE).

The Audit and Inspection Committee (AIC) is appointed by the Medical Services Commission (MSC) and is responsible for the audit and inspection of the practices of medical practitioners. Files are reviewed and a decision is made as to whether to carry out an on-site audit. Final audit reports are reviewed by the AIC and a decision is made to either close the file or refer it to the MSC for recovery.

The AIC met five times in 2015. The committee lost one of its members, Dr Morris VanAndel, who died after a battle with cancer. Throughout his illness, Dr VanAndel continued to not only attend the AIC, but also take an active part in discussions and decisions. He is missed. Dr VanAndel is succeeded by Dr Jack Burak as the new College of Physicians and Surgeons representative. Dr Burak is doing an exemplary job in his new role.

—Wendy Amirault, MD
Doctors of BC representative

AWARDS COMMITTEE

DRS K. PATON, CHAIR; D. ETCHES, K. MCKEEN. STAFF: MS A. GRAY.

The Awards Committee has the delightful task of identifying and recommending individuals, both in the medical community and the community at large, for recognition of their accomplishments at various levels and in a variety of arenas: local, provincial, and national; medical, volunteerism, philanthropy and leadership; general and specific. These honors include the CMA Honorary Membership Award, the Doctors of BC Silver Medal of Service Award, the Don Rix Award for Physician Leadership, and the Changemaker Award in conjunction with CPAC. These awards provide an opportunity to showcase hardworking doctors and their efforts to the public, the media, the health authorities, and the government.

This committee serves the Doctors of BC overall strategic objectives by promoting the visibility of professional excellence and celebrating achievement in the public eye and within the profession. It engages the membership by recognizing colleagues, and it is clear from the

response of awardees that there is satisfaction in being recognized by peers. It also provides a humbling catalogue of the energy, drive, and creativity of dedicated individuals in their efforts to improve health and health care delivery and to serve the public.

The committee's greatest challenge is garnering submissions for consideration of awards. We were successful in obtaining more applications by using the network of previous awardees, enhancing calls for nominations, and assisting in the application process when requested by the nominators.

In 2015–16, the committee combined teleconference/in-person meetings to minimize travel expense and maximize participation from areas beyond the Lower Mainland, and conducted business in between by e-mail and telephone. New medals were struck, and a new recognition of potential mid-career leaders honoring a deceased dedicated member is underway. With the CMA meeting in British Columbia this year, we were delighted to be able to recognize additional individuals for CMA Honorary Membership.

The committee would be pleased to hear from members who would like to honor colleagues. We look forward to more robust electronic methods to share documents in 2017. We thank Ms Aria Gray for her professional service and attentiveness.

—Katherine E. Paton, MD, FRCSC
Doctors of BC representative

BC MEDICAL JOURNAL

DRS D. RICHARDSON, EDITOR; D.B. CHAPMAN, A. CLARKE, B. DAY, S.E. HAIGH, T.C. ROWE, C. VERCHERE, W.R. VROOM. STAFF: MS M. ADAIR, MR J. DRAPER, MS J. JABLKOWSKI, MS K. SURALIWALLA.

It seems like it has only been 12 months since my last report but apparently it has been a year. The members of the Board of the *British Columbia Medical Journal (BCMJ),* while admittedly looking a little older, remain the same. In 2015, the terms of reference for the *BCMJ* were revised and after some valued input from the Governance Committee they were approved by the Board of Doctors of BC. The paragraph about the editor's free BMW was apparently overlooked.

The physician members of the *BCMJ* Editorial Board come from varied backgrounds and specialties. Each of them brings a valued, unique perspective to the reviewed material eventually published in our pages. I remain humbled by their intellect and passion for medical literature. Their input helps make the *Journal* a publication the physicians of BC can be proud to call their own.

The real heroes of the *BCMJ* remain the *Journal* staff. Mr Jay Draper, managing editor, keeps us all in line (especially me) with his patient, guiding hand. Ms Kashmira Suraliwalla, senior editorial and production coordinator, makes sure everything happens as it should even though her filing system remains an enigma to us lesser mortals. Ms Joanne Jablkowski, associate editor, motivates constantly through her energy and humor. The *Journal* would not be the award-winning publication it has become without their contribution.

In addition to maintaining its devoted readership of the print issue, the *Journal* continues to capture a large online audience, with visitors from around BC, across Canada, and throughout the world accessing the wealth of archived content at bcmj.org and following the *Journal*'s presence on Twitter (@BCMedicalJrnl) and Facebook (facebook.com/BCMedicalJournal).

Lastly, the moment you have all been waiting for has arrived. It is now time to register for the *BCMJ*'s 2017 Mexico CME cruise. Make sure you book early so you can take part in this great CME opportunity.

So in summary, the *BCMJ* is a publication composed and read by the physicians of BC. We are grateful to all our contributing authors and supporters. Our publication's uniqueness can only be guaranteed by the valuable contributions of our members, so please continue to send in your letters, opinions, and articles.

—David R. Richardson, MD
Editor

www.bcmj.org

CLINICAL FACULTY WORKING GROUP

DRS D. HAUGHTON, CO-CHAIR; L. DINDO, S. TULSIANI. UBC: MS D. DREFFS, DRS M. NIMMO, G. PARHAR, MS S. PAUL. STAFF: MS D. MAYHEW, MR P. STRASZAK.

The Clinical Faculty Working Group (CFWG) is a joint committee between UBC Faculty of Medicine and Doctors of BC that was convened in 2011. The Working Group consists of three UBC faculty administrators (Ms S. Paul replaced Dr M. Nimmo this year) and three Doctors of BC representatives. The responsibilities of the Working Group are to consult on and make recommendations to the Dean of Medicine on compensation and other issues affecting clinical faculty and to facilitate their implementation.

In support of the 2015 CFWG consultation process, Doctors of BC conducted a large-scale survey of physician clinical faculty members in January 2015, with 1054 responding—about three times the usual response to such surveys! The survey results identified a number of areas for improvement: nonmonetary issues affecting clinical faculty, including the difficulty of balancing teaching with patient care; concerns about the administrative burden of teaching appointments; and the lack of support or connection to UBC. Members also indicated a frustration with the level of compensation for clinical faculty work.

The Working Group agreed on a number of recommendations for consideration by the new Dean of Medicine, Dr. Dermot Kelleher. The recommendations reflect renewed efforts to increase recognition, protect time and review compensation issues, increase mentoring for teaching, seek efficiencies, and revisit the role of the Working Group. Embedded in all of the recommendations is a desire to improve communication. The dean responded to the recommendations in July 2015, substantially agreeing to all of them, but delaying the next review of compensation to 2017.

The CFWG met once in 2016 to advise on implementing the recommendations. We appreciate that UBC staff have made great effort over the last 2 years to improve efficiencies, address communication issues, and improve the delivery of the clinical faculty services. In particular, a great deal of work has been done to build a system to track, label, and remunerate undergraduate clinical teaching by physicians, which we expect will be implemented this year. Other issues in discussion include protecting teaching time under AP contracts, reviewing the compensation model, recognizing clinical faculty, establishing a mentoring program, and effectively applying the appointment/promotion process for clinical faculty.

The CFWG would like to thank departing member Dr Margaret Weiss for serving on the committee.

—David A. Haughton, MD
Co-Chair

COLLABORATIVE UTILIZATION AND SYSTEMS IMPROVEMENT COMMITTEE

DRS J. CUPPLES, ACTING CO-CHAIR; MS J. CRICKMORE, CO-CHAIR; R. CLEVE, G. HOAG, M. KELLY, A. MANGAL.

The committee has not been meeting regularly due to the restructuring of the laboratory delivery system as well as several departures and absences in key ministry staff. There was only one meeting, held on 20 February 2015. The responsibility for the payment of laboratory services has been transferred from the MSP to the Provincial Lab Agency effective 1 October 2015. The future and form of CUSIC has yet to be determined.

The task of this committee was to monitor and manage annual growth in expenditures of laboratory services in accordance with the terms of the Second Renewed Laboratory Agreement between the British Columbia Medical Association and the Government of British Columbia. This includes any required attention to growth rates for non-high-volume fee items. Activities include ensuring that expenditures remain on track to reach the agreed target for the fiscal year. The expenditures for 2014–15 fell below the target and a repayment was made according to the process in the agreement. Expenditures for the six months (April to September) of 2015 in the agreement were on target. Other activities include making recommendations to add, delete, or modify test items on the MSP schedule in

order to keep it in line with current practice. These functions will eventually be carried out under the auspices of the new Provincial Lab Agency.

—Jim Cupples, MD
Acting Co-Chair

CONTINUING PROFESSIONAL DEVELOPMENT NUCLEUS COMMITTEE

DRS I. SCHOKKING, CHAIR; J. FISHER, B. HOBSON, C. NEWTON, C. NORTHCOTT, EX OFFICIO: DRS S. JOHNSTON (RCCBC), R. MCFADYEN (VIHA), T. SOROKAN (UBC CPD), DALE STOGRYN (FHA) EX OFFICIO (RETIRED), S. SZE (PAST CPD CHAIR). STAFF: DR. S. BUGIS, MR. R. HULYK, MS. G. LYNCH-STAUNTON.

All BC community CPD coordinators are invited to the annual spring education conference and AGM. This year Divisions of Family Practice representatives were also invited. For the fifth year, we are appending a PMI leadership course that always sells out and is heavily waitlisted. This year's PMI is Conflict Management and Negotiation with faculty Scott Comber, PhD, and Janice Stein, PhD.

There were 20 motions from the 2015 AGM. The highlights include the following.

Mission and Vision

The CPD Committee:

- Acknowledges that time set aside for dedicated networking and collegiality activities is an essential component of workforce development and enhancement in CPD activities.
- Supports continuing and deepening linkages and alignment with all organizations involved in CPD, development of medical education programs, and quality improvement initiatives.
- Advocates for a culture of building self-generated awareness of individual performance for quality improvement through appropriate CPD choices (rather than using punitive measure to threaten, intimidate, or devalue).

Strategic Direction

The CPD Committee requests Doctors of BC and its collaborative committees to advocate for and support as noted:

- The development of a CQI system for the province to ensure the best quality of medical services as close to home as is feasible. We advocate through Doctors of BC and their resources for the development of CPD that has measurable impact on physician performance, and improved patient outcomes and population health (teaching, mentoring, small-group learning) linked to clinical data appropriately designed simulation activities).
- CPD activity for specialists in rural and urban communities, such as PSP modules on shared care at a community level.
- "Generalism" for both GPs and specialists at all levels of education, medical school, post-grad, and CPD.
- The importance of CPD as a cornerstone of physician recruitment and retention especially in rural areas, and for the expansion of medical education/training programs that directly contribute to rural physician CPD. We strongly suggest increasing flexible GP/specialist re-entry training processes to address community and practitioner needs.
- The development and dissemination of simulation opportunities to maintain skills in low-volume scenarios.
- Through their reps to CMA Board, the continued involvement with other stakeholders to explore funding sources to support the national CPD project.
- The CPD Hub and CPD4me mobile application.
- A formal linkage between local physician advocating wellness (PAW) groups and the Physician Health Program.

Funding Requests

We requested dedicated funding from the Doctors of BC for the Divisions of Family Practice and the emerging medical staff associations for CPD activities, as well as for representatives of these groups, and rural and urban physician medical education leaders to attend our CPD AGMs.

—Ian Schokking, MD
Chair

COUNCIL ON HEALTH ECONOMICS AND POLICY

DRS D. MILLIKEN, CHAIR; A. ATTWELL, E. CHANG, T. GERSCHMAN, J. GHUMAN, J. HARRIES, D. HORVAT, G. HUTCHINSON, T. LARSEN SOLES, T. MONK, L. OPPEL, J. OTTE, A. RUDDIMAN, K. SHAW, M. TAYLOR, E. WEISS. MEDICAL UNDERGRADUATE SOCIETY GUESTS: MR D. KLASSEN, MS C. SCHILLER. RESIDENT DOCTORS OF BC GUESTS: DRS J. KANCIR, G. MITRA, M. SZUMILAS. STAFF: MS M. ADAIR, MS K. SAUNDERS, MS S. SHORE, MS H. THI, MS D. VICCARS, MS T. WEBB, MR J. WONG.

The Council on Health Economics and Policy (CHEP) is mandated to assist the Board on the most important developments of health care policy and to support communications with the profession, the public, and the government. Under the guidance of the Doctors of BC Board, CHEP reviews policy and produces policy papers or statements about the economics, organization, and management of the health care system.

2015–16 has been a busy year for CHEP, as it addressed many issues relating to physician practice, health care delivery, health information technology, and health system design and renewal. Early in the year, the Board approved the policy paper "Precision Medicine: Understanding Our Genes for Better Health," which examines the challenges and opportunities of genetic testing for clinical practice, stressing the importance of this being driven by concerns for quality patient care and clinical needs.

This paper was accompanied by a briefer statement, "Direct-to-Consumer Genetic Testing (DTC GT) for Health Purposes." Because of concerns about the usefulness, reliability, and confidentiality of DTC GT, and the need for knowledgeable professional advice about its interpretation, Doctors of BC (and the CMA in a resolution sponsored by CHEP) called for federal regulation of marketing and health-related claims of DTC GT, similar to direct-to-consumer prescription drug advertising.

During the year, CHEP also provided the Board with significant input into the Doctors of BC final submissions on the various proposals put forward by the Ministry of Health in its policy papers on delivering a patient-centred, high-performing, and sustainable health system in BC; primary and community care; surgical services; rural health services; and information management and technology.

Currently under development are policy statements and papers addressing the importance of autonomy for the medical profession to advocate for individual patients; the need to ensure the safety and protection of physicians (and other clinical staff) in institutional or office settings; and how Doctors of BC, and physicians generally, can contribute to measuring and improving BC's health system. This work aims to highlight the important contributions of physicians in quality improvement, and make recommendations to better support clinical leadership to improve our health care system.

CHEP continues to remain up to date with the Supreme Court of Canada ruling on the issue of physician-assisted death.

CHEP assists the Board in ensuring that Doctors of BC is an authoritative voice on health policy issues and management of health resources, and consequently it constantly scans the environment to stay on top of emerging issues and opportunities.

I would like to thank all Council 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 act as the Council's chair for the past year.

—Donald Milliken, MD
Chair

COUNCIL ON PUBLIC AFFAIRS AND COMMUNICATIONS

DRS W. CAVERS, CHAIR (PAST PRESIDENT); R. JONES, L. OPPEL, A. RUDDIMAN (PRESIDENT-ELECT), C. WEBB (PRESIDENT), D. WILTON. STAFF: MR A. SECKEL, MS M. ADAIR, MS J. CAVERS, MS S. SHORE.

This past year has seen some significant changes to the Council on Public Affairs and Communications (CPAC). A newly formed council has taken on a redefined mandate with a new membership structure designed to create a tighter advisory

body to the president in the role as official spokesperson of the Association, with strong linkages to the Department of Communications and Public Affairs.

Committee members spent the first year building an effective foundation to better support the strategic plans of the organization. With the Department of Communications and Public Affairs, CPAC continues to identify issues that may impact the Association and provide support to the president. Under its new mandate, CPAC is developing a network of members to act as media contacts with specific areas of expertise. CPAC has also started to develop a government relations strategy to provide a focused, effective way to build relationships with elected government officials. The MD-MLA program has been put on hold to allow the committee time to develop this new strategy to provide the best value to members. CPAC coordinates with CHEP and COHP to share information, discuss strategies, and provide feedback on projects through the public and political lens.

The chair of CPAC will change every year. The immediate past president moves into that role every June, bringing his or her recent experience as the key spokesperson for the organization. I am honored to have been the first chair of the new CPAC. I am proud of our new direction and the work we have started, and I look forward to changes that will bring value to our members over time.

—W. (Bill) Cavers, MD
Chair

DOCTORS OF BC–WORKSAFEBC LIAISON COMMITTEE

DRS C. JACKSON (CO-CHAIR); P. ROTHFELS (CO-CHAIR); C. DUNN, C. HAMBLETON, C. MARTIN, E. WEISS; MR G. DALMER. WORKSAFEBC STAFF: MS C. AKIZUKI. DOCTORS OF BC STAFF: MS F. FERDOWSI, MR R. HULYK.

The members of the Doctors of BC–WorkSafeBC Liaison Committee met four times in 2015. The committee provides consultation and input to WorkSafeBC policies relevant to clinical practice and dispute resolution between physicians and WorkSafeBC regarding clinical practices or billing issues. With the new agreement ratified in July 2015, the committee has an increased scope that includes mid-term addition or modification of WorkSafeBC fee items. The change in scope gives WorkSafeBC and Doctors of BC greater flexibility to review issues and consult with individual physicians and appropriate section groups, and make the necessary changes to fee items.

The increased scope will allow for greater collaboration between the committee and the Projects and Innovation Committee (PIC). When fee item submissions are brought forward they will be submitted to the Liaison Committee, which may refer proposals with significant modifications to PIC for further review and consideration. PIC was created in 2012 to identify areas for disability management improvement for injured workers and to explore solutions that are mutually beneficial to WorkSafeBC and the Doctors of BC.

