First Annual General Meeting

The UCFA a newly registered society under the Society Act of British Columbia, held its first AGM in the Holiday Inn, West Broadway at 5.30 pm on Monday 26 October 1998. A quorum for voting purposes (more than 25 enrolled members) was present.

1) Welcome

The interim president Dr Angus Rae welcomed attendees including several guests from Academic Faculty and the President of the Professional Association of Residents (PAR). The UCFA now has 440 enrolled members representing about 70% of teachers in the downtown teaching hospitals and one third of all Clinical Faculty (many physicians work and teach outside Vancouver). The UCFA has not been officially recognised by the University as representing Clinical Faculty but de facto recognition has been accorded in correspondence and other official documents within the Faculty of Medicine. The legitimacy of the organisation will depend on the number of enrolled Clinical Faculty.

2) Constitution and Bylaws.

UCFA Constitution and Bylaws were reviewed by Dr Derryck Smith. These can be read on our Website (see under Website below).

Motion - that the UCFA apply to become an Affiliated Medical Society within the BCMA

Comment - An Affiliated Medical Society allows access to certain services within the BCMA without obligations.

Moved Dr. Suzanne Lewis, Seconded Dr. John Wade, Passed unanimously

3) Financial Report

Dr John Wade, Treasurer. \$22,000.00 have been received in dues and to date expenses have been \$3,315.28 (Secretarial - \$596.26, Hire of Holiday Inn for AGM - \$841.50, Mailing - \$1,877.52) leaving funds in Bank - \$18,684.72.

Motion - to Accept Financial Report Moved Dr Brad Fritz, Seconded Dr Larry Collins, Passed unanimously

4) Election of Officers.

The following nominees were presented by Dr Suzanne Lewis, Interim Vice President. Nominees were solicited from the floor but there were none.

Executive UCFA

Pres. Dr. Angus Rae (Med SP) VP Dr. Suzanne Lewis (Med Gen CH) Ass. VP Dr. George Price (Med SP) Sec. Dr. Phil Harrison (Rad SP) Treas. Dr. Val Montessori (Med SP) Comm. Off. Dr. Jim Busser (Med VGH) Board of Directors UCFA

Dr. Monique Bertrand (Ob-Gyn VGH)

Dr. Michael Boyd (Surg VGH)

Dr. Clifford Chan Yan (Med SP)

Dr. Larry Collins (Fam Pract. VGH)

Dr. Lynn Doyle (Surg VGH)

Dr. Ken Gin (Med VGH)

Dr. Lawrence Halparin (Med SP)

Dr. Mike Janusz (Surg VGH)

Dr. Derryck Smith (Psych CH)

Dr. Hugh Tildesley (Med SP)

Dr. David Wensley (Peds CH)

Dr. Don Werry (Surg SP)

Motion - Separate motions to elect the above nominees were moved and seconded by various members and passed unanimously

Thanks were expressed to Drs Brad Fritz and John Wade who are retiring from office for their most valuable work in helping to start the UCFA.

5) Presidents Presentation

Dr Angus Rae outlined why Clinical Faculty were dissatisfied with their relationship to the Faculty of Medicine and why they wanted changes in the system. The growing disenchantment had given rise to the formation of the UCFA. This situation is recognised by the Dean who is forming a task force with the intent stated in the motion given below. A synopsis of Dr. Rae's presentation will be posted on the website.

Motion - that The University Clinical Faculty Association enthusiastically supports the Dean's initiative in forming a group "to describe the mutual obligations and responsibilities between the Clinical Faculty and the Faculty of Medicine", and endorse the nomination of Dr. Derryck Smith, Dr George Price and Dr. Clifford Chan Yan from the UCFA for this purpose.

Moved Dr. Jim Busser, Seconded Dr. Suzanne Lewis, Passed - unanimously

6) Discussion from floor

Several members including Dr Steve Shore, Dr Lorena Kanke, Dr Larry Collins and Dr Robert Woollard spoke to the need for representation from Family Practice in rural areas on the Board of Directors.

Motion - that The Board of Directors consider appointing a standing committee representing Clinical Faculty not associated with teaching hospitals in Vancouver. Moved Dr Derryck Smith, Seconded Dr. Tom Perry, Passed unanimously

Dr Maria Issa raised the issue of representation for the non physician members of Clinical Faculty who had joined the UCFA

Motion - that At the next Board of Directors meeting, non physician members who have joined the UCFA will be identified and a leader of this group will be appointed as an advisor to voice the concerns of non physician Clinical Faculty.

Moved Dr Maria Issa, Seconded Dr George Price, Passed unanimously

Motion - At 7.15pm, there being no other business, there be a motion to adjourn. Proposed by Dr David Wensley, Seconded Dr Suzanne Lewis, Passed unanimously.

Addendum - Website - the BCMA has kindly allowed us space on their Website under the heading of Societys. Important information including Constitution and Bylaws, Presidents letter and AGM minutes can be seen here: www.bcma.org

27 October 1998	
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University Clinical Faculty Association (UCFA) First AGM 26 Oct 1998 President's address

"....by precept, lecture and every other mode of instruction, I will impart a knowledge of the art to my own sons and to those of my teachers, and to disciples bound by a stipulation and oath, according to the law of medicine ..." Hippocrates 460? - 370 ? BC

I doubt if there is anyone in this room tonight who does not enjoy teaching and does not regret the discord now existing between the teachers on Clinical Faculty and the Faculty of Medicine.

