

Doctors of BC Annual Meeting 2014

Annual Business Meeting and General Assembly
Saturday, 31 May 2014 • Pan Pacific Hotel, Vancouver

By Joanne Jablkowski

This year's Annual Business Meeting and General Assembly was once again held at the Pan Pacific Hotel in downtown Vancouver. Dr Granger Avery was nominated and acclaimed as chair, and began the meeting with a brief introduction of the standing rules and election of the Resolutions Committee. Dr Avery's reminder to everyone of the importance of maintaining respectful debate set the tone for the remainder of the proceedings.

President's report

Following approval of the agenda and the 2013 AGM minutes, outgoing president Dr William Cunningham

Ms Jablkowski is the assistant editor of the BCMJ. This article is Ms Jablkowski's opinion and has not been peer reviewed by the BCMJ Editorial Board.

Photos by Chris Thorn Photography and Karen Tregillas Photography.

thanked everyone for the support he received during his time as the last president of the BCMA and the first president of Doctors of BC, and he identified the launch of the Strategic Plan and rebranding of the association as the biggest undertakings during his tenure. Dr Cunningham was pleased to have been able to continue the President's Tour of the province, meeting members face to face and bringing the association to them. He underlined that the tour helped him to understand what members need from the association and to represent Doctors of BC's commitment to support members so they in turn can advocate for their patients.

Statutory Negotiating Committee

In his presentation, Dr David Atwell drew the assembly's attention to the relevant committee reports in the 2013/2014 White Report and spoke about the steady progress being made in the negotiations process. Negotia-

Doctors of BC elected officers 2014/2015

President: Dr William Cavers

Past President: Dr William Cunningham

President-elect: Dr Charles Webb

Chair of the General Assembly: Dr Lloyd Oppel

Honorary Secretary/Treasure: Dr Jaspinder Ghuman

tions will continue through July 2014, with more information to be made available following their conclusion. Dr Dan Horvat commended Dr Atwell and his team of negotiators for creating an environment that allows physicians to do a good job.

Dr Evert Tuyp raised a comment pertaining to the Section of Dermatology, stating that the section has the lowest fees in the country, and no prospect for an increase. He is concerned that no new dermatologists



L-R: Mrs Arlene VanAndel, Dr Morris VanAndel (seated), Dr Clifford Chan-Yan, Dr Lorna Sent, Dr James Darbyshire (seated)



Drs Nasir Jetha and Beverley Tamboline



Dr Evert Tuyp



Dr Mark Corbett



Dr Charl Badenhorst

are coming to practice in the province and many practising dermatologists are retiring. Dr Chris Sedergreen endorsed the comments, noting that, as a family physician, he has a hard time finding a dermatologist to direct his patients to.

Dr Carolyn Wang then asked how Doctors of BC defines success and asked the Board to review and examine the process that is in place to address each section's problems. Dr Avery asked that the question be turned into a motion and introduced at a later time.

Chief executive officer's report

Mr Allan Seckel began by commending the Communications Department on doing a great job making the *2013/2014 Annual Report*, which is primarily available online for the first time (<http://annualreports.doctorsofbc.ca>), meaningful to members. Mr Seckel then discussed the organization's rebranding, noting that focus groups comprising members, residents, and the general public were held to gather opinions about the organization. This exercise revealed

that the public was generally unaware that the BCMA existed but was supportive of the organization upon learning of its purpose and interest in doctors and patients.

Mr Seckel also spoke about the Strategic Plan, which he said is aimed at making this a profession of influence, as well as the work being done to recognize Doctors of BC as one of the top 100 great places to work in Canada. To achieve this goal, the focus will be on determining performance measures this year, with tracking

Continued on page 270

CEO speaks to the name change

During the discussion about the association's rebranding, Dr Evert Tuyp suggested it would be helpful to publish Mr Seckel's comments concerning the name change in the BC Medical Journal. His comments are reproduced below.