Issues discussed during meetings in 2015 included increased scope, development of forms, and policy relevant to clinical practice. A challenging issue for the committee this year emerged from the implementation of the new WorkSafeBC agreement. Specifically, surgeons raised concerns with the new rules and process for payment and reconciliation for expedited surgery. Doctors of BC representatives advocated strongly on these points, and at the time of this report, discussions to resolve these issues were in progress.

Any Doctors of BC members with concerns regarding their interactions with WorkSafeBC are invited to contact this committee by emailing Farnaz Ferdowsi at fferdowsi@doctorsofbc.ca.

—Colin Jackson, MD
Co-Chair

DOCTORS OF BC–WORKSAFEBC PROJECTS AND INNOVATION COMMITTEE

DRS THOMAS GOETZ, CO-CHAIR; C. MARTIN, CO-CHAIR; I. CONNELL, E. WEISS. WORKSAFEBC: DRS G. DALMER, M. DELGARNO, W. GALLASCH. WORKSAFEBC STAFF: MS C. AKIZUKI. DOCTORS OF BC STAFF: MS F. FERDOWSI, MR R. HULYK.

In accordance with the newly ratified 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 improve return-to-work rates.

In 2015 PIC received a number of proposals, from which two were selected as pilot projects. The first project involves working with radiologists in three private centres: Access MRI, Canada Diagnostics Centre, and Image One MRI. The project's goal is to improve general practitioner and patient understanding of the relevance of reported findings, and to reduce unnecessary secondary costs of consultation, intervention, and disability duration (e.g., rehabilitation, narcotic prescriptions). The imaging clinics submitted 6 months of qualitative data for evaluation, which is underway.

The second pilot project involves orthopaedic surgeons in Prince George utilizing a new form that provides information to case managers and medical advisors on limitations, restrictions, rehabilitation planning, and reintegration into the workforce. The form also allows the surgeon to indicate if the worker is progressing as expected or if there are concerns that should trigger a telephone conversation between the case worker or medical advisor and the surgeon. This project will likely be expanded to include general practitioners and orthopedic surgeons in Victoria, Prince George, and Kamloops.

In 2016 the PIC will continue to identify and test potential solutions for improving disability management for injured workers including improving quality of care and streamlining processes, and improving physicians' work experience with WorkSafeBC, Doctors of BC, and patients.

—Thomas Goetz, MD
Co-Chair

EXECUTIVE NEGOTIATING OVERSIGHT COMMITTEE

DRS M. CORBETT, CHAIR; D. ATTWELL, G. AVERY, K. BURNS, E. CADESKY, W. CAVERS, J. FALCONER, H. FOX, D. KENDLER, F. KOZAK, T. LARSEN SOLES, G. MACKIE, A. RUDDIMAN, S. SZE, R. TUKKER, C. WEBB, D. WILTON. STAFF: MR J. AIKMAN, MR T. MACPHERSON, MR P. STRASZAK.

The Executive Negotiating Oversight Committee did not meet this year and has nothing to report.

—Mark Corbett, MD
Chair

GENERAL PRACTICE SERVICES COMMITTEE

DR S. ROSS, CO-CHAIR (DOCTORS OF BC); MS W. HANSSON/MR M. ARMITAGE, CO-CHAIR (MINISTRY OF HEALTH). DOCTORS OF BC REPRESENTATIVES: DRS P. BARNSDALE, F. DUNCAN, K. HENDRY, G. WATSON, J. YOUNG. MINISTRY OF HEALTH REPRESENTATIVES: MR E. BRINGSLI, DR J. HAMILTON, G. MAZOWITA, MS S. OOMS, MS N. SOUTH. HEALTH AUTHORITY REPRESENTATIVES: MS D. ARSENAULT (IHA), DR B. BURNS (VIHA), MS M. HAWKINS/MS P. PARDY (FHA), MS P. MULROY (NHA), MS C. PARK (VCHA), DR N. SKURIDINA (FNH). MINISTRY OF HEALTH STAFF: MS L. LOW, MS A. MICCO. DOCTORS OF BC STAFF: MS D. BALES, MS G. BEKIOU, DR J. CLARKE, DR C. CLELLAND. MS A. GODIN, MS C. GRAFTON, DR B. HEFFORD, MS S. PAPADIONISSIOU, MR G. TAYLOR.

Under the Physician Master Agreement, the GPSC has a specific mandate to serve as a vehicle for representatives of Government, Doctors of BC, and the Society of General Practitioners to work together on matters affecting the provision of services by general practitioners in BC. This includes creating incentives for practitioners to provide full-service family practice, thereby further benefiting patients.

Primary care provides a critical foundation for the health care system and serves as the vehicle for ensuring continuity of care across the system. With this in mind, the GPSC undertook an extensive province-wide consultation to hear first-hand from GPs about how they want to practise and care for their

patients in the future. During the 11-week visioning engagement, over 30% of BC GPs participated either online or in person, or both. Based on GP feedback, along with the work of divisions in their communities during initiatives such as A GP for Me and the strategic priorities of the GPSC's partners and other joint clinical committees, the GPSC is developing a GP vision for primary care. That vision will drive the work of the GPSC for the foreseeable future.

Community-based divisions of family practice have continued to implement their A GP for Me initiatives. The most successful initiatives have been identified with further impact funding provided where requested.

Following the Recruitment and Retention Summit in March 2015, the divisions-led provincial recruitment and retention committee expanded to include membership from all major stakeholders. An online toolkit of best practices was launched in November and, to help GPs applying for work in BC, a "journey map" will soon be available online to help physicians navigate the complex journey.

The Residential Care Initiative is rolling out across the province to ensure that those patients living in residential facilities have a most responsible physician who will meet best practice objectives. Thirty-four divisions of family practice are engaged in this initiative.

The maternity care working group continues to refine the Maternity Care for BC (MC4BC) program. This program is available for family doctors at any stage of their career. MC4BC is a self-directed learning experience that offers flexibility with location, timelines, and schedules.

An independent evaluation of Pathways, the web-based resource for GPs and MOAs to facilitate optimal patient referrals developed by the Fraser Northwest Division of Family Practice, showed that it was an overwhelming success. There was a decision to make the program available across the province in a phased rollout. The GPSC recognizes that evaluation is an integral part of all programs as they are developed.

The GPSC is currently funding its sixth cohort of the Leadership and Management Development Program through Simon Fraser University's Beedie School of Business. As well, we continue to provide funding to the Shared Care Committee, valuing the importance of GPs and specialists working together. Some funding has been earmarked for the Child and Youth Mental Health and Substance Use Collaborative as it enters its final year.

It has been a pleasure to co-chair the GPSC with Mr Mark Armitage and Ms Wendy Hansson from the Ministry of Health.

—Shelley Ross MD
Co-chair

GOVERNANCE COMMITTEE

DRS W. CAVERS, CHAIR; C. WEBB, L. DINDO, R. ROUTLEDGE, M. GOLBEY, A. GOW.

The mandate of the Governance Committee is to advise the Board and members on matters of governance to ensure that our Association is effective and efficient in use of membership resources, and inclusive of membership.

It has been an honor and a privilege to chair this committee. Despite the deficiencies of the chair, it has worked extremely well, with a membership that includes the current and two previous chairs of the Board, and a previous chair of the CMA Board. The discussions have been difficult and impassioned at times, yet principled, respectful, and constructive.

In the last year the committee has had two primary focuses. The first has been the review of internal processes within the Association's current structure to ensure that they reflect best practices. Specifically, the committee has been:

- Working with committees in reviewing their terms of reference and developing recommendations for improvement.
- Reviewing proposed bylaw amendments in order to make recommendations to the Board.
- Reviewing the processes related to the elections of committee members, directors, and officers.
- Reviewing the issue of voting privileges for medical students.
- Reviewing the requirements of the Association with the passing of the new Societies Act.

The second major initiative of the committee this year has been engaging with the membership

on the Association governance structure. This has been a recurring issue for many years, with several unsuccessful proposals having gone to referendum in the past. The committee launched an initiative in September 2015 to collect membership opinion on governance structure, and engaged with Board, Society, and section head delegates on this issue at a full-day meeting at the end of October. Since that time the committee has continued its work, developing a more concrete proposal that incorporates the feedback it has received. It was the original intention of the committee to have this proposal ready for a referendum in the spring of this year, but this timeline has proved to be overly ambitious. It is now the committee's intent to engage further with the Board, societies, and sections and have its proposal out for a referendum vote later in 2016.

—W. (Bill) Cavers, MD
Chair

GUIDELINES AND PROTOCOLS ADVISORY COMMITTEE

DRS B. DALAL, CO-CHAIR (RETIRED JUNE 2015), J. GRAY, CO-CHAIR; M. DAWES, A. HARRIS, B. HOBSON, A. LEE, D. NGUI, T. PARNELL, H. RANCHOD, J. STEWART, A. TEJANI, P. WHITE, D. WILSON. MINISTRY OF HEALTH: MS T. COLLINS, CO-CHAIR; MS W. HANSSON, CO-CHAIR; DRS S. LEE, D. MCTAGGART; MR W. PANG; STAFF: DRS A. GARG, B. HEFFORD, D. MACCARTHY; MS T. DEVENISH.

The Guidelines and Protocols Advisory Committee (GPAC) is an advisory committee to the Medical Services Commission, and a joint collaboration of 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 in common medical situations, with particular focus on circumstances in BC. These recommendations are published as easy-to-read clinical practice guidelines under our brand name, BC Guidelines, on our website: BCGuidelines.ca.

Revised Guidelines and Protocols Published in 2015–16

- Asthma in Adults—Recognition, Diagnosis and Management (revised from the 2010 version)
- Chronic Heart Failure—Diagnosis and Management (revised from the 2008 version)
- Diabetes Care (revised from the 2010 version)
- Stroke and Transient Ischemic Attack—Acute and Long-Term Management (revised from the 2008 version)
- Warfarin Therapy Management (revised from the 2010 version)
- Warfarin Therapy—Management During Invasive Procedures and Surgery (revised from the 2010 version)

New Guidelines Developed

- Atrial Fibrillation—Diagnosis and Management
- Use of Non-Vitamin K Antagonist Oral Anticoagulants (NOAC) in Non-Valvular Atrial Fibrillation

New Guideline Developed in Collaboration with ChildHealthBC

- Asthma in Children—Diagnosis and Management

Guidelines and Protocols in Development

Existing guidelines being revised:

- Chronic Obstructive Pulmonary Disease
- Thyroid Function Tests
- Vitamin D
- Testosterone

New Guidelines Being Developed

- Special Endocrine Testing
- Lifestyle and Self-Management Supplement

GPAC was busy with other activities as well. In 2014–15, the hypertension working group piloted two projects using the AGREEable process and adding levels of evidence to its key recommendations. This process was piloted again with the heart failure working group. In September and November, GPAC was provided with a two-part presentation on the AGREE tool and how it had been applied in these two working groups. As well, the committee members used the AGREE tool themselves to understand fully the pros and cons of using it to develop GPAC guidelines. It was decided, when

appropriate, to use the AGREEable process when developing future guidelines.

GPAC also attended the four primary health care conferences to build awareness of BC Guidelines, and our booth proved popular at all of them. The majority of the feedback from the primary care practitioners continues to be overwhelmingly positive as many appreciate the high–quality, conciseness, and easy-to-read format of the guidelines. Most questions asked were about a BC guideline app (about the old one or if there is one available) and when guidelines will be integrated into EMRs.

—Jim Gray, MD
Co-Chair

INSURANCE COMMITTEE

DRS M.A. MCCANN, CHAIR; M. CURRY, A. FRAYNE, R. JONES, L. VOGT. STAFF: MS S. LUCIUK, MS A.M. O'DRISCOLL, MS K. PELLETIER.

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

In 2015 the committee worked on implementing various coverage enhancements for physicians, such as adding cyber liability to the home and office insurance offering, and improving the critical illness plan with implementation of child coverage. In conjunction with the Audit and Finance Committee, the Insurance Committee reviewed and recommended a legal expenses insurance plan to the Board for consideration as a no-cost benefit for Doctors of BC members.

The committee also reviewed and advised on the implementation of the discounted Health Benefits Trust Fund (HBTF) Plan premium rates for members in their first year of practice. The HBTF Board of Trustees approved this plan effective 1 February 2015. The committee also made recommendations to the HBTF Board of Trustees on plan enhancements, communications, rating strategies, and long-term plan funding and reserving.

Summary of Plans

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

Premiums Received in 2015

	No. Insured	$ Premium
PDI	7792	14 000 000
Disability Income	3036	2 794 857
Life	4784	4 090 814
Professional Expense	969	855 000
AD&D	1349	256 308
Health Benefits Trust Fund	3582	8 389 517
Critical Illness	1532	1 028 232
Office Contents/ Homeowners		6 433 095
MEDOC Travel		729 280
Specialty Individual Coverage		744 563
Total		39 321 666

Insurance Advisory Services

Doctors of BC, together with other provincial medical associations, is part of an insurance alliance with MD Financial Services. As an outcome of this alliance, the participating provincial associations,

including Doctors of BC, have taken responsibility for fulfilling all lifestyle insurance products (e.g., term life, disability, critical illness, office overhead) including individual products. To facilitate this activity, BCMA Agencies Ltd., a wholly-owned subsidiary of Doctors of BC, offers members access to the complimentary insurance review and 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 has been 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. PHILLIPS, MS S. VERGIS.

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

While the Physician Health Program is the other benefit program outlined in the Benefits Subsidiary Agreement, its budget does not fall under the jurisdiction of this committee.

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

For 2015–16 the maximum CPRSP basic benefit and length of service benefit was $4020 and $3430 respectively, with a minimum income threshold of $60 000 gross. This minimum income will be reviewed by the Benefits Committee biennially.

The maximum CME benefit for 2015 was $1800. The entitlement amount will be paid automatically to physicians, provided they have been revalidated by the College of Physicians and Surgeons to ensure that they have completed their educational requirements for licensing.

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

CMPA dues for 2015 have risen substantially, so although the new Benefits Subsidiary Agreement contained substantial new CMPA rebate funding, it was not possible to fully reimburse CMPA dues over the 1985 level. Instead, the 2015 CMPA rebate reimbursed dues over 1.75 times the 1985 level. Unfortunately it is projected that CMPA fees will continue to increase for a number of years, which may further decrease the rebate.

The PDI benefit has been maintained at the $6100 per month maximum. The PDI benefit provides a 1-year maximum benefit payment for disabilities occurring between age 65 and 70 as well as a partial residual benefit. It should be noted that the increasing number of physicians, other demographic changes, and increased claims experience has affected the performance of the PDI plan over the last couple of years. In prior years, surplus funds from PDI have been used to supplement the other benefit programs, but it appears that this will no longer be the case, and additional funding may be needed to be allocated to PDI to maintain the benefit level.

The table below outlines the benefit levels over recent years.

Program	**Year**	**Benefit Maximum**	**Program Funding** (*millions*)
PLP	2013–14	$1000/wk	$4.30
	2014–15	$1000/wk	$5.30
	2015–16	$1000/wk	$4.30
CME	2013–14	$1800	$17.29

	2014–15	$2300	$22.54
	2015–16	$1800	$18.82
PDI	2013–14	$6100/mo	$14.00
	2014–15	$6100/mo	$14.00
	2015–16	$6100/mo	$16.33
CPRSP	2013–14	$7600	$52.86
	2014–15	$7600	$53.57
	2015–16	$7450	$54.17
CMPA	2013–14	n/a	$20.80
	2014–15	n/a	$25.00
	2015–16	n/a	$48.20

—Michael A. McCann, MD
Co-Chair

JOINT STANDING COMMITTEE ON RURAL ISSUES

DR A. RUDDIMAN, CO-CHAIR (OLIVER), MR R. FRECHETTE, CO-CHAIR (MINISTRY OF HEALTH). SECRETARIAT: MS D. JACKSON (MINISTRY OF HEALTH). MEMBERS: DRS N. HUMBER (LILLOOET), E. MARQUIS (PRINCE GEORGE), S. MOOLA (NELSON), J. SOLES (CLEARWATER). ALTERNATES: DRS G. APPLETON (TERRACE), C.S. JOHNSTON (OLIVER). MINISTRY OF HEALTH: MR J. ENGLISH, MS S. WALKER, DR B. TEMPLE (NHA), MS P. YAMIKOV (IHA). MINISTRY ALTERNATE: MR D. BLACKIE. GUESTS: DRS J. BESELT (VIHA), R. BROWN (VCH), R. MARKHAM (RCCBC), S. MCDONALD (FNHA 2016), J. PAWLOVICH (REAP); MS M. TYE (MINISTRY OF HEALTH), MS S. WATERS (FNHA 2015). STAFF: MR J. AIKMAN, MS M. CORMIER, MS A. MACDONALD, MS T. WEBB.

The Joint Standing Committee on Rural Issues (JSC) is a joint collaborative committee (JCC) of the Doctors of BC and the Ministry of Health that manages the Rural Subsidiary Agreement. It is the formative JCC and has been in place since 2000.