Since Hippocratic time, our profession has been assiduous in training the next generation of physicians. Around 1910 however there was a subtle change. Abraham Flexner, not a physician but an educator, was appointed by the Carnegie Institute to report on North American medical education. In search of ideas he went Europe, where among others he met the mighty Virchow, and was much impressed by his Teutonic dictum that "....clinical practice is nothing but a minor off shoot of pathophysiology as developed in laboratories of animal experimentation.....". This in turn impressed Dr. William Welch, the microbiologist and Dean of Johns Hopkins University, who produced a dictum of his own ".... physicians not trained in the laboratory must disappear...." (from the medical school). Although as a result of Flexner's report a vital element of science was brought into medical education, there was a seldom recognised casualty - the clinician not trained

in the laboratory.

Thereafter the influence of those physicians primarily interested in research increased, while that of those whose main concern was care of the sick decreased, so that today the practising clinician has little or no influence over medical education.

The profession as a whole abdicated its responsibility for the education of its young to a group of dedicated scientists who, however otherwise worthy, often found teaching an unwelcome intrusion into the laboratory.

Nevertheless, Clinical Faculty (CF) at teaching hospitals continued to teach the practice and art of medicine but the responsibility for and organisation of teaching became the domain of the scientifically inclined. The clinicians and the scientists enjoyed a harmonious "Gentleman's Agreement"; but in the lack of written rules were the seeds of future discontent.

What happened to upset this cordial arrangement? In concert with the rest of the country, the Faculty of Medicine (F of M) ran out of money causing a crisis in medical education. This crisis was never discussed with CF for the simple reason that since Flexner, they had never been a formal part of the University. Not having a written contract, they had neither power nor protection, and could be used when the need arose, as if they were the private property of the F of M. As a seemingly endless source of free labour, CF never entered into the financial equation.

How did the Faculty of Medicine propose to continue without new money? There is abundant evidence that they saw the fee for service earnings of C F as a way out of their financial crunch, and through various schemes, euphemistically called practice or business plans, sought to benefit from money earmarked by the taxpayer for patient care. In so doing they hoped to "....generate funds for academic support ..." to quote one recent document. Failure of CF to comply was to risk "...adverse circumstances..."

Whether or not this was a concerted plan I do not know, but it had the support of many academic department heads. This, together with a working relationship more akin to Jurassic Park than enlightened Canada, became a major source of friction between the CF and the F of M.

It was not so much the lack of payment as the lack of respect implicit in these activities that gave the impetus to the formation of the UCFA. CF just wanted to practice medicine and teach it in a respectful and friendly atmosphere, not in a system which engendered harassment and threat. It is this system with which the UCFA take issue, not those who run it.

At our inaugural meeting in March of this year I reminded you of the old adage that "....a man without a stick can be bitten even by a sheep...." and we are not dealing with sheep. Since CF are the indispensable engine of medical education we have a stick, but being disunited and timid, not to say terrorised, the chances of us using it have always been

remote. However, as an organisation UCFA realises that one day it might need to summon up the will to do so.

Now however, thanks to the leadership and courage within the Division of Cardiology the stick has indeed been brandished. Our colleagues have passed a motion stating that teaching will continue only "...if substantive progress occurs by February 1999 with regard to the ongoing relationship between CF and the F of M...." Following this motion three senior Cardiologists, representing both major teaching hospitals, asked the UCFA for support. Accordingly, a letter was sent to all Cardiologists thanking them on behalf of CF and urging them not to waiver from the entirely reasonable conditions of their motion.

Following these events the Dean, who has largely inherited this mess, has with great foresight and I believe courage struck a Committee to draw up a document redefining "...the mutual obligations and responsibilities between the Clinical Faculty and the Faculty of Medicine...." and has asked for three representatives from the UCFA.

Your Interim Board of Directors has nominated Dr. Derryck Smith (Clinical Professor of Psychiatry at UBC, Head of Psychiatry at Childrens Hospital, one time President BCMA), Dr. George Price (ex Acting CEO University Hospital, Clinical Associate of Professor of Medicine, UBC) and Dr. Clifford Chan Yan (Clinical Professor of Medicine UBC). The group will be chaired by Dr Monique Bertrand, Clinical Associate Professor Obgyn, UBC, Chair of the Dean's standing Clinical Faculty Committee. Academic Faculty will also take part. A professional "facilitator" from a Vancouver firm will be hired to help with the deliberations.

I truly believe that this committee will, perhaps for the first time in Canada, come up with a document, binding on both parties, which will clearly state the relationship between the CF and the F of M and which will allow CF control over the work required of them. I further believe that this will enable us, together with the F of M, to deal with the financial crisis facing medical education as partners in a common enterprise.

At first site it might appear to Academic Faculty that this will reduce their power. But the fact is, that without an enforceable document, their power is an illusion. Hence the F of M has as much to gain as CF from this initiative.

This should banish the mistrust and animosity between us that was spawned so long ago by Virchow's twisted logic. Clinicians and academicians could then work together in harmony as mutually respectful partners to co-manage medical education with a clear understanding of the responsibilities and obligations they have to each other. We firmly believe that this scenario is the only one that will ensure an exemplary medical education as we enter the next millennium.

Angus Rae

President University Clinical Faculty Association. Clinical Professor Emeritus of Medicine