"The key process that we've undertaken, which culminated this year, is the process that led to our 3-year Strategic Plan... This was the result of a 2-year process that included consultation with all Board members... and also included focus groups of members, residents, students, and, importantly, focus groups of the public to get the public's sense of the importance of an association that represents the doctors in this province. You may be interested to know that, generally speaking, the public was unaware that something called the BCMA existed—that was the overwhelming response in the focus groups. But you should also be happy to hear that once it was explained to them that there was an association that expressed the interests of both doctors and patients they were glad that such an association existed and wanted to know more about that association. And that's an important thought, because that is partly what led to the rebranding of this association under the banner of Doctors of BC. There was considerable confusion in those focus groups as to what BCMA stood for—was it the BC Motorhome Association? Actually the BC Muslim Association was the one that most came to mind."





Dr Cavers to focus on improvements in quality care through physician leadership, engagement, and technological change

Here are excerpts from remarks made by new Doctors of BC President Bill Cavers at his lunchtime address:

...

“I started university in the 60s and, like many others of that era, I had a ponytail and a burning passion to change the world, to make a difference. I have always been fascinated by living things, so I found myself in zoology, doing genetics research with fruit flies. But after months and months of counting thousands and thousands of fruit flies, I found myself asking, ‘Is this all there is?’ It was an epiphany. I craved a more tangible way of contributing to a better world. That was the first step in my journey to become a physician.”

...

“For the last 34 years I have lived in Victoria, where I have practised as a family doctor. A career in primary care suits me. It fits me like a glove. I love the ongoing relationships with patients. I enjoy helping them, what-

ever their medical challenges.”

...

“Over the years I have held many positions with the association, including 10 years on the GP Services Committee and 8 years as its co-chair. I am very proud of the work we accomplished and the results we obtained through this collaborative table. And three lessons I learned stand out and are worth repeating today:

1. There are usually many differing opinions on any issue.
2. I am not always right.
3. Working together is worth the time. The result is stronger.

“Before discussing my personal priorities for this next year, I’d like to talk about our association’s new Strategic Plan. Our patients, our profession, our whole culture have changed over the last few decades; it’s a different landscape out there! And if we do not change with the landscape we risk being marginalized as a profession. It is imperative that we have a clear idea of where we are going, who we need

to partner with, and what that future should look like.

“Our Strategic Plan clearly identifies our strategic priorities and direction. It is our association’s roadmap.

“We need to remain engaged with our patients. Today’s patients are far more informed. They are far more empowered. They expect to be full partners in their care, and they should be.

“We need to engage with the communities in which we practise. Each community has unique needs. We need to ‘think provincially, and act locally.’

“We need to engage with government, health authorities, and our allied health providers in developing a strong and sustainable health care system.

“Most importantly, we need to engage with our membership, listen to what they need, and support them in delivering the best care in a changing landscape.

“By fostering and creating a highly engaged membership, and by work-

ing collaboratively with our partners, we create a profession of influence. This concept of a profession of influence is central to our success as doctors, to our professional future, and to our goal of delivering the best health care to our patients. We need to be a profession of influence.”

...

“My first priority is physician leadership and professionalism. We as physicians—and we as an association of physicians—need to deepen and expand our leadership in quality care, and that includes professionalism.

“We need to invest in quality care because providing quality:

- Is the very foundation of our profession,
- Is the source of our professional satisfaction and pride, and
- Is the source of our professional influence.”

...

“Quality care is a lens through which we need to view all our initiatives. And we need to ensure that three criteria are met in all initiatives we undertake:

1. Is it going to improve the health of the population?
2. Does it improve the experience of care of the patient and the provider?
3. What is the cost on health care? Is it cost-effective? Is it sustainable?

“But quality care goes far deeper than system-wide or association-driven initiatives. It actually starts with our interactions with our patients. They are the focus. They are the foundation of quality care.”

...