The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of BC by addressing some of the unique, demanding, and difficult circumstances attendant on these physicians, and by enhancing the quality of the practice of rural medicine. This past period has been integral in moving forward to collaboratively address key areas imperative to the long-term provision of rural health care.

The JSC's responsibility to manage a full suite of programs aimed at recruiting and retaining physicians in rural BC continues to be integral to the committee proceedings. Examples include the Rural Retention Program (RRP), the Rural Emergency Enhancement Fund (REEF), and Rural Continuing Medical Education (RCME), in addition to the locum programs. These ongoing programs, along with a number of one-time initiatives, are financially supported by approximately $130 million annually.

The JSC implemented the Funding for Supervisors Program to support rural supervisors who spend a significant amount of time assessing the knowledge, competencies, and clinical skills of rural physicians who have provisional licences. Further, the Guide to the Rural Physician Programs in BC was updated in March 2016 and distributed to health authorities province-wide.

Over the past year the JSC has been working diligently to ensure a smooth transition of the administration of the rural locum programs from the Ministry of Health to Health Match BC. The vision of this transition is to create a concierge-type service that is responsive both to locum physicians and rural physicians and communities.

The JSC completed a comprehensive 3-year work plan, which identified the following priorities for the committee's operations focus:

- Stabilization of the medical isolation community point system.
- Rural patient transport.
- Development of networks of care (surgical, maternity, and ER networks).
- Rural CME.
- Locum programs.
- JSC program administration in health authorities.
- IT/virtual medicine; addressing chronic vacancies.
- The Northern Outreach Isolation Travel Assistance Outreach Program (NITAOP) evaluation.

The JSC continues to evaluate the rural programs to ensure they are sustainable in their application across the province. In 2015–16 the REEF and the

Rural Physicians for BC (RPs4BC) programs were evaluated, and recommendations from those reports are now being addressed. NITAOP is currently being evaluated with recommendations expected to be reported for consideration at the close of 2016.

A highlight of 2015–16 has been the development of the Sustainable Communities Initiative where the JSC asked the health authorities to identify communities that would benefit from funding to support identifying and developing sustainable health service delivery systems. Sustainable community pilot projects, each funded to a maximum of $500 000, are now underway over the next 3 years in Burns Lake (NHA), Mount Waddington (VIHA), Princeton/Keremeos/Osoyoos/Oliver (IHA), Ahousat (FNHA), and Bella Coola and Bella Bella (VCH).

The JSC has identified the critical need for, and provides significant support toward, the Practice Ready Assessment-BC (PRA-BC) program, which assesses internationally trained physicians seeking BC licensure. The program is intended to increase the supply of practice-ready family physicians to BC, and is funded by $7.6 million extended to March 2019. Internationally trained physicians who successfully complete the 12-week assessment program each commit to a 3-year return of service to a health authority–designated host rural community. Since July 2015 there have been 25 international physicians who have successfully completed the PRA-BC program and are currently providing their return of service in a rural community. An additional 15 international medical graduates will be assessed in each of the spring and the fall of 2016.

In keeping with its mandate and goals, the JSC strongly recognizes and now funds programs supporting the value of premedical training accessibility for both rural-origin and Aboriginal students. The JSC acknowledges the extensive research highlighting the determinants of rural physician recruitment and retention, and now provides a 4-year commitment of $250,000 annually to support the Rural Pre-Medicine Program at Selkirk College in Nelson, BC.

REAP continues to provide support for rural physicians and medical students (both undergraduate and postgraduate) to enhance their medical skills and experience. This past year REAP was able to provide bursaries to 22 UBC medical students who demonstrated extensive rural connections. In addition, REAP continues to provide funding to both third- and fourth-year medical students and residents who participate in rural rotations in RSA communities. REAP also facilitated skill enhancement training for rural physicians and locums through its Advanced Skills and Training Program and the new Rural Skills Upgrade Program in areas of identified need, including oncology, anesthesia, obstetrics, and emergency medicine.

This has been yet another eventful and strategic year for the Rural Coordination Centre of BC (RCCbc), which continues its fine work and efforts in support of the JSC and rural medicine. A new executive director, Dr Ray Markham of Valemont, BC, was appointed to succeed Dr Granger Avery. The JSC thanks Dr Avery for his foundational leadership and visionary efforts as the RCCbc's inaugural executive director.

In the past year the RCCbc has again focused on promoting "closer to home" continuing professional development (CPD) activities. Highlights include support of the Comprehensive Approach to Rural Emergencies (CARE) course, the Wilderness Medicine course, and UBC-facilitated rural CPD traveling courses. Other key events included the Rural Locum Forum in Nanaimo this past winter and the annual Rural Emergency Continuum of Care conference in Prince George in spring 2016.

For the past nine years the JSC has conducted one of its meetings annually in a rural BC community in order to reach out to the local physicians and the community itself. In September 2015 the meeting was held in Prince Rupert. Quadra Island will be the host community in September 2016.

I would like to thank the committee members for their skillful rural medicine leadership, and for their enthusiastic commitment, creativity, and patience. These rural physician members have shown tireless dedication in scheduling and attending meetings despite the challenges that arise from traveling from rural and remote parts of our province. These colleagues continue to devote considerable time and effort to ensure that all of the rural programs are managed and supported at the highest possible level. Rarely does one get the opportunity in life to

work with such a competent, thoughtful, collegial, hardworking, and thoroughly friendly group of people—our JSC members, our RCCbc and REAP consultants, and our Doctors of BC staff.

It is always a challenge to sufficiently acknowledge the efforts of our Doctors of BC staff. Mr Jim Aikman, Ms Meredith Cormier, Ms Ann Macdonald, and Ms Tania Webb have provided outstanding, consistent, and timely work in support of the committee and for my role as co-chair. We and all of our rural colleagues are indebted to them.

—Alan W. Ruddiman, MD
Co-Chair

LAB REFORM COMMITTEE

DRS C. BELLAMY, CHAIR; J. O'CONNELL, C. SHERLOCK. STAFF: MS C. CORDELL, MR P. MELIA.

The committee continues to consult with the Ministry of Health and BC Provincial Lab Agency staff on lab reform initiatives.

The new Lab Services Act came into force in October 2015 and there was some initial work to do to support the transition of lab services from the Medical Services Commission to the ministry. The agency is up and running under the leadership of Mr John Andruschak, and they are now in the process of filling a number of positions, including medical leadership in a variety of the program areas.

We also participated in a clinical/academic workload project that involved a tremendous amount of volunteer work on the part of laboratory physicians throughout the province. At the conclusion, a plan was developed to support hiring 28 (16 clinical and 12 academic) medical FTE laboratory physicians. We anticipate and look forward to our continued participation within the new provincial laboratory governance and operational structures.

—Chris Bellamy, MD
Chair

MEDICAL-LEGAL LIAISON COMMITTEE

MR J. WEBSTER, CHAIR. DOCTORS OF BC: DR S. BUGIS; MS C. CORDELL. COLLEGE OF PHYSICIANS AND SURGEONS: DRS A. MCNESTRY, H. OETTER. LAW SOCIETY: MR C. BRANSON, MS B. BUCHANAN, MR D. MARTIN, MR M. SLATER, MR M. THOMSON, MR S. VECCHIO.

The mandate of the Medical-Legal Liasion Committee is to mediate and settle disputes between physicians and lawyers concerning compensation issues for legal services provided (e.g., medical-legal reports, appearances in court).

The aim in 2016 is to have the Medical-Legal Liaison Committee transition into a formal committee of Doctors of BC, with representatives from both professions meeting regularly to discuss common issues.

The chair will continue to attempt off-the-record resolutions of most complaints by direct discussion with the participants. If that effort fails, then the matter will be referred to the committee for resolution, without comment by the chair.

—Jack Webster, QC
Chair

MEDICAL QUALITY OVERSIGHT COMMITTEE

DR M. WALE, CHAIR (MINISTRY OF HEALTH/ISLAND HEALTH); DOCTORS OF BC: DRS P. BARNSDALE, S. BUGIS, L. HALPARIN.

The Medical Quality Oversight Committee (MQOC) is a Ministry of Health committee that oversees the BC Medical Quality Initiative (BCMQI). The BCMQI addresses the quality assurance activities that began in response to the Cochrane reports of 2011. It also emphasizes the importance of quality improvement activities as part of lifelong learning to maintain competence and standards of practice. Working groups on quality assurance, physician quality improvement, and multidisciplinary quality improvement are all under the auspices of MQOC. The MQOC has broad membership from the Ministry of Health, health authorities, the College of Physicians and Surgeons of BC, the BC Patient Safety and Quality Council, UBC, and Doctors of BC.

MQOC, and specifically the quality assurance working group, are overseeing implementation of Cactus for privileging and reappointment. A privileging task force has been formed to hear

concerns about the new process and the new dictionaries, consider revisions, and evaluate the process. The website bcmqi.ca has further details.

The physician quality improvement working group is addressing a work plan that will support and encourage doctors to participate in quality projects and continuing professional development that are relevant to them, their groups, and their practice. It is recognized that there should be coordination, not redundancy, with the requirements already in place by the certifying colleges.

—Sam Bugis, MD
Doctors of BC

MEDICAL SERVICES COMMISSION OF BRITISH COLUMBIA

MR. T. VINCENT, CHAIR (GOVERNMENT). DOCTORS OF BC: DRS B. GREGORY, B. NORTON, B. RIFE. GOVERNMENT: DR. R. HALPENNY, MS S. TAYLOR. PUBLIC: MS. C. COLLINS, MS. E. GODFREY, MS. M. MAHLMAN.

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

The MSC manages the Medical Services Plan (MSP) on behalf of the Government of British Columbia in accordance with the Medicare Protection Act and Regulations. The MSC schedules approximately 10 one-day meetings annually in either Victoria or Vancouver; an annual planning day has been added to the meeting schedule in each of the last 3 years.

Mandate

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

Responsibilities

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

The MSC directly oversees physicians' fee-for-service budget of approximately $2.6 billion. About 99% of these funds go directly for payment of medical services insured under MSP. The other 1% covers administrative and operational costs of the MSP, including salaries of MSP employees. 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 many of the agreements between government and Doctors of BC, including the Physician Master Agreement.

Activities

The MSC oversees and/or receives reports from the Reference Committee, the Guidelines and Protocols Advisory Committee, the Advisory Committee on Diagnostic Facilities, the Audit and Inspection Committee, and the Patterns of Practice Committee. The commission functions as an administrative tribunal for beneficiaries and practitioners in such matters as dispute about nonresident and out-of-country MSP coverage.

The MSC monitors both lab and non-lab use, but has less direct responsibility for oversight of lab services now that these have been moved to the Ministry of Health. The MSC continues to monitor use of all fee-for-service activities in order to manage the available amount.

Increased use of diagnostic point-of-care tools and services by clinicians continues to be an active area of interest for the MSC, which is expected to increase substantially year-by-year. Legal issues also continue to occupy a significant portion of the MSC's resources, including oversight of audit and billing integrity programs, extra billing including court cases, and other legal issues.

Publications

The MSC Annual Report provides an accounting of the business of the committee, its subcommittees, and other delegated bodies. The most recent annual report is available at http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/msc_annual_report_2014-2015.pdf.

The MSC Financial Statement (Blue Book) contains an alphabetical listing of payments made by the MSC to practitioners, groups, clinics, hospitals, and diagnostic facilities for each fiscal year, and can be found at http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/bluebook2015.pdf.

The work of the MSC is superbly supported by staff of Doctors of BC, the Ministry of Health, and the MSC. Their diligent and admirably competent work remains much appreciated.

—Brian Gregory, MD
Senior Doctors of BC Representative

NEGOTIATIONS COORDINATING GROUP

DRS D. ATTWELL, CHAIR; P. ASQUITH, S. FEDDER, H. FOX, N. HUMBER, F. KOZAK, T. LARSEN SOLES, G. MACKIE, H. STRECKER, D. WILTON. STAFF: MR J. AIKMAN, MR T. MACPHERSON, MR P. STRASZAK.

The Negotiations Coordinating Group (NCG) did not meet this year and has nothing to report.

The NCG would like to thank departing members Drs David Israel and Alan Ruddiman for their time serving on the committee.

—David Attwell, MD
Chair

NEGOTIATIONS FORUM

DR D. MCTAGGART, CHAIR; D. ATTWELL, Y. BAWA, C. BOOTH, I. COURTICE, J. CUNNINGHAM, S. GOODCHILD, B. GREGORY, D. HAUGHTON, A. MEYER, A. RUDDIMAN, K. SCHULTZ, W. SIU, N. WALTON, I. WATERS. STAFF: MR J. AIKMAN, MR T. MACPHERSON, MS D. MAYHEW, MR P. STRASZAK.

The Negotiations Forum (NF) is charged with developing recommendations on mandates for negotiations between Doctors of BC and any external organization, including the provincial government and WorkSafeBC. Additionally, the NF reviews each set of provincial negotiations once they are concluded.

The NF met on 25 June 2015 after the successful completion of the 2014 Physician Master Agreement (PMA) negotiations. A summary of the feedback collected in March 2015 from all Doctors of BC contributors to the negotiations process was reviewed.

The chief negotiator and executive director of negotiations, Mr Paul Straszak, described the feedback of the Statutory Negotiating Committee (SNC) on the 2014 PMA negotiations. Two motions were put forward for approval:

1. That the terms of reference regarding the subsidiary negotiations representatives allow for more flexible involvement of those representatives in the negotiations process.
2. That a review of the two-stage allocation process be conducted to consider whether the Stage 1 cutoff should be raised to provide the SNC more flexibility to consider higher general increases at the negotiations table without triggering Stage 2 of the process.

Both motions were approved by the NF, and subsequently by the Doctors of BC Board.

In completing its review of the 2014 PMA negotiations, the NF recognized the SNC members for their hard work and congratulated them on a successful negotiation. The NF expressed appreciation for the effort made to engage the members and get their voices heard. On behalf of the NF, the chair specifically thanked the chief negotiator, Mr Straszak, and the staff of the Doctors of BC Negotiations Department. The chair also thanked the members of the NF for their participation and diligent efforts to achieve consensus and to balance the interests of their constituencies with those of all BC doctors.

Finally, the Negotiations Forum would like to thank departing member Dr Trina Larsen Soles for her time served on the committee.

—Douglas W. R. McTaggart, MD
Chair

NOMINATING COMMITTEE

DRS R. ROUTLEDGE, INTERIM CHAIR; W. CAVERS, C. HUME, M. KARPMAN, A. RUDDIMAN, S. SZE. STAFF: MS C. DONNELLY.

On behalf of the entire Nominating Committee, I start this report by acknowledging the death of Dr Phil White, member-at-large and committee chair. A respected, diligent colleague, he will be sorely missed. His legacy is, in part, a strong and effective committee. With his loss I have had the privilege of serving as interim chair for the duration of this year.

The Nominating Committee is a statutory committee whose mandate is primarily to solicit and review applications for the majority of committee appointments, and to make recommendations to the Board of Doctors of BC for filling those positions. The Nominating Committee reports directly to the Board, and also directly to the membership during the Annual General Meeting's Business Session.

There are over 70 positions that are directed through the Nominating Committee. This is a significant responsibility, which committee members take most seriously. Also, it is often a challenging and time-consuming task considering the number of skilled and enthusiastic applicants.

To do its job optimally, the committee has adopted the following workflow:

- The initial call for expressions of interest is tailored to the skill set being sought for each position.
- Input from the chair and the staff support person for each of the committees is sought to guide the committee on the dynamics of their committee and the overall attributes needed.
- Each application is reviewed by committee members against this matrix of desired skills and attributes, and frequently in-person interviews are conducted.
- The recommended applicants are then presented to the Board, where a final decision is made.

The Doctors of BC Board of Directors recently accepted the recommendation of the Nominating Committee at its meeting of 19 February through RESOLUTION B16/02/19-28: "That the Board adopts a policy, whereby when there is only one application in response to the initial call to the membership to fill a vacancy on a committee, excluding a call for a chair position, that a second call to membership will be made." This policy endeavors, as much as possible, to ensure that we have a robust pool of applicants from which to draw on for our committee appointments.

—Robin Routledge, MD
Interim Chair

OVERHEAD COMMITTEE

DRS B. FRITZ, CHAIR; M. BAKER, E. CHANG, C. JACKSON, K. WONG.

The Overhead Committee was established in 2015 at the direction of the Doctors of BC Board to undertake a new physician overhead cost study. The committee contacted a number of firms to undertake the study, and the recommendation of MNP was accepted by the Board. Work with MNP has included both a traditional overhead study and a new model office approach that has been used in Alberta. Using both approaches will allow for a comparison to determine if one is preferred over the other.

Meetings have been held with the Society of General Practice, the Specialists of BC, and representatives from sections (e.g., section heads, economic reps). Input from these meetings is being considered for incorporation into the study.

—Bradley Fritz, MD
Chair

PATTERNS OF PRACTICE COMMITTEE

DRS K.J. WHITE, CHAIR; V. DAVIS (MSC), E. PAETKAU, A. SEAR (COLLEGE OF PHYSICIANS AND SURGEONS), L. VERHULST. STAFF: DR S. BUGIS, MS M. CREW, MS J. GRANT, MR R. HULYK, MS T. MILLER.

