



DRAFT MINUTES

BCMA SECTION OF CLINICAL FACULTY AGM

May 5, 2011

Holiday Inn, Ballroom West, 711 West Broadway Street, Vancouver, BC

1. Call to Order

The meeting was called to order at approximately 5:50 p.m. *Dr. Milton Baker* chaired the meeting.

2. Approval of Minutes of the Annual General Meeting, November 9, 2009

MOVED and SECONDED

That the Minutes be adopted as presented.

CARRIED

3. President's Report

Dr. David Wensley, Interim President, presented his report reviewing activities that had occurred since the last Annual General Meeting held November 2, 2009.

BCMA survey: This was conducted in September of 2009. Approximately 80% of the 1,000 survey respondents indicated that they wanted the Section of Clinical Faculty and/or BCMA to represent them in their dealings with the university.

ad hoc Joint Working Group: Towards the end of 2009, an ad hoc Joint Working Group (comprised of representatives from the Clinical Faculty and BCMA) met with UBC representatives and developed contract recommendations for the Dean. A response was unilaterally presented by UBC in September 2010. Despite intentions to liaise on the contract, the communications process did not occur as anticipated.

SCF Survey: The SCF conducted a survey in early 2011, to which there were far fewer respondents due partly to short notice and partly because SCF are denied contact information for CF teachers. Approximately 30% of the respondents were satisfied with the contract reached, while 62% were uncertain how to respond. Some of the suggestions identified in the 2011 survey process for the next round of contract discussions, related to: compensation and support for teaching; dispute resolution; appointments offered by UBC; and communication, accountability and liability in the relationship with UBC.

Dr. Wensley concluded by noting that while some progress had been made, some significant challenges remained. Further focus was needed on:

- engaging the BCMA to represent practicing physicians in their dealings with UBC, Health Authorities and government (particularly in matters related to teaching);
- renewal of the Section of Clinical Faculty Board; and
- improved communications with members and all clinical faculty.

4. **Treasurer's Report**

Dr. Kirsten Emmott, Treasurer, displayed and reviewed the financial statements from October 15, 2009 to October 30, 2010, and acknowledged the current bank balance of \$162,231.11; and, total assets in the amount of \$188,216.67.

With respect to the association's total assets, members suggested that funds should be used to obtain contact information of all 3000 clinical faculty so as to explain our purpose and hopefully increase our membership. Such contact information may be sought through the BCMA, The Society of General Practice, and/or through an ad in the BC Medical Journal.

In response to questions raised, it was confirmed that the President's honorarium had been paid monthly for the last 2 years. Prior to that, the UCFA / SCF did not pay honoraria.

It was noted that the Societies Act did not require the association's statements to be audited.

It was MOVED and SECONDED

That the BCMA Section of Clinical Faculty Annual General Meeting approve the BCMA Section of Clinical Faculty Statement of Financial Position, and the Treasurer's Report, as presented.

CARRIED

5. **Election of Directors**

Dr. Baker, President, called three times for nominations for the Director's positions from amongst the BCMA Section of Clinical Faculty Association members present. The incoming slate of officers was then introduced and approved as announced:

President	Dr. Derryck Smith, Vancouver
Past President	Dr. Milton Baker, Victoria
Secretary	Dr. David Wensley, Vancouver
Treasurer	Dr. Kirsten Emmott
Communications Officer	Vacant
Members at Large:	Dr. Kenneth Fung, Richmond Dr. James Hayward, North Vancouver

Dr. Albert Kelly, Prince George
Dr. Angus Rae, Vancouver
Dr. Michelle Sutter, Prince George
Dr. Christopher Thompson, Vancouver
Dr. Edward Welsh

6. Guest Speakers

Dr. Ian Gillespie, President, BCMA

Dr. Gillespie acknowledged that the BCMA Negotiations Department was asked to assist in the resolution of a conflict between the Faculty of Medicine and members of the Section, related to the Letter of Appointment.

He confirmed that the UBC/BCMA Liaison Committee provided a useful forum for ongoing discussion. The question regarding whether teaching was required to achieve privileges had been addressed, but would not be applied to the existing teaching faculty. However, it was unclear if this might be linked to new staff who apply for privileges.

Regarding the Clinical Faculty Agreement, he confirmed that terms and conditions related to compensation had been finalized in 2010, after consultation between the BCMA and the Faculty of Medicine. Part of the consultation process involved determining who and how to deal with negotiations in the future.

A Letter of Intent had been signed earlier in the day with the Dean, which confirmed the process that required the Faculty of Medicine to consult with the BCMA prior to the June 30, 2013 expiry of the current terms and conditions. A consultation process will take place with a group composed of representatives from the Faculty of Medicine and the BCMA and the BCMA representatives will include a Section of Clinical Faculty member. The process will begin with a poll conducted by the BCMA in the preceding November or December 2012 and then meetings of the group beginning in January 2013. The group will provide recommendations to the Dean by March 1 and the Faculty of Medicine is to provide a draft by April 1. If the Faculty of Medicine does not accept all the proposals of the group, the Liaison Committee would continue discussions and may obtain facilitation assistance from a third party. This is not arbitration. If the BCMA board was not satisfied with the final result, it could advise its members accordingly. The time periods are specifically set out in this process.

He confirmed that the Faculty of Medicine had stated its intent to consult with the BCMA during any process of reviewing policies that affected the clinical faculty.