“My second priority this year is engagement with specialist and facility-based physicians. While the primary care system has entered a renaissance, we have not been as successful for specialists and facility-based physicians. It is their turn.

“Unfortunately, specialists and facility-based physicians are the most disengaged membership group within Doctors of BC. This cannot stand.”

...

“Our specialists have a lot to offer—great ideas that are good for both patient care and the health care system—it is time that they are properly heard, and properly heard before the decisions are actually made.”

...

“Now my third priority: enhancing physician leadership during a time of exciting innovation in technology. Computers and new information technology have the potential to allow us to provide higher quality care, and to do it more easily. I say *potential* because I think we have each had experiences in which a new way of doing business, or the use of a new gizmo, actually made things worse.

“I passionately believe that clinical needs must shape the use of technology, not the reverse. In these days of increasing health care pressures, technology must make it easier for

clinicians to function, not more complicated. The needs of clinical care must remain paramount.

“That’s why we need to be leaders in innovation, to have an effective voice with government, the health authorities, and with all our other partners to express those clinical needs, and to be a profession of influence in helping set both the priorities and the processes for the adoption of IT tools.”

...

“These are exciting times ahead with improvements in quality care through physician leadership, engagement, and technological change. I’m personally optimistic. Your association is strategically aligned, and our members are personally and professionally committed.

“I pledge to you that my role as your president will be to listen to you, to represent you, to work on your behalf.”

— William Cavers, MD

Award recipients

Gold Medal for Distinguished Service Award

Dr Margaret MacDiarmid

Dr Don Rix Award for Physician Leadership

Dr Brian Day

Dr Cam Coady Award

Dr Morris van Anel (Former registrar, BC College of Physicians and Surgeons—Vancouver)

Changemaker Awards

Medical resident recipient: Dr Arun Jagdeo (President, PAR BC, Vancouver)

Medical student recipient: Ms Alia Dharamsi (currently in residency in Toronto)

Dr David M. Bachop Awards Silver Medal in General Practice

Dr Elysia Ma (practising in Beaumont, Alberta)

Excellence in Health Promotion Awards

Individual award: Dr Gulzar Cheema

Non-profit award: Canadian Mental Health Association—Bounce Back

Doctors of BC Silver Medal of Service

Dr Sunil (Surajit) Ghosh
Dr Michael Lawrence
Dr Simon Rabkin

CMA Honorary Awards

Dr Duncan Anderson
Dr Duncan Etches
Dr Michael Golbey
Dr Michael Myckatyn
Dr Lorna Sent



Drs Martin Dawes and David Wilton



Drs Ian Gillespie and Brian Brodie



Drs Dan Horvat and Margaret MacDiarmid



Dr Gulzar Cheema and Ms Bev Gutray

Continued from page 267

of the selected measures to follow. Mr Seckel thanked all staff at Doctors of BC, commenting that people work hard and do so while enjoying each other's company.

Mr Seckel was later asked to address the move to electronic voting in the context of physician engagement and voter turnout. He commented that outcomes have been poor with both paper and electronic modalities, and the question of how to encourage member voting remains.

Dr Brian Brodie congratulated the organization on its rebranding, stating that it clearly demonstrates what doctors do, and complimented Mr Seckel on releasing a video about the Strategic Plan on YouTube (available at www.youtube.com/watch?v=SC_r44ej5bY). He also asked if there is a scorecard in place to measure how well things are being done as part of the move to bring in more performance measures. Mr Seckel replied that, for a nonprofit, the difficulty comes in finding measures that are meaningful, but that, yes, those measures are being sought.

To acknowledge doctors' long-standing involvement in caring for soldiers and veterans—and noting that it was a physician who wrote "In Flanders Fields"—Dr Victor Dirnfeld suggested that Doctors of BC consider marking Remembrance Day by laying wreaths at local cenotaphs. Mr Seckel agreed that finding better ways to connect with the public should be contemplated, and that it would be up to the Board to consider this request. Dr Dirnfeld will bring the suggestion forward as a motion to council in future.