In 2015 the Patterns of Practice Committee (POPC) continued to provide billing education to physicians (e.g., billing/audit tips, webinars, *BCMJ* articles) to ensure physicians are being paid fairly for the services they provide, and are billing appropriately

to reduce possible audits. In addition, the chair of the POPC and Physician and External Affairs (PEA) staff attended various continuing professional development meetings and presented on common problems seen in audit. The feedback has been positive with more requests for similar presentations to help educate members

The 2014 practice mini-profile has been delayed due to an outdated program issue. Doctors of BC is working on short- and long-term solutions to the problem. Once a solution is implemented a member survey will be conducted to explore enhancements to the practice mini-profile.

In the year ahead the POPC will begin to carry out educational campaigns on priority areas. These will be driven by data and evidence and will ensure a fair process for all physicians. The POPC's increased educational activities align with the committee's obligation under the 2014 Physician Master Agreement to support high-quality patient care and effective utilization of physician services.

The chair and PEA staff attended the Medical Services Commission meeting in 2015 to proactively discuss potential issues affecting physicians. We continue to have a collegial and collaborative relationship with the Billing Integrity Program and the Audit and Inspection Committee, as they continue to advise the POPC of trends seen in audit in an effort to bring these issues to the attention of the affected sections. Sections appreciate the opportunity to clarify billing rules and thereby protect physicians in the case of an audit.

The Audit Working Group has resumed and has held several meetings, both in person and by teleconference. This group provides a forum to collaboratively identify and address policy, processes, and other potential issues in audit.

The POPC has increased its educational activity and will continue to explore options to help ensure physicians have the information they need to bill appropriately.

The committee said farewell to Dr Eric Paetkau, who has retired from the committee after many years of service. We wish to thank Dr Paetkau for his contributions during his term.

—Keith J. White, MD
Chair

PROVINCIAL MOCAP REVIEW COMMITTEE

MR E. HARRIS, CHAIR; DRS S. BUGIS, S. EBERT, R. MOORE.

The Provincial MOCAP (Medical On-Call Availability Program) Review Committee has a mandate to implement the recommendations of the MOCAP Redesign Panel of May 2013 as well as ongoing responsibilities that include reviewing collected data, ensuring consistent application of MOCAP principles, and having a role in resolving disputes. In February 2016 all MOCAP call groups collected data about their MOCAP activities. The committee will be reviewing these data for reliability and validity and reporting on them later this year.

—Sam Bugis, MD
Doctors of BC Representative

PROVINCIAL SURGICAL EXECUTIVE COMMITTEE

DR A. HAMILTON, CO-CHAIR; MS M. COPES, CO-CHAIR; DRS S. BUGIS, M. STANGER. (OTHER MEMBERS OF THE COMMITTEE INCLUDE THE SURGICAL AND ADMINISTRATIVE LEADS FOR EACH HEALTH AUTHORITY, MINISTRY OFFICIALS, AND MEMBERS OF THE PUBLIC.)

The Provincial Surgical Executive Committee (PSEC) is a Ministry of Health committee whose mandate is to provide strategic oversight for the planning of surgical services across British Columbia. This committee replaced the Provincial Surgical Advisory Committee about one and a half years ago. The committee recognizes that while it has a strategic mandate, it does not have resources to provide to the six health authorities that are responsible for putting the strategy into action.

Last year's focus was on addressing surgical waitlist issues. The health authorities used additional funding from the Ministry of Health last summer that was specifically targeted to increase capacity. Each health authority has been reporting back to the Ministry of Health and to PSEC about those activities. A broader and longer-term view of waitlist management is also being discussed, including the wait times from referral to seeing the surgeon.

In addition to wait times, PSEC has talked about addressing preoperative and postoperative protocols and efficiencies, operating room efficiency, quality, appropriateness, outcomes, and access. The working groups addressing these issues are at various stages of discussion and development. The surgical quality working group has been reset and will be reorganized as there has not been as much progress as anticipated.

—Sam Bugis, MD
Doctors of BC Representative

REFERENCE COMMITTEE

MEMBERSHIP: CONFIDENTIAL

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

The Reference Committee last met in January 2015. Since that time, lack of resources at the Ministry of Health has resulted in cases not being ready for discussion and adjudication by the committee members. Dr Bugis wrote to Mr Vincent, chair of the MSC, about this matter. Mr Vincent replied promptly that resources would be made available so the committee could resume its work. This has occurred and the first meeting of 2016 will take place in June. Many thanks to the MSC and the MSP for getting this valuable committee back on track.

—Chair

REVIEW COMMITTEE

MS J. KORBIN, CHAIR; MEMBERSHIP IS APPOINTED ONCE A SECTION INITIATES AN APPEAL.

The Review Committee has not met over the past year and has nothing new to report.

—Judi Korbin
Chair

RURAL ISSUES COMMITTEE

DRS G. AVERY (PORT MCNEILL), CHAIR; DRS J. CARD (MACKENZIE), N. HUMBER (LILLOOET), C. HUME (TRAIL), E. MARQUIS (PRINCE GEORGE), T. LARSEN SOLES (GOLDEN), S. SOHMER (CAMPBELL RIVER). ALTERNATES: DRS M. JOHNSTON (BLIND BAY), S. MOOLA (NELSON). GUESTS: DRS C.S. JOHNSTON (OLIVER), R. MARKHAM (VALEMOUNT), A. RUDDIMAN (OLIVER), K. WADE (MEDICAL RESIDENT, KELOWNA). 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.

The RIC provided input toward the 2015–16 and 2016–17 Joint Standing Committee (JSC) work plans as well as the strategic plan for the next 3 years, effectively supporting the JSC in its direction for funding priorities to improve rural health in our remote BC communities. These include (but are not limited to) rural community point stabilization; rural patient transport; developing surgical, maternity, and ER networks; rural continuing medical education (RCME); the locum programs; JSC administration within BC health authorities; virtual medicine; addressing chronic physician vacancies in rural communities; evaluating the Northern Isolation and Travel Allowance Program (NITAOP); and ongoing support for rural education.

The RIC was instrumental in assisting the JSC to set aside $500 000 of funding per community to rural areas that are continually challenged to maintain a sustainable health service delivery system. Further, the pilot projects started up in 2015–16 and will continue over the next 3 years in Burns Lake (NHA), Mount Waddington (VIHA), Princeton/Keremeos/Osoyoos/Oliver (IHA), Ahousat (FNHA), and Bella Coola and Bella Bella (VCH).

Additionally, the RIC worked with the province to develop the Practice Ready Assessment-BC (PRA-BC) program, which assesses internationally trained

physicians. The program is intended to increase the supply of practice-ready family physicians to BC and is funded by the JSC (a total of $7.6 million extended to March 2019). Internationally trained physicians who successfully complete the assessment program will provide a 3-year return of service (ROS) to a designated rural community. Since July 2015, there have been 25 international physicians who have successfully completed the PRA program and are currently providing their 3-year ROS in a rural community. Another 15 international medical graduates will be assessed in the spring and the fall of 2016, all of whom will be providing a 3-year ROS in designated rural communities.

As well, the RIC made recommendations for the JSC to support rural supervisors who spend a significant amount of time assessing the knowledge, competencies, and clinical skills of provisionally licensed rural physicians. The JSC implemented the Supervisors of Provisionally Licensed Physicians (SPLP) Program in 2015–16, with the program retroactive to 2014.

The RIC continues to debate various critical issues affecting rural physicians, including the current process of provincial privileging, how we support our rural colleagues committing their time to mentor residents, and patient transport in rural areas.

I would like to thank the members and guests of the RIC for their drive and commitment to highlight and advocate for the remote and critical rural communities of BC, and for working diligently to provide innovative provincial solutions to address key challenges and emerging issues to rural practice. The RIC has been instrumental in providing experiential advice to the JSC in support of the quality of rural care throughout this province and will continue to do so.

As always, our staff support has been invaluable, and my thanks go to Mr Jim Aikman, Ms Meredith Cormier, and Ms Tania Webb.

—Granger Avery, MBBS
Chair

SHARED CARE COMMITTEE

DR G. HOAG, CO-CHAIR; MS M. COPES, CO-CHAIR; MR B. ABBOTT, MR K. BROWN, DRS K. HUGHES, J. LI, G. MAZOWITA, S. ROSS, G. WATSON.

Shared Care Committee projects continue to show success in bringing together the health care community and strengthening relationships that improve both the health care system and the patient experience. Many of these initiatives have matured and spread, allowing broader integration of promising quality improvement work. Initiatives supported by GPSC, Specialist Services, and Shared Care Committees are increasingly integrated province-wide. The following is a progress report on some of the initiatives.

Child and Youth Mental Health and Substance Use Collaborative

Over the past year the Child and Youth Mental Health and Substance Use Collaborative has continued to build momentum, with local action teams growing from 24 to 64 across the province. Over 2000 participants are now involved, having increased from 500 this time last year. The collaborative has made major inroads in reducing barriers at local, regional, and provincial levels, and local action teams continue to focus on addressing specific challenges in their communities. Eleven working groups are looking at significant system barriers, and solutions, such as developing focused practice resources for physicians, an emergency department protocol, and information-sharing guidelines for implementation across the province.

In March the collaborative held its largest learning session to date, with over 500 attendees sharing successes and challenges, and gathering ideas for continued improvements. Dr Hedy Fry, MP for Vancouver Centre and past president of Doctors of BC, attended on behalf of Prime Minister Trudeau to share a message of support and encouragement for the collaborative's continued work in leading change in BC.

As the collaborative enters its final year, the focus remains on collectively reaching the "tipping points" to confirm a transformed system of care for children, youth, and families now and in the future in BC.

Polypharmacy Risk Reduction Elderly Initiative
This initiative supports family and specialist physicians with clinical resources and mentorship to reduce risks of multiple medications that impact the safety and quality of life of seniors, especially frail seniors. The work in residential care has been greatly enabled by the provincial implementation of the GPSC Residential Care Initiative.

In acute care, prototyping is taking place in medical and surgical units at hospitals to reduce risks from polypharmacy from the time of admission to discharge back into community or residential care. Engagement of hospital pharmacists has been a critical factor in this initiative. In addition, a partnership has been formed with the provincial Hip Fracture Redesign Project (funded by the Specialist Services Committee) to address polypharmacy risk in hip fracture patients. The expansion of polypharmacy risk reduction is also occurring with rural communities through the Rural Coordination Centre (RCCbc) and with Aboriginal communities through the First Nations Health Authority.

Partners in Care and Transitions in Care
These community-driven activities continue to bring specialists and family physicians together to help streamline and bridge gaps in care for their patients. Evaluations consistently show improved care experiences for physicians and patients, especially through the creation—or repair—of productive collegial relationships. These are facilitated through a variety of activities, including continuing medical education, problem solving, refining referral and consultation processes, and networking. These opportunities have been very well received by physicians and recognized in national professional publications.

Technological applications are being used to facilitate specialist and primary care collaborative projects such as Rapid Access to Consultative Expertise (RACE), telematernity, teledermatology, videoconferencing, and mobile messaging. Successful prototype elements have been identified and are currently establishing strategies for broader spread and sustainability. RACE has been recognized as a leading practice by Accreditation Canada, and is currently partnering with the Canadian Institute for Health Research to support spread across Canada and internationally.

Transitions in Care initiatives focus on a team-based approach to facilitating patient care across health settings. Approaches include GPs participating in residential care admissions; care conferencing models for complex seniors in the community; coordinating hospital discharge; electronic notification of hospital admission, discharge, and/or death; and standardizing communication flow between specialist outpatient clinics and family physicians.

Both Partners in Care and Transitions in Care initiatives specifically anchor their work in community-driven activities to improve care and foster a more collaborative, quality-focused culture among physicians, other health professionals, health authority leaders, and patients and their families. The Shared Care Committee is committed to building stronger communities of health professionals and leveraging innovations across the province to meet health system improvement goals.

Teledermatology
The Teledermatology Initiative supports the use of digital technology and the Internet to improve access to dermatological consults for family physicians in urban, remote, and isolated communities in BC.

A midpoint evaluation report recently highlighted the program's growth across the province to now include 11 dermatologists, 1100 referring clinicians, and 4200 completed consults. Next steps include new fee recommendations and finding a permanent platform for the program.

Recognitions
- The Child and Youth Mental Health and Substance Use Collaborative won a national award in recognition of innovation and teamwork. The award was cosponsored by the College of Family Physicians of Canada and the Canadian Psychiatric Association.
- A joint Providence Health Shared Care project in collaboration with Vancouver Coastal Health received the BEST Patient Safety and Quality Award from Providence Health for a GP Notification of Hospital Admission project.

- Dr Ron Remick received the Dr Nancy Hall Award for Leadership in Public Policy in recognition of leadership in advancing policy changes that make a difference in the lives of people living with mental illness and/or addictions.
- The Northern Partners in Care Initiative received the Health and Wellness Innovator of the Year Award for their Northern RACE Line, adapted from the provincial Providence RACE model.

JCC Showcase

The Shared Care Committee took the lead in planning and presenting the Joint Collaborative Committee Showcase on 24 February in Vancouver. With active participation and support from GPSC and the Specialist Services Committee, the showcase was an opportunity to engage the broader health care quality improvement community and highlight the work of the three committees. Working in partnership with the BC Patient Safety and Quality Council, the showcase attracted 392 participants, including 74 family physicians, 79 specialist physicians, health authority and patient representatives, the Ministry of Health, and others. Three plenary and 28 concurrent sessions presented a wide range of topics and formats and drew a highly positive response from attendees. In addition, linking the showcase with the BC Quality Forum allowed almost 100 physicians to participate in the forum, a major goal for the BC Patient Safety and Quality Council.

Conclusion

The Shared Care Committee has continued to engage family and specialist physicians to identify opportunities for improving patient care. As the committee plans for the next few years, it will leverage the lessons learned to spread and sustain models for its work. It will also continue to work with GPSC, Specialist Services Committee, and the Joint Standing Committee on Rural Issues to integrate activities that improve care for priority patient populations, address health system priorities, and create a more positive experience of care for both patients and providers.

—Gordon Hoag, MD
Co-Chair

SPECIALIST SERVICES COMMITTEE

DR S. VIRANI, CO-CHAIR (DOCTORS OF BC), MS M. LANE, CO-CHAIR (MINISTRY OF HEALTH). DOCTORS OF BC: DRS A. ATTWELL (ALTERNATE), M. CHOW, I. COURTICE, G. HOAG (ALTERNATE), A. KARIMUDDIN (ALTERNATE), K. LEE, C. MORRIS. MINISTRY OF HEALTH: MR B. ABBOTT, MR R. MURRAY. HEALTH AUTHORITIES: DR A. DIGNEY. HEALTH AUTHORITIES ALTERNATES: DR R. CHAPMAN, MS M. COPES; DRS S. GRAY, A. MEAKES, R. MORTON, M. OGBORN, B. WAGNER. GUESTS: MS A. ELVIDGE, DR K. HUGHES. STAFF: MS M. ADAIR, MR J. AIKMAN, MS L. ANDERSON, MS C. ARMITAGE, MS C. BECK, MS A. CHAN, MS A. DENHAM, MR A. HUNDAL, MR A. LEUNG, MS A. MACDONALD, MS J. WILLS.

In 2015–16 the Specialist Services Committee (SSC) continued to support specialists by collaborating with the Doctors of BC, Ministry of Health, and health authorities. The 2015–16 work plan focused on three priority areas to support specialists to improve patient care.

Key Activity 1: Facility-based Physician Engagement

Launched in 2015, this initiative is the first of its kind in Canada, with the SSC supporting physicians who work in hospitals and acute care facilities across BC to establish a meaningful voice to address issues that affect them.

Five key areas of work were initiated: 1) supporting improvement of medical staff associations by creating physician societies; 2) establishing mechanisms to support health authorities in their partnership with the physician societies; 3) building continual communication with partners for system improvement; 4) improving strategic and operational infrastructure of the initiative; and 5) building an active partnership between the initiative and the facilities it supports, both medical staff and administrative leaders.

The initiative is actively growing, with new sites joining from across the province every month. There are currently 47 sites involved in various phases supported by the SSC's Facility Engagement Working Group and a team of dedicated SSC staff.

Key Activity 2: Enhancing Specialist Services
In November 2015 the SSC implemented improvements to existing SSC fees and created new fees aimed to support specialist capacity and improve coordination of care and patient access to specialist expertise. One highlight is a new multidisciplinary complex patient conferencing fee to better support coordination of care for complex care patients between multiple specialists and providers.

The SSC also initiated a review with the Joint Clinical Committees (JCCs) of the physician leadership training offered and funded by JCCs. The objective is to determine the leadership and quality improvement training needs of physicians and make recommendations for enhancement in 2016–17.

Key Activity 3: Advancing Quality Improvement
In fall 2015, the SSC approved 29 new specialist-led quality and innovation projects to improve patient care. The projects vary in scope (local, regional, provincial), and many address key health system priorities and patient populations, including surgical quality and access, seniors and frail-elderly, mental health and substance use, rural and First Nations Health, among others. SSC will be supporting the implementation of these projects over the next few years.