The meeting was further informed that an April 27, 2011 CMA Town Hall Meeting in Vancouver was attended by approximately 150 people, at which public consultation was sought for future directions in Medicare. Dr. Gillespie also acknowledged thousands of Canadians who had been unable to find a primary care practitioner. Good measures were needed to recruit, retain, teach and train new doctors.

He concluded by noting that negotiations were often incremental and iterative, and recognized BCMA's role in moving discussions ahead.

In response to a member's question, Dr. Gillespie confirmed that BCMA did not represent its members in negotiations processes.

Dr. Mike Nimmo, Chair, Clinical Faculty Advisory Committee

Dr. Nimmo stressed the importance of involving UBC, BCMA and the government collaboratively in training future physicians. He stressed the importance of ensuring that the patients of teaching practitioners were not adversely affected in any way - for example by increased wait times. He mentioned the importance of expanding medical school training throughout the province and encouraging as many practicing physicians as possible to take part.

It was critical to expand medical schools into various locations, and involve as many interested physicians as possible in teaching students. Collaborative efforts with government, UBC and the BC Medical Association, were required.

Dr. Nimmo recognized continued efforts to strengthen teaching within the province, including a number of trial projects. He reiterated the importance of assessing impacts of teaching on the ability of clinicians to complete their workload. A number of issues facing the clinical faculty were partly due to the diversity of the group. In trying to achieve a uniform approach, Dr. Nimmo stressed the need to work cooperatively. Dr. Nimmo confirmed his intent to continue to meet with clinicians. Recent efforts to reach a number of clinicians via email had been unsuccessful.

A member expressed concerns that a number of clinical faculty members were unaware of the existence of the Section of Clinical Faculty within the BCMA. Another member suggested teachers be encouraged to indicate how many patients they were unable to see because they were teaching. The meeting was informed that UBC had undertaken a "Teaching Tracking Project" in 2003/4, the results of which had not been released. This was an early attempt by UBC and the BCMA Section of Clinical Faculty to address this issue.

Dr. Michelle Sutter, Surgeon, Prince George

Dr. Sutter acknowledged the University of Northern BC (UNBC) as a source of future graduates locating in the community. The fourth class at UNBC will graduate within a week, some of whom have already secured clinical positions locally. When the UNBC class increased from 24 to 32, eight students were sent to satellite sites for training and did as well as those in traditional learning centres according to the Dean of UNBC.

A system had been initiated for tracking the effect of teaching on how many patients the teaching doctors were able to see, and on their incomes. Teaching doctors were unable to see as many patients than those not teaching and their incomes fell.

As part of a pilot project, general surgeons in Prince George shared funds provided for teaching residents, the time taken for procedures was recorded, and the consequent loss of income noted. The project is now concluded and the surgeons are deciding how to proceed.

In response to questions raised, Dr. Sutter confirmed that the Ministry of Health had data on how residents impacted patient wait times, and is analyzing it as part of their own program. Impacts on the patient in the long term needed to be tracked.

She believed this project could be extended to other surgeons.

When residents are involved anaesthetist's income is unaffected since they are paid hourly. Surgical assists are paid according to the value of the procedure for three hours and hourly thereafter.

Dr. Derryck Smith, Clinical Professor, Department of Psychiatry, UBC, Founder Member & Past President (UCFA/SCF) and incoming President of the Section of Clinical Faculty

Dr. Smith confirmed his commitment to teaching and acknowledged his good personal relationships with the University and the BCMA. However, he recognized that Clinical Faculty were not treated the same as other UBC faculty in their representation with the University. Physician Clinical Faculty had a relationship with UBC that was not dissimilar to that of other payers such as the Medical Services Plan, ICBC and WCB.

He pointed out that doctors' best interests were more achievable when they acted together. It is important to understand the imbalance of power that exists between the University and Clinical Faculty and this has been recognized nationally by the Canadian Association of University Teachers (CAUT) that has supported many Physician Faculty across the country in their disagreements with Universities, the Nancy Oliveri case being one high profile case.

The Section of Clinical Faculty had been frustrated inability to communicate with clinical faculty and by low membership, although this is not different from many Sections of the BCMA who are able to effect change.

There were concerns that the recent agreement between BCMA and UBC had proceeded without first being sent to the 3000 clinical faculty teachers for referendum, a ratification process that the BCMA board can undertake without permission from UBC.

His plans for the future included:

1. Getting the Clinical Faculty agreement between the BCMA and the University to become part of the regular processes that occur to secure agreements between other payers such as MSP, WCB and ICBC.
2. Getting "clinical teaching" recognized in the master agreement as a medical service with MSP fee items covering teaching.
3. Lobby the BCMA board to address SCF members' concerns.

4. Work to recruit new members and new leaders to the Section of Clinical Faculty.

In conclusion, he confirmed his intent to focus on communications to members. He extended thanks to members for electing him, and commended past Presidents for their leadership.

7. General Discussion

During ensuing discussion, members present agreed that the section's membership needed to be increased. Doctors on Vancouver Island were continually asked to take on more students. General practitioners were being asked to do more work for free or for a minimal fee. It was confirmed that UBC was training 288 graduates a year. BCMA support was essential for doctors in the province, as graduates from other countries were being brought in.

Thanks were extended to members present, for their continued support, interest and attendance.

8. Adjournment

The BCMA Section of Clinical Faculty Annual General meeting held May 5, 2011 adjourned at 7:20 p.m.