Dr Erik Paterson then introduced a motion (seconded by Dr Chris Sedergreen) that the Board rescind the decision to change the name of the association, suggesting that the decision should have been brought to the membership. He held out that because the literal meaning of the word *doctor* is *teacher*, the new name applies

to all individuals who hold a doctorate degree. Dr Gerald Teverwaark said he was surprised by the name change but was against the motion, offering that, as a specialist, he considers himself a teacher who helps patients understand how to deal with their conditions. With the debate closed, the motion was called to a vote by Dr Avery and defeated.

See sidebar, page 267, for Mr Seckel's comments regarding the name change to Doctors of BC.

Audit and Finance Committee

Dr Mark Corbett directed the assembly's attention to the committee's report in the *White Report*, and reminded everyone that the complete audited financial statements are available online at <http://annualreports.doctorsofbc.ca>. Dr Corbett spoke briefly on the 2013 financial statements, highlighting the \$2 million available in the student bursary fund. The Board representative from the UBC Faculty of Medicine thanked the association for the bursary, and Dr Brian Brodie suggested the Board consider moving more assets into the bursary fund in order to generate more revenue and not fund it out of operations. Dr Nasir Jetha agreed it was a good idea to strengthen the bursary program as well as the physician health program. Dr Corbett thanked the members and indicated the Board would consider the suggestions.

Dr Corbett also highlighted the upcoming new Doctors of BC website, scheduled to be launched later in 2014, and improvements made to the Doctors of BC building through the property and equipment fund, encouraging members to visit the building if they haven't had occasion to see it recently. Dr Corbett also underscored that the association is member-driven, with 62% of income coming from member dues in 2013 (a motion was later carried that there be no increase in membership dues for 2015). Sala-

ries and benefits made up just under 60% of expenses in 2013, which was an increase from the previous year. Mr Seckel clarified that the increase came largely from a severance issue that occurred, not primarily from hiring new staff. Dr Corbett also pointed out that the rebranding expenditure (\$166 000) was financed primarily out of the existing Communications budget.

The auditor's report was accepted and KPMG LLP was reappointed as auditor for the sixth year running.

Governance and Nominating Committee

Dr Phil White began his presentation by noting that recommendations from the working group on internal governance have resulted in a series of procedural amendments to ensure continued member engagement. Dr White thanked committee members for their diligence and wisdom with regard to governance issues, noting that he was proud of the committee's achievements, the resulting diversification in members represented on committees today, and the increase in participation. Dr White also mentioned the recommendation that the Governance and Nominating Committee be split into two and wished the two committees success in the future.

Dr Mark Corbett, Dr Michael Curry, and Ms Michelle Chiu were elected as the three members-at-large to the Audit and Finance Committee.

New business

Section selection and voter turnout

A motion was introduced and carried that the association implement a process whereby every new and renewing member be required to identify the section within the organization that represents the majority of his or her clinical work. Participants of the assembly commented that this would give members the opportunity to express their support for a specific section, but that the opportunity

to identify numerous sections should remain in place.

A motion that the Board appoint a committee to improve voter participation in Doctors of BC elections and referenda was also carried.

Advance care planning

Dr Richard Merchant suggested to the Audit and Finance Committee that surplus revenue be spent on advance care planning and resources to undertake end-of-life discussions so patients don't needlessly suffer and endure painful treatments when they are nearing end of life. Numerous assembly participants encouraged all members to participate in this national and international issue, and brought attention to the leadership demonstrated in BC. Dr Shelley Ross acknowledged the work that the CMA is doing in this regard, along with Doctors of BC, and Dr Victor Dirnfeld added that the CMA devoted significant time to this issue at its General Council meeting last year, focusing on how to move forward. **BBM**



Dr Elysia Ma, winner of the David M. Bachop Award Silver Medal in General Practice.



Ms Alia Dharamsi, Dr Barry Turchen, and Dr Arun Jagdao