SSC also successfully led the Provincial Enhanced Recovery After Surgery (ERAS) Collaborative, which brought together multidisciplinary providers from across BC to learn, adopt, and spread best practices for patients who undergo elective colorectal surgery. The collaborative was able to reduce complication rates from 32% to 22%, and reduce length of stay from 7 to 5 days with no adverse impact on readmission rates. A number of provincial resources have also been developed, which can be found at http://enhancedrecoverybc.ca/.

The SSC also invested in the development of regional quality improvement infrastructure for physicians to learn and implement approaches to improve patient care with the support of technical staff resources funded by SSC. The first year of this initiative in Fraser Health was very successful, and agreement was reached in February 2016 to establish a program in Island Health. SSC will continue to work with interested physicians and health authorities to establish similar programs in each region.

Overall it has been a very busy and productive year implementing SSC's 2015–16 work plan as well as developing a 3-year plan and evaluation framework to guide our work.

—Sean Virani, MD
Co-Chair

STATUTORY NEGOTIATING COMMITTEE

DRS D. ATTWELL, CHAIR; H. FOX, F. KOZAK, T. LARSEN SOLES, G. MACKIE, D. WILTON. STAFF: MR J. AIKMAN, MR T. MACPHERSON, MR P. STRASZAK.

The Statutory Negotiating Committee did not meet this year and has nothing to report.

—David Attwell, MD
Chair

TARIFF COMMITTEE

DRS B. WINSBY, CHAIR; E. AYMONG, D. BRABYN, E. CADESKY, R. MOORE, E. SHUKIN, P. STEINBOK, M. SZPAKOWICZ. MSP: DR R. DYKSTRA, MR B. HART, MS B. LOUIE, MS M. TY. STAFF: MR J. AIKMAN, MS L. HARTH, MS T. SMEDBOL, MR R. TIAGI.

This year the Tariff Committee welcomed two new representatives from MSP: Ms Betty Louie, acting manager, payment schedule, and Ms Marie Ty, executive director, payment schedule.

The committee is supported by staff for agenda and guest presentation coordination, reports, application guidance and structure, background information, liaison with sections, connecting with MSP, and all other work-a-day functions that allow the committee to be the usual fiscal connection with the Ministry of Health.

We aim to meet every 6 weeks, or as required, with MSP staff attending the meetings in an exercise of mutual persuasion as we try to advance the commercial liaison between doctors, sections, staff, and government. The committee reviews new procedures and fees, changes to fee levels, and interpretation of the payment policies and preambles to come to common understanding between parties. We have continued to encourage sections

to meet directly with MSP representatives on proposed changes to work out differing opinions, come to agreement on what is doable in accordance with current guidelines, address expected fiscal impact, and determine appropriate funding to streamline our formal tariff presentations.

Some of the issues dealt with this past year are:

- Continued implementation of recruitment and retention funds.
- Section consultation and implementation of the working group report that was created to review the payment policies related to multiple consultations and transfer of care.
- Reviewing cross-sectional solutions for fees that were orphaned during revisions to the plastic surgery fee guide.
- Working with pain management physicians to review recommended amendments to the fee guide and consulting with stakeholders.

Generally, our tasks make for meetings with very full agendas. Once again, thank you to all involved who help with the successful functioning of this committee.

—Brian Winsby, MD
Chair

WORKING COMMITTEE TO REVIEW OUTPATIENT DIAGNOSTIC REQUISITION FORMS

DR C. CLELLAND, CO-CHAIR; MS J. PHILLEY, CO-CHAIR; DRS T. MAUNG, R. WELSH (ALTERNATE), P. WHITE; MR W. TOURNQUIST (MINISTRY OF HEALTH). MINISTRY OF HEALTH STAFF: MR N. SAMSON. DOCTORS OF BC STAFF: DR S. BUGIS, MS M. CREW.

The Requisition Committee has been actively meeting over the past year with one in-person meeting in September and three teleconference meetings. The committee continues to work closely and collaborate with its stakeholders to develop and revise standard outpatient diagnostic requisition forms. During this past year the committee focused on:

- Revising the standard outpatient bone mineral densitometry requisition.
- Developing a standard echocardiography requisition and a standard maternity outpatient laboratory requisition.
- Delisting the obsolete prenatal cytogenetics requisition.

In addition, the committee began implementing its 2015–18 strategic plan, which focuses on alignment with and support for the current evolution of the provincial health system—in particular, the transition from a paper-based requisition system to an electronically enabled order entry system. One of its first steps is establishing a working relationship with the Standing Committee on Health Sector Information Management and Information Technology and other key stakeholders. The committee is hopeful that it will have a positive impact on the streamlining of requirements for physicians when ordering diagnostic investigations for patients, while continuing to develop provincially standardized requisitions forms in accordance with legislated and regulatory requirements.

On 1 October 2015, the Laboratory Services Act was enacted. This Act consolidates governance for laboratory services in BC from the Hospital Insurance Act and Medicare Protection Act. As a result, laboratory requisitions are no longer under the mandate of the Requisition Committee, and all files regarding laboratory diagnostic testing requisitions have been transferred to the Ministry of Health. The Requisition Committee will work as required with the ministry committee to support alignment and standardization of requisition forms.

The committee wishes to acknowledge the many years of contribution by Dr Phillip White who, sadly, passed away in December 2015. I would like to thank all the committee members for their hard work, insight, and diligence during the past year. I would also like to give a special thank-you to both the Ministry of Health and Doctors of BC staff whose hard work makes our committee's efforts effective.

—Catherine Clelland, MD
Co-Chair

WORKSAFEBC NEGOTIATING COMMITTEE

DRS B. CHEYNE, CHAIR; P. ASQUITH, S. DJURICKOVIC, T. GOETZ, C. KOTZÉ. STAFF: MR B. BRZEZYNSKI. CONSULTANT: MR P. KAFKA.

From late 2014 to mid-2015, the WorkSafeBC Negotiating Committee met with representatives from WorkSafeBC to negotiate a renewal of the 2012–14 Physician Services Agreement and the 2012–14 Salaried Physicians' Agreement. Committee members included representatives from general practice, plastic surgery, orthpaedic surgery, and medical advisor physician employees of WorkSafeBC. The committee was assisted by Mr Peter Kafka, an external consultant, and Mr Ben Brzezynski of the Doctors of BC Negotiations Department.

In June 2015 representatives from the Negotiating Committee presented a tentative 2014–19 Physician Services Agreement and tentative 2014–19 Salaried Physicians' Agreement to the Doctors of BC Board of Directors. The Board voted to approve the tentative agreements and send them to the membership with a recommendation for ratification. On 23 July 2015 both agreements were ratified.

Pursuant to its terms of reference, the committee's responsibilities end once the negotiations process has concluded. As chair, I would like to thank the committee members for their dedication and thoughtfulness throughout negotiations and for their continued support during the implementation period.

—Robert Cheyne, MD
Chair

WORKSAFEBC NEGOTIATIONS COORDINATING GROUP

DRS B. CHEYNE, CHAIR; P. ASQUITH, S. DJURICKOVIC, T. GOETZ, C. KOTZÉ. STAFF: MR B. BRZEZYNSKI. CONSULTANT: MR P. KAFKA.

The WorkSafeBC Negotiations Coordinating Group consists of the five voting members of the WorkSafeBC Negotiating Committee, along with Mr Peter Kafka (external consultant), Mr Ben Brzezynski (Doctors of BC negotiator), and three additional appointed members. The Committee's main responsibility is to provide advice, input, and feedback to the Negotiating Committee during negotiations for the 2014–19 Physician Services Agreement and the 2014–19 Salaried Physicians' Agreement.

Throughout the winter and spring of 2015, the Negotiations Coordinating Group regularly reviewed the progress of negotiations and provided feedback to the Negotiating Committee. The Negotiations Coordinating Group also played an essential role in the review and vetting of the tentative agreements reached with WorkSafeBC and the development of information materials for the Board of Directors and membership.

Pursuant to its terms of reference, the committee's responsibilities have ended. As chair, I would like to thank the committee members along with Mr Kafka and Mr Brzezynski for their contributions and commitment throughout the negotiation and ratification periods.

—Robert Cheyne, MD
Chair

Writing awards for medical students

The *BCMJ* invites submissions from medical students, and awards an annual prize of $1000 for the best article or essay written by a BC medical student, along with two $250 prizes for the best medical student blog posts.

The *BCMJ* J.H. MacDermot Writing Awards honor Dr John Henry MacDermot, who served as editor for 36 years (1932–1968), overseeing the publication's transition from the VMA Bulletin to the *BCMJ* in 1959. Dr MacDermot also served as BCMA president in 1926.

For author guidelines and to read some of the winning submissions, visit bcmj.org/jh-macdermot-writing-awards.

SECTION OF ALLERGY AND IMMUNOLOGY
BC SOCIETY OF ALLERGY AND IMMUNOLOGY

DRS S.Y. KIM, PRESIDENT; A. KANANI, PAST PRESIDENT; R. CHANG, TREASURER; D. STARK, ECONOMICS REPRESENTATIVE.

The Society of Allergy and Immunology comprises over 30 pediatric and adult allergists and immunologists. Since the creation of the pediatric and adult training programs at UBC, we have seen an increasing number of trained specialists. Our society is quite active in medical education. We held our first UBC CPD in 2015, Allergy and Immunology Update for GPs, which was well attended. Recently we received disparity allocation funds which recognize the interprovincial fee disparities within our specialty.

—Seung Y. Kim, MD
President

SECTION OF COMMUNITY AND RURAL SPECIALISTS OF GENERAL INTERNAL MEDICINE OF BC
SOCIETY OF COMMUNITY AND RURAL SPECIALISTS OF GENERAL INTERNAL MEDICINE OF BC

DRS J. GRACE, CHAIR; A. ABDALLA, S. GILL, D. MYERS, R. SHAW.

Effective 1 January 2016, MSP along with the Society of Community and Rural Specialists of General Internal Medicine of BC (CRIM) and Doctors of BC created a list of general internal medicine specialists who meet criteria to bill the CRIM complex fee codes. Our executive, with the Doctors of BC Tariff Committee, created an inclusion and exclusion set of criteria. As expected these groups are now dealing with physicians who feel they should be included on the list. MSP, Doctors of BC, and our executive will continue to maintain the list of approved physicians. The hope is we will finally be able to distribute our retroactive money.

The group has been well over budget on the use of the fee codes developed in conjunction with the Specialist Services Committee–LMA funding and with a firm budget/cap. The codes were developed to help recognize the complex care provided by general internal medicine and to help recruitment and retention of general internal medicine specialists. Unfortunately, the codes will have to be significantly scaled back in the near future because we are significantly over budget. This is due in part to the costs of recruiting physicians into the many vacancies in the province, and in part to the number of fee codes created with an underestimation of their use. Now that the CRIM list is activated the fees will be scaled back. It is our understanding that many sections had similar cost overruns.

CRIM hopes to update our constitution in the near future. Our annual general meeting is scheduled for 27–28 May 2016 and will include academic sessions in collaboration with UBC.

The section is still brainstorming possible pilot projects for the next set of funding coming through the Specialist Services Committee.

I wish to acknowledge my executive colleagues for their support of our section.

—Jennifer Grace, MD
President

SECTION OF CRITICAL CARE MEDICINE
BC SOCIETY OF CRITICAL CARE MEDICINE

DRS H. KANJI, PRESIDENT; B. HENDERSON, PAST PRESIDENT; J. RONCO, SECRETARY-TREASURER; D. BURKE, FHA REPRESENTATIVE; K. CUNNINGHAM, RURAL REPRESENTATIVE; B. HENDERSON, PAST PRESIDENT; M. KENYON, VIHA REPRESENTATIVE; J. RONCO, SECRETARY & TREASURER; T. SCHMIDT, INTERIOR REPRESENTATIVE; P. SKIPPEN, PEDIATRICS REPRESENTATIVE; E. VU, VCH REPRESENTATIVE.

The Society of Critical Care Medicine has been active this year making a concerted effort to understand and address the needs of the membership. By way of survey, we have identified the following four areas as priorities:

- Advocacy
- Education
- Improving care
- BC-wide collaboration and representation

We have restructured our website to serve as a portal for the membership to collaborate and disseminate education. We have also reinvigorated the journal clubs with summaries and critical appraisals that are distributed to the membership, and we have started to compile and endorse guidelines that will be posted on the website. We are surveying the needs of critical care in the community and formulating a plan to provide greater support through a new model of care. We participated actively with the disparity fund allocation and decided on distribution of these funds to best benefit our section.

Motions passed at the annual general meeting on 3 March 2016 included:

- Approval of budget and finances.
- Agreement to devote funds to new website.
- Agreement on the current version of disparity fund allocation.
- Appointment of Dr Erik Vu as VCH representative.
- Agreement for Drs Burke and Vu to finalize guidelines.

—Hussein Kanji, MD
President

SECTION OF DERMATOLOGY

DRS E. TUYP, PRESIDENT; C. HONG, PAST PRESIDENT AND ECONOMICS REPRESENTATIVE; S. KALIA, TREASURER; S. ROSSI, SECRETARY.

This past year saw Vancouver successfully host the 23rd World Congress of Dermatology. This was the first time this event had ever been held in Canada. Unfortunately, its champion, Dr Stuart Maddin, died just a few weeks short of seeing it. He was a giant in the dermatology community in BC, Canada, and the world. He will be sorely missed.

Other changes have included the retirement of Dr Alastair Carruthers (Vancouver), Dr Rusty Harris (Penticton), Dr David Tsang (Richmond), and Dr Larry Warshawski (Vancouver). As well, Drs Eiman Nasseri (Coquitlam) and Jerry Shapiro (Vancouver) moved to the US. Fortunately, Drs Alexandra Kuritzky (Vancouver), Christina Scali (North Vancouver), and Allison Sutton (Vancouver) have opened practices in BC.

There is now only one MSP registered dermatologist in the Interior, in Kelowna—compared to a time when there were also dermatologists in Prince George, Terrace/Kitimat, Vernon, Penticton, and Kamloops. While most cancers are decreasing in incidence or stable, the incidence of melanoma is growing—the second-fastest in Canada. The lack of patient acess to dermatologists is a cause for grave concern as data reveal earlier diagnosis of melanoma and increased likelihood of cure are directly proportional to the number of dermatologists.

—Evert Tuyp, MD
President

SECTION OF EMERGENCY MEDICINE

DRS D. HAUGHTON (BCCH), PRESIDENT; S. FEDDER; (RICHMOND), SECRETARY; K. LINDSAY, (SPH), TREASURER. MEMBERS-AT-LARGE: DRS M. ERTEL (KELOWNA), FFS CHAIR; N. SZPAKOWICZ (SMH), FFS COMMITTEE AND MEMBERSHIP; M. HOLLOWAY (LANGLEY), FFS COMMITTEE; G. MCINNES (KELOWNA), FFS COMMITTEE; P. HERSELMAN (COMOX) APP COMMITTEE CHAIR; P. BALCAR (RCH), APP COMMITTEE; A. CHAHAL (VGH), APP COMMITTEE; A. GILCHRIST, (DELTA) APP COMMITTEE; K. MCMEEL, (NANAIMO) APP COMMITTEE; R. STREET (RCH), OVERCROWDING, HEALTH AUTHORITY/IT; J. MCGROGAN, (LGH) HEALTH AUTHORITY/IT; J. BRAUNSTEIN, (RCH), HEALTH AUTHORITY/IT/ WEBSITE; J. HEILMAN (CRANBROOK), HEALTH AUTHORITY/IT; K. HUTCHINSON, (KAMLOOPS RIH) HEALTH AUTHORITY/IT; Q. DOAN (BCCH), PHYSICIAN EXTENDERS AND CONFERENCE PLANNING/ACADEMIC PLANNING; L. OPPEL, (UBC) PROVINCIAL PRIVILEGING PROJECT; S. HAMERSLEY, (CAMPBELL RIVER) SMALL SITES LIAISON.

Executive

We have an active executive, with diverse representation of emergency physicians: regional, educational certification, academic vs. clinical, urban vs. rural, FFS vs. APP. Executive meetings are open to all interested members. Our annual general meeting was on Monday, 9 May 2016, after our annual "Spring in Vancouver" Emergency Medicine Conference.

Membership
Membership in the Section of Emergency Medicine (SEM) in 2015–16 exceeded 400 members. We have decreased our membership fee this year due to a sustained increase in section membership.

APP Issues
Although the recent Physician Master Agreement (PMA) did not create a rational, long-term process to address prospectively the problem of increased patient utilization at APP emergency sites, limited money was set aside, and health authorities each year allocate this funding to some of the APP groups under their auspices. SEM has committed to each year "running" our workload model, developed with the Ministry of Health, with up-to-date numbers from each of 18 emergency department sites, to inform each health authority's decision-making process.

Contract negotiations with health authorities are beset by newly introduced language—particularly regarding invoicing of hours—that is inconsistent with the FTE definition agreed on in the 2002 PMA. Constant vigilance by all APP emergency groups is imperative.

Many APP groups are revisiting the option of returning to an FFS model out of frustration with inadequate responsiveness of the ministry to increased ED patient volumes and disputes over egregious APP contract language.

Collaboration
SEM leadership met with the Ministry of Health to offer our assistance and innovative energy. Emergency medicine remains the government's most natural potential ally in creating and maintaining a sustainable health care system. For our emergency departments to function well, every other part of the system must be working. Emergency doctors are participating in collaborative committees such as the Emergency Services Advisory Committee and are seeking ways to hold all parts of the system accountable and help the system measure tangible but clinically relevant data.

Overcrowding and Access Block: Addressing the Ongoing Crisis in Emergency
We surveyed all BC emergency departments this year to evaluate progress over the last 5 years. Overcrowding is at a crisis point as many hospitals are continually over 100% capacity, leaving admitted patients blocking emergency stretchers for hours, if not days. All sites now have the goal of a 10-hour "door-to-door" time and measure the percentage compliance with this rule. We are finding that certain health authorities are dramatically worse than others. The cost to individual emergency department patients and staff is obvious; the cost to the rest of the system is hidden, but likely immense. Difficulties in emergency physician and nursing recruitment and staffing at some sites offer evidence that we are at a tipping point.

Electronic Health Record
With input from emergency physicians and health authority administrators across the province, and help from Doctors of BC Policy Department, the section drafted a position paper on EMR in emergency departments. Highlights follow:

Section of Emergency Management Position
Doctors of BC's Section of Emergency Medicine recognizes the potential benefits of responsive and effective electronic medical record (EMR) and computerized provider order entry (CPOE) systems and supports a trial of their integration into emergency departments in BC if adequate design, transition, training, and mitigation strategies are in place and funded.

To ensure the optimal integration and use of EMR and CPOE systems in emergency departments, the Section of Emergency Medicine recommends:

- Standardization across emergency departments of EMR and CPOE systems that are easily navigated, seamlessly integrated, and field-tested by end users for safety and efficiency.
- Development, in consultation with emergency physicians and allied health providers, of an implementation strategy that, at a minimum, addresses transition planning, education and training, and mitigation of potential negative impacts

on health care services for patients in BC emergency departments.
- Robust and regular evaluation of, and transparent reporting on, the impact of these systems on productivity and the quality of patient care provided.

Specialist Services Committee Initiatives
The SEM–Specialist Services Committee initiative, Emergency Physician Skills Acquisition Program, concluded March 2015. Funds promoted excellence in clinical care through extra CME in simulation training, ultrasound, and airway management.

—David A. Haughton, MD
President

SECTION OF ENDOCRINOLOGY AND METABOLISM

ENDOCRINOLOGY AND METABOLISM SOCIETY OF BC

DR M. DAHL, PRESIDENT; D. KENDLER; S. SIRRS; G. TEVAARWERK.

The Society of Endocrinology and Metabolism represents approximately 55 members caring for adult patients in British Columbia. Clinical expertise includes diabetes care, thyroid conditions, disorders of other endocrine glands, transgender care, osteoporosis, and bone and mineral metabolism.

Future human resource planning is a concern for our section, given that large portions of British Columbia have limited access to endocrine services.

The Society is grateful for Specialist Services Committee funding for innovations such as virtual consultation, telephone access to specialists, and quality improvement projects. We continue to support efforts to address intersectional and interprovincial disparity correction as part of future negotiations.

We appreciate the expert assistance provided by Ms Alyson Thomas, Ms Gabrielle Lynch-Staunton, and Doctors of BC for our sectional activities.

—Marshall Dahl, MD
President

SECTION OF GENERAL SURGERY

EXECUTIVE COMMITTEE: DRS M. DICKESON, PRESIDENT; AHMER KARIMUDDIN, PAST PRESIDENT; H. HWANG, ECONOMICS REPRESENTATIVE; N. NGUYEN, TREASURER; MS. T. BUGIS, EXECUTIVE DIRECTOR. ECONOMICS COMMITTEE: DRS S. COWIE, M. DICKESON, H. HWANG, D. JENKIN, A. KARIMUDDIN, S. MALIK, N. NGUYEN, S. SAMPATH, E. WOO. REGIONAL REPRESENTATIVES: DRS B. DUBOIS (NHA), J. FARQUHAR (RESIDENT MEMBER), D. JENKIN (VIHA), T. SCOTT (VCHA), T. SWANSON (FHA), T. WALLACE (IHA).

The Section of General Surgery 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 laparoscopic procedures and other innovations. We were successful in proving an interprovincial disparity, and the arbitrator, Dr Stephen Toope, awarded our section $3.8 million of additional money to allocate onto our fees over 3 years.

We focused our 2015–16 and 2016–17 allocation to try to address some of the lower fees in our guide. With this allocation we will bring most of our fees within 70% of the Alberta Fee Guide and some a little higher. Remember to update your billing programs after 1 April.

A list of new fees and other economic updates were presented at our annual general meeting (AGM) in conjunction with the BC Surgical Society annual spring meeting this May at Quaaout Lodge, near Kamloops. After the AGM our economics representative, Dr Hamish Hwang, presented his Top Ten Tips to Maximize Your Billing (and not break any rules).

Advocacy
Our executive has attended several meetings on your behalf, including meetings sponsored by Doctors of BC dealing with upcoming negotiations and MOCAP redesign. We are in the midst of collecting data that will show that general surgeons provide

extensive after-hours service.

We also continue to advocate politically for our members and patients. We strive to bring attention to the issues that general surgeons face each day, mainly a lack of resources to provide quality and timely care for our patients.

Membership

We are pleased that most of the general surgeons of the province 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 past two years, and I look forward to continuing in this role for next year. I also look forward to our continued success both politically and economically. None of our successes would be possible without the support of our executive members, and I give special thanks to Dr Hamish Hwang for his tireless work to advance our section's interests again this year. Your executive is a committed group working together to represent you and our profession. Please continue to bring your ideas forward.

—Mark Dickeson, MD
President

SECTION OF HOSPITALIST MEDICINE

DRS D. HARRIS, PRESIDENT; T. ARNOLD, TREASURER; M. PALETTA, PAST PRESIDENT AND PRESIDENT-ELECT; R. DINDO, S. KHANDIWAL, D. WILTON, R. TUCKER.

This past year was very successful for most hospitalist programs in BC. In the Fraser Health Authority, after a lengthy and challenging contract negotiation, a common contract for all seven hospitalist programs was finally achieved. Importantly, it incorporates a workload model that allows for full-time equivalent (FTE) calculation based on census and patient turnover rates, better aligning the need for efficient use of hospital beds with hospitalist compensation.

The section also endorsed the newly minted Canadian Core Competencies for Hospital Medicine. This project has created the first national standard for hospitalists and was presented at the Ontario CSHM September meeting. Steps to use this to accredit enhanced skills in hospitalist medicine R3 programs in BC and Ontario are underway.

This past year also marked an important achievement in cementing an academic role for hospitalists. For the first time, core medicine R1 rotations for family practice residents in BC are being shared equally between internal medicine and hospitalist medicine. The section proudly supports its members in delivering this core educational responsibility through the UBC Faculty of Medicine.

—Michael Paletta, MD,
Past President

SECTION OF INFECTIOUS DISEASES
BC INFECTIOUS DISEASES SOCIETY

DRS D.A.N. FERRIS, PRESIDENT; Y. ARIKAN, TREASURER; W. GHESQUIERE, VICE PRESIDENT; A. HAMOUR, MEMBER-AT-LARGE AND NHA REP; T.S. STEINER, SECRETARY.

The British Columbia Infectious Diseases Society represents 56 practising infectious diseases specialists in the province. We have grown to 40 full members, which include Royal College–certified specialists, and six associate non-voting members, which include retired, student trainees, and non-infectious diseases physicians.

We represent a busy professional body currently dealing with international infectious diseases crises including Ebola virus disease and now Zika virus. Our members have been active in helping address these global threats. Our society and membership continue to be active participants in both Doctors of BC and the Specialists of BC. As a result of the 2014 Physician Master Agreement, we have achieved some disparity correction based on the intersectional ruling by arbitrator, Dr Stephen Toope. We will continue to fight on the issue of disparity particularly between our subspecialty and those of

our colleagues in general internal medicine and the procedural subspecialties of medicine. We also support the uniform application of the Medical On-Call Availability Program (MOCAP) across all health authorities in British Columbia. We hope to improve recruitment and retention of infectious diseases specialists particularly in the more rural areas throughout our province. All infectious diseases services in BC participated in the MOCAP data collection through February 2016. We expect the data to provide clear evidence that infectious diseases specialists are required by our colleagues to improve patient care throughout our province.

Our section appreciates the Specialist Services Committee (SCC) developing the new 10004 and 10005 fee codes, which enable and support improved multidisciplinary care for patients with complex issues. Our members continue to use telephone advice fee codes at high levels given the limited number of specialists we have in the province.

Our 2015 annual general meeting (AGM) was held in conjunction with the 18th annual Infectious Diseases Update on 6 November 2015 in Victoria. The meeting was attended by seven of our full voting members. We appreciated an update provided by Ms Christina Beck, initiative lead at the SSC, who presented current work of that committee and the new fee codes being rolled out. I again want to recognize and acknowledge all of the work that Dr Wayne Ghesquiere provided in organizing this educational weekend and dedicating a room for our AGM. We are planning to hold our 2016 AGM in conjunction with the Infectious Diseases Update in Victoria on Friday evening, 4 November.

Our strong financial situation will keep our annual membership fees frozen in 2016.

I personally acknowledge my dedicated executive colleagues, Dr Wayne Ghesquiere, vice president; Dr Yasemin Arikan, treasurer; Dr Ted Steiner, secretary; and Dr Abu Hamour, our member-at-large and representative of the Northern Health Authority. We will continue to be the professional voice for infectious diseases specialists within British Columbia and will provide leadership and guidance to Doctors of BC and the Specialists of BC. We continue to work closely with the SCC, our local institutions, health authorities, and the provincial government to address infectious diseases threats to the population. As mentioned earlier, international threats and local challenges such as syphilis, HIV, hepatitis, tuberculosis, *Clostridium difficile*, and *Cryptococcus gattii* will be addressed by the full expertise of our members.

We also extend our deepest gratitude to my administrative assistant, Ms Tracy Fold, who continues to provide invaluable resources and service to all of our members; Ms Alyson Thomas at Doctors of BC who provides administrative assistance to our society; and Ms Lainie Burgess, administrative director at the UBC Division of Infectious Diseases, for helping to maintain our current membership list.

—Dwight A.N. Ferris, MD
President

SECTION OF NEUROSURGERY

DR B.D. TOYOTA, PRESIDENT.

Economics

The neurosurgical submission to Dr Stephen Toope did not, like most specialties, result in any gains for the section. Thwarted by the formula that was adopted, as well as interprovincial numbers that were inaccurate, neurosurgery again was stymied with no significant increases in fees for now over two decades.

Almost half of the full-time neurosurgeons in BC are on contract. On average, the contract dollar amounts are inferior to those on fee-for-service. However, due to the trend in care and the failure of infrastructure to match the technical needs of the specialty, there is a growing interest for a provincial contract for the vast majority of full-time neurosurgeons.

Human Resources

There are approximately 35 full-time neurosurgeons in the province. One retirement in the pediatric division occurred in the past year. This position was successfully filled by an established academic neurosurgeon from Winnipeg. Only one other retirement is anticipated in the coming few years. The section has seen the addition of four neurosurgeons to the province, more evidence of a growing need for neurosurgical services.

Clinical Care Delivery

Pockets of neurosurgical populations suffer from unacceptably long waits for consultation, with the expected consequence of long wait lists for surgery. These obstacles to care are partly due to the insufficient number of neurosurgeons in the province, the lack of sufficient resources, subspecialization, and the lack of competitive remuneration compared to the rest of Canada. The section is active in working with the Ministry of Health and health authorities to remedy these insufficiencies.

—Brian D. Toyota, MD
President

SECTION OF OPHTHALMOLOGY
BC SOCIETY OF EYE PHYSICIANS AND SURGEONS

DRS D. DHANDA, PRESIDENT; R. BALDASSARE, W. DE BRUIN, P. GUPTA, W. JOHNSTON, F. LAW, C. POLLOCK, B. SEXTON, L. WITTENBERG.

The combination of previously nonexistent treatment options and the aging BC demographic constantly add to the demands on specialists. Ophthalmologists invest heavily in technology and increases in staffing to meet the growing number of British Columbians requiring access to sight-saving surgery or treatment. Experts predict that there will be a 100% increase in all age-related eye conditions (cataract, glaucoma, diabetic retinopathy, age-related macular degeneration) over the next 15 to 20 years as the number of people 65 and older increases.

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

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

The blurring of the definition between physicians and non-MDs persists. Optometrists go by the title of "doctor," which makes them indistinguishable to both the public and government from Doctors of BC and from eye physicians. As a result, the expansion of scope of practice of optometry continues, with growing numbers of patients with serious blinding eye disease, such as glaucoma, being seen and managed only by nonphysicians. We are deeply concerned about the government's decision to allow optometrists to diagnose and treat glaucoma. The result is an increase in sight loss for individuals and higher costs to taxpayers and society.

The Society's annual meeting was held on 9 June 2015 in conjunction with the annual meeting and symposium of the Canadian Ophthalmological Society.

—Dharminder Dhanda, MD
President

SECTION OF ORTHOPEDICS
BC ORTHOPAEDIC ASSOCIATON

DRS K. WING, PRESIDENT; M. MORAN, PAST PRESIDENT; K. PANAGIOTOPOULOS, SECRETARY-TREASURER. REGIONAL DIRECTORS: DRS S. ARNEJA (VIHA), K. BALL (IHA), E. CALVERT (VCHA), P. DRYDEN (VIHA); D. NELSON (NHA), R. PURNELL, R. SCHWEIGEL (FHA), J. SPLAWINSKI (IHA), D. WICKHAM (FHA), A. YOUNGER (VCHA). DIRECTORS-AT-LARGE: DRS T. GOETZ, V. JANDO, S. KRYWULAK, D. PLAUSINIS. WSBC LIAISON: DR C. JACKSON.

The following is a brief summary report of the BC Orthopaedic Association (BCOA) for the past year.

Access to Care
Access to care and patient-focused initiatives are currently the number-one priorities. The Provincial Wait Time Project is continuing to grow. Orthopaedic and general surgeons that use the Accuro EMR are now collecting wait time data on over 150 000 patients, and this initiative continues to roll out across the province. This project is providing meaningful data that facilitate optimal ways to best manage surgical wait lists in BC and help to effectively manage resource allocations in the regions.

Hip Fracture Redesign Project
The Hip Fracture Redesign Project is a coordinated, evidenced-based initiative that includes developing hip fracture registries and performance measurements, and implementing best practices, including enhanced recovery after surgery processes. The results are more patients receiving surgery within 48 hours, improved recovery with fewer complications, fewer days in bed, more effective rehab, and quicker return to the community. The project was piloted at eight sites and is now expanding to 20 more hospitals across the province.

Disparity Allocation
The BCOA strongly objects to the decision made by Dr. Stephen Toope for the disparity adjudication. We find it shocking that orthopaedics received zero dollars, leaving us in a state of perpetual disparity with no recent allocation and now a potential severe aggravation of future disparity. It is disappointing that funds have been allocated using a nonvalidated model that had not been formally reviewed or approved by Doctors of BC. The process was flawed in that one person with no knowledge of the various sections or issues was selected to make a binding decision. The BCOA asks that Doctors of BC:

- Validly measure and follow intersectional disparity.
- Adopt the concept that an hour of a specialist's daytime Monday to Friday time should be equitable after accounting for relevant modifiers (e.g., overhead, stress intensity).

WorkSafeBC
On 1 November 2015, WorkSafeBC (WSBC) moved to a new system for payments of expedited services under a new services agreement. Since then, orthopaedic surgeons have not been paid for certain expedited trauma surgery and after-hours services. As of 14 March, this issue has not been resolved and we urge Doctors of BC to work with WSBC to quickly resolve these issues so surgeons are paid appropriately for the work they are doing.

Medical On-Call Availability Program (MOCAP)
In February, orthopaedic surgeons participated in the MOCAP data collection, despite this being one of the least busy on-call times of the year for orthopaedics. Among the sections there was a great variability in how physicians were documenting their MOCAP data. BCOA is concerned that the MOCAP data collection will not accurately reflect the burden of call and urges Doctors of BC to take appropriate measures to ensure valid data are used in determining MOCAP allocations.

Doctors of BC Support
BCOA is grateful for the opportunities to discuss the many issues affecting our section, in particular with Mr Allan Seckel, Dr Sam Bugis, and Dr Charles Webb. BCOA hopes to have support and ongoing communication to resolve issues related to disparity, MOCAP, and WSBC, and to determine how to improve not only the income and working conditions for orthopaedic surgeons, but also to address access-to-care issues and patient-focused initiatives.

—Kevin Wing, MD
President

SECTION OF PALLIATIVE MEDICINE

DRS S. MINHAS (FHA), PRESIDENT; W. YEOMANS, PAST PRESIDENT; G. KIMEL, TREASURER AND SECRETARY; N. APOSTLE (PROVIDENCE), P. EDMUNDS (VCH), B. FELAU (VIHA), P. HAWLEY, (PHSA), S. SZE (INTERIOR HEALTH), I. REDDY. ADMINISTRATIVE ASSISTANCE: K. INMAN.

The Section of Palliative Medicine (SPM) has been busy this past year with many pursuits within education, defining and clarifying roles and responsibilities, along with working to expand palliative care services in BC.

SPM represents physicians who provide specialized palliative care to individuals living with life-threatening illnesses, including those who are vulnerable and approaching the end of their lives. It is made up of a group of highly skilled and specialized physicians that provide excellent end-of-life care. Palliative care physicians manage patients with significant symptoms that can otherwise reduce their quality of life. We continue to see firsthand how serious illnesses can lead to intense suffering for patients and their families. We devote ourselves to relieving this suffering. We see patients whose suffering is emotional or existential rather than physical, and in these instances we work with our multidisciplinary teams to reduce and alleviate this suffering. Our programs involve education, mentorship, and comprehensive clinical care.

The World Health Organization's definition of palliative care explicitly excludes hastening of death in order that patients can be reassured that their life will not be shortened by receiving palliative care. Early access to palliative care improves quality of life for patients, families, and their caregivers. Many studies have shown that with early and timely access to palliative care patients live better, with less symptom burden, and with the same or longer survival than those who do not receive such support.

Our section has been working diligently this year to advocate for timely, early access to palliative care services. Our goals are ongoing for the expansion of palliative care education, access, and services within BC. As palliative care physicians we will continue to look after all our patients and their families even if they choose physician-hastened death. We will work in partnership with other professionals involved. We recognize and respect that the spectrum of end-of-life care may include patients who choose physician-hastened death or medical assistance in dying (MAID). While we are committed to providing the highest level of care for our patients, direct participation of palliative care physicians in MAID falls outside the scope and tenets of palliative medicine. This is in accordance with the internationally accepted definition of palliative care.

—Shikha Minhas, MD
President

SECTION OF PEDIATRICS
BC PEDIATRIC SOCIETY

DRS A. POYNTER, PRESIDENT; M. BEIMERS, PAST PRESIDENT; W. ABELSON, SECRETARY/TREASURER; W. ABELSON, W. ARRUDA, A. EDDY, K. GROSS, A. LEE, K. MILLER, K. SCHULTZ, T. SOROKAN, P. THIESSEN, G. TZIOLAS, G. 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:

- Works with allied care providers, government, and regional, provincial, and national organizations.
- Supports the professional needs of its members.

Our advocacy work centres on the following themes:

- Economics: We have concluded negotiations with Doctors of BC/PMA and received an approximate 9.5% raise. This work required substantial section resources. We have canvassed members to ask how they would like to receive these funds (e.g., through enhanced fee items, and/or new fee items).
- Mental health: Partnering with the Ministry of Children and Family Development and the Child and Youth Mental Health and Substance Use Collaborative, we are working on concerns regarding access to mental health services for children and youth with serious mental illness. We are also active on a number of committees on the collaborative, and our members have joined various local action teams.
- Transition: We received a grant from the Specialist Services Committee to focus on the transition process as community pediatricians transfer patients into adult care.

- Education: We continue to talk to various parties about an initiative to link pediatricians to schools. These links could take a variety of forms, from providing school-based health services to designating particular community pediatricians to match with a school and provide consultation services.
- Immunizations: We are completing work on various immunization fact sheets aimed primarily at family physicians and patients and their families. We have completed the BC Pediatric Society immunization schedule for 2016.
- Childhood obesity: We are focusing on our school-based program SipSmart, aimed at reducing sugar sweetened beverages in grades 4 to 6. We are currently working on a grant from the Ministry of Health to update this resource.

In terms of education opportunities, we have a blanket CME accreditation for evening journal club dinners. We present a dinner approximately every 2 months. These dinners are broadcast via telehealth and WebEx throughout the province. We also partnered with the Children's Hospital Division of Endocrinology for our annual 2-day CME in early November 2015, and we will be partnering next year with the Division of Neonatology.

—Aven Poynter, MD
President

SECTION OF PHYSICAL MEDICINE AND REHABILITATION

DR E. WEISS, PRESIDENT AND SECRETARY-TREASURER

The Section of Physical Medicine and Rehabilitation (PM&R) has met regularly in parallel with the UBC division meetings. Updates are provided on the activities of the Specialists of BC and Doctors of BC where relevant to the section's interests.

The section submitted a comprehensive request for additional MSP funding, made available through the recently signed Master Agreement. This process was mediated by Dr Stephen Toope. Despite a significant MSP disparity compared to other sections and specialities, our section was not successful in its efforts. We consider this to be due to data deficiencies and inappropriate assumptions regarding non-MSP activities.

The section continues to advocate for a more transparent and equitable approach to addressing retention and recruitment as well as interprovincial and intersectional disparity. The recent disparity decision has compounded the existing inequities affecting the members of our section.

While there are currently over 50 physiatrists in clinical practice in BC, accessing MSP physiatry services is either nonexistent or associated with prolonged wait times in most regions and health authorities. This is the case even for patients in greatest need, including those who have had strokes, the elderly, and those with chronic physical disabilities. The section will continue to advocate for improvements in the working environment for physiatrists, including physiatry compensation, to better meet the needs of the physically disabled in BC.

—Elliott Weiss, MD
President

SECTION OF PSYCHIATRY
BC PSYCHIATRIC ASSOCIATION

DRS C. SAARI, PRESIDENT; A. BATES, PSYCHOSOMATIC REPRESENTATIVE; C. BOOTH, P. CHAN, B. CHOW, RESIDENT REPRESENTATIVE; M. CHOW, CHILD PSYCHIATRY REPRESENTATIVE; N. COLLINS, GOVERNANCE CHAIR; C. GORMAN, PAST PRESIDENT; A. JAGDEO, RESIDENT REPRESENTATIVE; B. KANE, NORTHERN HEALTH REGION REPRESENTATIVE; V. KARAPAREDDY, ADDICTIONS PSYCHIATRY REPRESENTATIVE; A. KRISHNAMOORTHY, MEMBER-AT-LARGE; B. MATHEW, PRESIDENT-ELECT; F. MCGREGOR, ADVOCACY CHAIR; D. MILLER, FRASER REPRESENTATIVE; C. NORTHCOTT, VANCOUVER COASTAL REPRESENTATIVE; R. RANDHAWA, SECRETARY; M. RILEY, FORENSIC PSYCHIATRY REPRESENTATIVE; W. SONG, VANCOUVER ISLAND REPRESENTATIVE; K. STEVENSON, TREASURER/INTERIOR REPRESENTATIVE; S. WISEMAN, ECONOMICS CHAIR.

In 2015 the BC Psychiatric Association (BCPA) reviewed its outdated bylaws, revised them with the

support of legal counsel, and proposed and approved changes through a membership vote. These changes were also approved by the Doctors of BC Board. The new bylaws should allow greater clarity and flexibility for the current Board.

We continued to support advocacy with the awarding of junior and senior resident advocacy awards and the creation of BCPA member advocacy grants. The first grants were awarded to support research into caregiver needs of South Asian elderly people struggling with dementia, and to support a new section of pain medicine.

Last fall we hosted a social event with members at the Canadian Psychiatric Association meeting. We created branded promotional materials, which included our website address for distribution to our members to improve access. We formally presented to our members in numerous settings on the new Specialist Services Committee fee codes as well as new psychiatry codes approved and funded through the recruitment and retention funding from 2012.

This year saw the return of our annual education day in conjunction with our annual general meeting. This accredited event allowed information sharing about programs in place in BC and tackled difficult topics such as wait-list management and pain management. We represented the psychiatrists of BC before the Select Standing Committee on Child and Youth mental health and contributed to systems improvement at the Child and Youth Mental Health and Substance Use Collaborative.

We contributed to the development of a psychiatry physician workforce survey to understand training and recruitment needs in BC in light of retirement and cross-provincial migration. We submitted documentation outlining intersectional and interprovincial disparity in funding for our section.

We have continued to develop our website and have begun distributing electronic newsletters every 4 months to keep our members up to date on our activities.

—Carol-Ann Saari, MD
President

SECTION OF RADIOLOGY
BC RADIOLOGICAL SOCIETY

DRS W. SIU, PRESIDENT; N. BILBEY, M. BUTCHART, J. DUFTON, A. HARRIS, B. JAMIESON P. KURKJIAN, E. LEE, M. MARTIN, T. O'CONNELL, R. PETTER TONSETH, P. TREPANIER, P. VOS, K. WONG, C. YONG-HING. ADMINISTRATIVE SUPPORT: MR. BOB RAUSCHER, MS. CHERYL RENTZ-BENNETT.

Changes to Executive Council

Dr William Siu commenced his second term as head of the section on 1 January 2016. The president-elect position is currently vacant. The executive council continues to be well represented by radiologists from all regions of the province along with representatives from the UBC Radiology Residency Program.

CME Sessions

The BC Radiological Society (BCRS) continues to provide valuable continuing medical education (CME) for the membership. In 2015 BCRS partnered with the Pacific Northwest Radiological Society and UBC for a CME symposium in Victoria 6–7 June. BCRS was also the local organizing committee for the ISCD/IOF Osteoporosis: Essentials for Clinicians and Technologists Conference. This 2-day event was held 7–8 November and was well attended by radiologists, nuclear medicine specialists, and technologists with an interest in bone densitometry. We also had another sold-out Managing Radiological Emergencies Workshop in November in conjunction our annual general meeting.

BCRS continues to offer CME events in 2016 including Fetal and Obstetrical Imaging Update held 7 May (focusing on assessments, which was open to all specialists and GPs with an interest in obstetrics) and will hold the Managing Radiological Emergencies workshop in November.

Sponsorships

The Section of Radiology continues to sponsor three BCIT awards: two entrance scholarships for students in the medical radiography and diagnostic medical sonography programs and one First-Year Achievement Award for a student entering

the second year of the diagnostic medical sonography program.

2016 Activities
In 2016 BCRS is continuing to work with its members and other stakeholders (Ministry of Health, Doctors of BC, health authorities, Medical Imaging Advisory Committee, WorkSafeBC, Canadian Association of Radiologists) on the following:

- Developing accredited CME programs for radiologists.
- Implementing the Physician Master Agreement.
- Developing a peer-reviewed quality improvement program for radiologists.
- Planning health human resource planning.
- Provincial e-health and advanced imaging strategies.
- Developing a modernized breast imaging fee schedule.
- Modernizing interventional radiology fees.
- Appropriateness and standardization of medical imaging studies.

—William Siu, MD
President

SECTION OF RHEUMATOLOGY
BC SOCIETY OF RHEUMATOLOGISTS

DRS J. KUR, PRESIDENT; J. WADE, TREASURER; D. COLLINS, M. TEO, M. UH.

Wait Times for Consults
In an effort to improve access to rheumatologic care, the BC Society of Rheumatologists (BCSR) has surveyed 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).

Telehealth
The BCSR has partnered with Medeo through a special projects grant to provide telehealth capabilities to 19 BC rheumatologists. The virtual care software is web-based and can be used by any patient with an Internet connection on any device (computer, smart phone, or tablet). The goal of this partnership is to improve access to care to all patients, especially those with disabilities or who live remotely. The first phase of the project is underway and we hope for a midterm evaluation in 2016.

Communities of Need
Previous research has helped clearly identify the most underserved communities in the province. While there have been some improvements, Surrey, Prince George, and Kelowna remain underserviced in rheumatology. BCSR is exploring ways to try and help assist rheumatologists who express interest in working in these communities.

Practice Management
BCSR has been working to support new rheumatologists to BC as well as new graduates transitioning to practice through a series of workshops on billing, nursing, and models of care.

The major meeting of BCSR will occur in conjunction with the BC Rheumatology Invitational Education Series to take place on 30 September 2016 in Vancouver.

—Jason Kur, MD
President

SECTION OF SURGICAL ASSISTANTS

DRS C. COWAN, PRESIDENT; S-Y CHEN, P. CROW, D. CUTFORTH, J. HAMILTON, D. WILLIAMS.

The executive has had teleconferences over the year to discuss section business and issues, but there are no major activities to report. We have no resolutions for the Doctors of BC to consider at the annual general meeting.

—Cornelius Cowan, MD
President

SOCIETY OF GENERAL PRACTITIONERS OF BRITISH COLUMBIA

DRS K. BURNS, PRESIDENT; W. AMIRAULT, TREASURER; P. ASQUITH, ECONOMICS CHAIR; E. CHANG, PRESIDENT-ELECT; M. FAGAN, SECRETARY; H, FOX, SNC; S. GOODCHILD, BOARD CHAIR;

G. WATSON, GPSC; L. WELSH, PAST PRESIDENT; J. CLARKE, EXECUTIVE DIRECTOR; MS. S. BREWSTER, EXECUTIVE COORDINATOR.

The Society of General Practitioners (SGP) continues to focus on advocating for family physicians' key role in delivering high-quality patient-centred care while supporting strategies to achieve maximum professional satisfaction for its members. For 2015–16 that meant:

- Actively supporting and participating in the GPSC visioning exercise that reached out to all GPs gathering their ideas and hopes for how they want to practise in the future.
- Holding another sold-out day-long Dollars and Sense of Family Practice to provide reliable billing education, information on billing audit, and more.
- Providing billing education to Divisions of Family Practice small-group learning sessions.
- Delivering a webinar to teach RST members working with divisions about billing resources available.
- Continuing to improve our website with its popular Simplified Guide to Fees. Many Divisions of Family Practice now subscribe to our locums-listing feature as part of their R+R work.
- Keeping abreast of the BCMQI as the first iteration of the provincial practitioner credentialing and privileging system (CACTUS) with the Family Medicine/GP Privileging Dictionary was implemented during this year's privileging process.
- Participating in the Doctors of BC Overhead Committee review.
- Recommending to the Allocation Review Committee that increases to the out-of-office hours premiums (call-out charges and continuing care surcharges) should be considered prior to the Stage 1 allocation. Currently, these cross-sectional fees receive only the basic across-the-board annual increases.
- Participating in the BC Virtual Care Strategy Physician Advisory Day.
- Participating in the Walk-In Clinics of BC Association conference panel discussing the role of walk-in clinics in BC, past, present, and future.

Meanwhile, SGP continues with its many responsibilities as the Section of General Practice. Our representative at Doctors of BC Council on Health Economics and Policy ensures we are involved in policy work of the Doctors of BC. Our representatives to the Statutory Negotiating Committee and Negotiations Coordinating Group keep us connected to the important work of negotiations as well as informing our proactive contemplation of where we want to go in the future.

With Tariff and Patterns of Practice Committees we work to improve the Fee Guide to better clarify rules, and thus protect GPs in the case of audit.

A major activity continues to be supporting GPSC's work, specifically through SGP's three nominees to the committee. As the new GPSC work plan guided by the outcome of the visioning process is implemented, SGP will seek to ensure that the needs of physicians remain at the core of decision making, while using the Triple Aim framework as a guiding principle.

So it seems we may be at the tipping point of change for family physicians and their place in the primary care system—and SGP is not just along for the ride, but working hard to help keep the boat on course.

—Ken Burns, MD
President

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

EXECUTIVE: DRS J. FALCONER, PRESIDENT; A. ATTWELL, PAST PRESIDENT; M. STANGER, CHAIR OF COUNCIL. MEMBERS-AT-LARGE: DRS J. CUPPLES, ALTERNATIVELY PAID PHYSICIANS; R. BISSONNETTE, DIAGNOSTICS; M. BAKER, MEDICINE; D. WICKHAM, SURGERY. COUNCIL OF SPECIALISTS REPRESENTATIVES: DRS D. STARK, ALLERGY/IMMUNOLOGY; E. AYMONG, CARDIOLOGY; H. KANJI, CRITICAL CARE MEDICINE; E. TUYP, DERMATOLOGY; M. ERTEL, EMERGENCY MEDICINE; M. DAHL, ENDOCRINOLOGY/METABOLISM; M. FISHMAN, GASTROENTEROLOGY; A. KARIMUDDIN, GENERAL SURGERY; S. COMEAU, GERIATRIC MEDICINE; P. YENSON, HEMATOLOGY AND ONCOLOGY; D. FERRIS, INFECTIOUS DISEASES; R. CLEVE, LABORATORY MEDICINE; G. GANZ, NEPHROLOGY; O. HREBICEK, NEUROLOGY; D. WATERMAN, OBSTETRICS/GYNECOLOGY; D. DHANDA, OPHTHALMOLOGY; K. WING, ORTHOPEDIC SURGERY; D. ANDERSON, OTOLARYNGOLOGY; W. ABELSON/A. POYNTER, PEDIATRICS; E .WEISS, PHYSICAL MEDICINE/REHABILITATION; S. VALNICEK, PLASTIC SURGERY; S. WISEMAN, PSYCHIATRY; K. WONG, RADIOLOGY; I. WATERS, RESPIROLOGY; J. KUR, RHEUMATOLOGY; O. NAZIF, UROLOGY; K. KAZEMI, VASCULAR SURGERY.

The Specialists of BC has been reinvigorated this year. The name has changed to reflect a change in direction. Still focusing on issues of importance to all specialist physicians of BC, Specialists of BC is also looking at important aspects of patient access and measurement both on behalf of patients and their physicians and surgeons. Realizing the difficulties with government budget constraints, we want to recruit ideas from our members on how we can efficiently measure and improve access. Dr Kevin Wing will be leading a working group dedicated to this project.

The BC Auditor General's report last year was critical of physician performance measurement and suggested that new or different compensation schemes for physicians may be considered. We struck a working group, chaired by Dr Lloyd Oppel, to examine this topic and, in discussion with Doctors of BC, developed some positions and information for our specialists.

There was $55 million set aside in the current Physician Master Agreement to help correct specialist disparities. The Specialists of BC worked hard with the Doctors of BC Economics Department to obtain data and provide examples to help all our sections put their best economic foot forward. In December 2015, arbitrator Dr Stephen Toope released his decision, which brought on a good deal of discussion among our specialty sections. The Specialists of BC's working group, chaired by Dr Evert Tuyp, is examining ways and methods to help in the future. This same group is working with the Doctors of BC Overhead Committee as they develop a new overhead study.

Specialists of BC monitored or took a part in myriad other initiatives this year, such as MSP restricting same-specialty second consults, the review of the MOCAP structure, WorkSafeBC negotiations, and potential Doctors of BC governance changes.

Special thanks go to Dr Michael Stanger who is stepping down after 14 years on the executive, serving ably as chair for 13 years and as secretary treasurer this year. Also completing their terms are Drs Bob Bissonnette (5 years), Jim Cupples (3 years), and Andrew Attwell (secretary-treasurer, president-elect, president for 2 years and past president for 2 years). Thank you all for your dedicated service. Dr Lloyd Oppel will be stepping in as the new chair of council, and Dr Tyler Smith as member at large for APP. Thanks also to our executive director, Ms Andrea Elvidge; our council; and the specialists who support our work through their membership dues.

—John Falconer, MD
President

ADVISORY COMMITTEE ON DIAGNOSTIC FACILITIES

MS J. CRICKMORE, CHAIR; DRS A. HOFFMAN, G. SCHESKE, M. WONG. MINISTRY OF HEALTH REPRESENTATIVES: MS A. CAPRON. PUBLIC/ BENEFICIARY REPRESENTATIVES: DRS I. ALLAN, J.R. BUSSER, MS K. MCEWEN, MS R. HENNEBERRY (DIAGNOSTIC & BLOOD SERVICES BRANCH).

The Advisory Committee on Diagnostic Facilities (ACDF) is a subcommittee of the Medical Services Commission (MSC). The committee meets quarterly.

The mandate of the ACDF is to provide advice and assistance to the MSC on diagnostic services and 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 committee's responsibility. Throughout the year the committee receives and assesses applications for new, expanded, or relocated outpatient diagnostic services facilities. The primary role of the ACDF is to approve or recommend denial of applications based on MSC policies and guidelines. Applications that are recommended for denial are forwarded to the MSC.

For the past 3 years the ACDF has undertaken a modernization project that is now complete. Highlights of this three-phase project and the significant issues the committee has dealt with over the past year include:

- The modernization project was completed on 1 October 2015, with the introduction and implementation of the Laboratory Services Act. As a result of this legislation, laboratory services in BC now fall directly under the Minister of Health and are no longer the purview of the ACDF.
- Phase 2 of the project reviewed radiology, ultrasound, nuclear medicine, pulmonary function testing, polysomography, and EEG and EMG labs. This review was completed in spring 2014 and the changes were accepted by the MSC on 1 June 2014.
- Phase 3, implementation, followed the review of the specific services, and included new terms of reference, new policies and guidelines, a new online application process, and a new website. Policies governing echocardiography and Doppler vascular services, which are currently restricted to hospital facilities, were also reviewed. As a result, consideration is being given to introducing these restricted services into community clinics. Recommendations were passed on to MSC and will be reviewed at their next meeting on 27 April 2016. The recommendations were based on interviews with stakeholders, an assessment of policy in other provinces across Canada, and a review of the literature.
- The MSC moratorium on ultrasound has been extended until 1 June 2017. This applies to all ultrasound categories and procedures under the authority of the ACDF with the exception of those fees currently restricted to public hospitals (i.e., echocardiography and Doppler vascular studies).

—Glenn A. Scheske, MD, FRCP (C)
Doctors of BC representative

BRITISH COLUMBIA INJURY PREVENTION ALLIANCE

DOCTORS OF BC: DR R. MEHIN. CHAIR: MR D. DUNNE. STAFF: MS B. HODGSON, MS K. SAUNDERS, MS H. THI, MS D. VICCARS, MR J. WONG.

The British Columbia Injury Prevention Alliance (BCIPA), formerly known as the BC Injury Prevention Leadership Action Network, is a strategic alliance of organizations supporting injury prevention priorities and activities. Its mandate is to provide a forum for organizations involved in injury prevention to:

- Advise and assist one another regarding research, strategies, policies, and programs that member organizations are undertaking.
- Identify and promote injury prevention priorities where evidence supports that progress can be made in injury reduction.
- Coordinate and collaborate on activities addressing significant injury issues.
- Provide collaborative leadership thinking and action on injury prevention.

The BCIPA held two meetings in 2015 and one in early 2016. In addition to roundtable discussions

reviewing the injury prevention activities of each organization, each meeting had a theme:

- May 2015: Strategic Direction and Provincial Context for Injury Prevention in BC. In this meeting, members set the strategic direction of the committee and agreed to change the name from BCiPLAN to BCIPA to more accurately reflect the work of the group.
- September 2015: Road Safety. This meeting included a presentation from RoadSafetyBC. Topics discussed included an update to the BC Road Safety Strategy and the impacts of speed limit changes.
- January 2016: Sports Injuries. This meeting included presentations from Child Health BC, Fraser Health Authority, SportMedBC, and Vancouver Coastal Health. Topics discussed included the development of a concussion strategy, a concussion awareness campaign in South Surrey and White Rock, SportMedBC services, and injury prevention activities on the North Shore.

—Ramin Mehin, MD
Doctors of BC Representative

DRIVER FITNESS ADVISORY GROUP

DOCTORS OF BC: DRS I. BEKKER, I. GILLESPIE. ROADSAFETYBC: MR. S. ROBERTS (DEPUTY SUPERINTENDENT AND CHAIR). STAFF: MS S. SHORE, MS D. VICCARS.

The Driver Fitness Advisory Group (DFAG) was formed in 2005 on the initiative of the Superintendent of Motor Vehicles. It is an external committee comprising representatives from RoadSafetyBC and the health professions who may be required to report concerns that arise under Section 230 of the Motor Vehicle Act (requirement to report a medical condition or impairment).

Initially, the three professions were physicians, psychologists, and optometrists. In 2010, under the Motor Vehicle Amendment Act, occupational therapists and nurse practitioners were added. The respective colleges are also invited to send representatives, as the topics often relate to professional responsibility issues. Doctors of BC sends a specialist and a general practitioner representative.

The mandate of the committee is to be advisory—a focus group of health care professionals that discuss current policy and possible revisions, all from the perspective of the clinicians' experience with driver fitness issues.

Road safety falls under the mandate of the Emergency Medical Services Committee (EMSC), a subcommittee of the Council on Health Promotion. Updates from DFAG are a standing item on the EMSC agenda.

Since the reporting deadline for the 2014 annual general meeting, DFAG meetings took place on 18 June and 22 October 2015, and 22 January 2016. In the past year, a revised terms of reference was discussed and adopted, and much of the focus has been on the decision to sunset the 2010 BC Guide in Determining Fitness to Drive (because of no budget to continue development) and to adopt the CCMTA Medical Standards for Drivers (CCMTA Guide) as of 1 April 2016.

Your representatives have had no concern about the retirement of the 2010 BC Guide and have endorsed practical improvements about how physicians will use the CCMTA Guide in conjunction with continuing to use the CMA Driver's Guide, which had updates this year.

We also reviewed the process for urgent driver licence cancellations in this past year and we continue discussions about this important topic.

—Ian Bekker, MD
—Ian Gillespie, MD
Doctors of BC Representatives

EMERGENCY SERVICES ADVISORY COMMITTEE

DOCTORS OF BC: DRS Q. DOAN, D. HAUGHTON. BC EMERGENCY HEALTH SERVICES: DR S. BLYTH, MR S. DHALIWAL. BCPS QUALITY COUNCIL: DR J. MARSDEN. HEALTH AUTHORITY ADMINISTRATORS: MS M. CLOUTIER (FHA), MS B.A. DERKSEN (NHA), MS L. GEREIN (IHA), MS C. HAY (PHAS), MS M. HOOVER (FNHA), MR D. LANGE (VIHA), MS C. STARTUP (VCH). MINISTRY OF HEALTH: MR B. ABBOTT, MR D. BRAR, MS K. KRYSTALOWICH, MS S. OOMS. REGIONAL

EMERGENCY MEDICAL LEADS: DRS N. BARCLAY (FHA), J. BURG (NHA), G. MECKLER (PHSA), T. RING (IHA). UBC: DR J. CHRISTENSEN.

The Emergency Services Advisory Committee (ESAC) is a joint committee created to advise on issues facing emergency departments and share successful innovation between sites. Dr David Haughton and Dr Quynh Doan serve as Doctors of BC representatives.

In 2015–16 there has been turnover in the ESAC membership that has impacted the work, but the committee focused on three main tasks.

The first task was discussing issues facing emergency departments (EDs), including:

- A roundtable update of current issues, challenges, and successes.
- A review of the latest ministry data on a site-by-site basis regarding compliance with ED guidelines (e.g., the 10-hour rule).
- Establishing standards and guidelines for the design of new EDs, including ED space and equipment.
- Reviewing provincial patient satisfaction surveys methodology and sampling.

The second task was sharing successful innovations between health authorities. For example:

- "Familiar Faces": Vancouver Coastal Health targeting social services and other nonmedical intervention for patients who frequently use the ED.
- Nanaimo Regional General Hospital making efforts to reduce severe overcrowding by adding weekend staffing of social workers, occupational and physical therapists, and nurses to allow more prompt discharges.
- Need for additional emergency physicians.

The third task was establishing the committee as a reference point for groups to submit and review their innovations that might affect emergency care "through the ED lens" before implementation.

As for priorities for 2016 and beyond, my view is that the key to this committee's future success lies in better defining its advisory role. It is not always clear how our advice impacts policy and operations. The experience and knowledge of the committee is enormous, and the advice it can provide could be a powerful tool for government to inform itself on both the cost-effectiveness and potential unintended consequences of policy decisions. Therefore, one of the main priorities for next year is to establish a better process by which ESAC provides advice.

—David A. Haughton, MD
Doctors of BC Representative

PROVINCIAL ROAD SAFETY STEERING COMMITTEE

ROADSAFETYBC: MR S. MACLEOD, CHAIR.
DOCTORS OF BC: DR D. BUTCHER.

The Steering Committee oversees the implementation of the report *BC Road Safety Strategy: 2015 and Beyond.* The purpose of the strategy is to:

- Work toward zero deaths and serious injuries from road traffic in BC.
- Promote road safety.
- Increase efficiencies within the road safety community.
- Facilitate the creation of improved information and tools to support road safety.

The Steering Committee reports to the Minister of Justice and has representation from a broad range of stakeholder organizations. The committee produces an annual report on the progress of road safety outcomes, deliverables of the *BC Road Safety Strategy*, and the development of 5-year succession plans to the 2015 strategy. Doctors of BC is kept informed of and provides input to the discussions of the Steering Committee through the Emergency Medical Services Committee.
The committee participated in the BC Road Safety Strategy Conference held in Vancouver on 15–16 October 2015. This conference presented research related to, and analysis of, road safety initiatives within BC and across North America and internationally.

The committee also oversaw the release of an updated report to the *British Columbia Road Safety Strategy: 2015 and Beyond* entitled *Moving to Vision Zero: Road Safety Strategy Update and Showcase of Innovation in British Columbia.* The

updated report aligns with Canada's Road Safety Strategy 2015 and is the product of close collaboration of more than 40 road safety experts from various interest groups, including government, the insurance sector, Crown entities, the health sector, law enforcement agencies, nonprofit organizations, road safety groups and partners, and academic researchers.

The committee has also overseen the release of the following reports:

- *BC Communities Road Safety Survey Report*
- *2005–2014: Motor Vehicle Fatalities in British Columbia: Statistics*
- *BC Road Safety Strategy 2016 (update)*

The committee has endorsed the development of a business case, led by RoadSafetyBC, for the development of a Road Safety Research Institute.

—David Butcher, MD
Doctors of BC Representative

RESIDENT DOCTORS OF BC

DR V. VARSHNEY, REPRESENTATIVE.

Resident Doctors of BC started the year with a number of big legal wins: We successfully achieved student status for UBC residents for the purposes of education and textbook tax credits, and we had two successful outcomes at the Human Rights Tribunal for two 5-year-long cases regarding discrimination and lack of accommodation.

In the summer we held our annual Fireworks Social, a cocktail reception held in conjunction with the Celebration of Lights fireworks festival, and residents showed their support for the LGBTQ community by marching in the Vancouver Pride Parade. We hosted a very popular social night during the International Conference on Residency Education in October, with residents and staff attending from across the country.

Resident Awareness Week was a big focus for us over the winter months, with a second round of our Humans of Residency campaign including an ad in the *Metro* newspaper and advertisements on transit in Vancouver, Victoria, and Prince George. We were interviewed by CBC Radio, and had articles about residents and residency published in the *Huffington Post, Vancouver Sun, BCMJ* blog, *VIHA Currents, VCH News,* and *UBC Postgraduate Medical Education News*. We had an unprecedented level of engagement on social media, and our trivia game at the hospital awareness booths was well received. We also designed a new infographic about a resident's daily life, which we shared with the public.

Our Advocacy Committee continues to develop relations with the government; the BC government proclaimed 15–19 February as Resident Awareness Week, and MP John Aldag made a statement in the House of Commons. Residents also met with individual MLAs and the NDP caucus. Additionally, the committee has spent a great deal of time working on providing the Ministry of Health with resident feedback on their proposed health policy papers; we are particularly interested in the topics of health human resources, community care, rural health, and information technology. Our board is currently focused on developing our new strategic plan for the coming years.

We continue to work closely with our stakeholders to develop opportunities for resident personal and professional development, and to support our partner organizations in their own initiatives. We collaborated with Doctors of BC's Insurance Department to devise and promote practice management presentations, and with the CMA to develop their RAW engagement activities as well as future opportunities to expand resident services. We have brought a resident perspective to medical students through the resident library and UBC medical student tax clinic. The Financial Literacy Counsel and Employee Family Assistance Program have been working with us on our upcoming annual tax clinic and parenting workshop events. We look forward to working with all our stakeholders in preparation for the new member orientation in June.

—Vishal Varshney, MD
Representative

UBC MEDICAL UNDERGRADUATE SOCIETY

MR E. ZHAO, PRESIDENT; MS T. LAM, VP EXTERNAL SR; MR K. SHIH, VP EXTERNAL JR.

With support from Doctors of BC, the 2015–2016 school year saw active student engagement from all four UBC sites in more than 60 Medical Undergraduate Society (MUS) student-led groups, including wellness initiatives, global health and community outreach projects, public health workshops, and specialty-interest groups. This year, students were also involved in spearheading new student-led interdisciplinary conferences, including the UBC Global Health Conference, as well as the Hatching Health Conference, which aimed to connect brilliant minds of different perspectives to overcome technical challenges in health care.

At the MUS annual general meeting in April 2015, the position of Aboriginal health representative was added to the first- and second-year class councils at all four UBC distributed sites in order to ensure sustainable representation and engagement of issues related to Aboriginal health among all medical students.

In January 2016, the Southern Medical Program (SMP) celebrated the opening of its Medical Student Alumni Centre. This multipurpose facility was created to promote unity, community, and healthy activity among SMP students.

On behalf of the UBC Political Advocacy Committee, student leaders traveled to Victoria in March 2016 to participate in the annual BC Lobby Day. Thirty-one medical students met with 42 MLAs to advocate for provincial support of national Pharmacare. Through engaging in small-group meetings, students were successful in raising awareness regarding the value of universal Pharmacare in ensuring better health outcomes for patients.

MUS has also maintained a significant role in the accreditation process of the UBC MD Undergraduate Program by leading the independent student analysis (ISA) over the past one and a half years. The accreditation process for each medical school occurs every eight years to ensure continued high-quality education for medical students. At on-site visits to Vancouver and Kelowna in February 2016, students from all sites were able to actively discuss the results of the ISA with representatives from the Committee on Accreditation of Canadian Medical Schools and the Liaison Committee on Medical Education. The reports of this meeting will be assembled for summer 2016.

—Tiffany Lam
VP External Sr

NOTES

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toll free at 1 800 665-2262.

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115-1665 West Broadway, Vancouver, BC Canada V6J 5A4
604 736-5551 • Fax 604 638-2917
1 800 665-2262
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