



**UNIVERSITY
CLINICAL
FACULTY
ASSOCIATION**

Teaching Tomorrow's Doctors

115-1665 West Broadway
Vancouver, BC V6J 5A4

Tel 604.638.2843
Fax 604.638.2938
Web www.ucfa.ca

President's Letter

January 2006

Dear Colleagues:

A narrow window of opportunity exists between now and the end of March. At that time, outside accreditors will evaluate how well the Faculty of Medicine has implemented the initial expansion of the Medical School; in particular, they will be assessing how well the University has addressed the complaints and dissatisfaction of Clinical Faculty. Thus, if faced with a united, astute and resolute group of clinician teachers, UBC will be forced to face, and then fix, the problems facing Clinical Faculty once and for all. Now is the time.

Some progress has been made. Dr. Katherine Paton, the Special Advisor to the Dean for Clinical Faculty Affairs, has labored greatly on our behalf. Respectful pressure from the University Clinical Faculty Association (UCFA), the determined reluctance of the expansion site physicians to accept a bad deal, and the catalyst efforts of Dr. Paton have produced a significant amount of new funding for Clinical Faculty. She has been planning a system of payment and accountability that would answer needs of both Clinical Faculty and Government.

However, not all news is happy.

From perusal of the outside consultant's report upon which new funding was based (Perrin report on Clinical Faculty available on the Faculty of Medicine website -- <http://www.med.ubc.ca/home.htm> -- under the News & Events heading), and from direct conversations with Katherine Paton, I recognize three significant problems with the new funding proposal:

- The University does not recognize the right of any Clinical Faculty to be represented by the UCFA in negotiations and dealings with the University.
- Salaried and sessionally paid physicians have been arbitrarily defined as **ineligible** for funding for protected teaching time even though they have clinical contracts only.
- The new funding does not adequately address lost income of office-based physicians requiring them to subsidize the University if they accept student physicians in their clinic or office.

Two months after the announcement of this funding, I have still not been shown anything in writing.

Significant issues need to be resolved regarding the language of any contract offer, and they cannot be settled in haste, nor imposed at the last minute unilaterally. No progress has been made in setting out the new system of centralized payment, by which transparency and accountability might be achieved. Rumors are also circulating suggesting a cooling of the University's enthusiasm for openness and cooperation with Clinical Faculty; a return to coercion and blandishments seems imminent.

I am worried. If, on the eve of a crucial accreditation process, the University can resist the temptation to demonstrate even a superficial pantomime of respect for Clinical Faculty, what is the likelihood that we will be fairly and honorably treated once expansion proceeds? The delay in laying out their plan of payment suggests that, at least in some layers of the Faculty of Medicine Administration, a deep-seated attitude of resentment and arrogance toward their Clinical Academic colleagues remains.

I am frustrated. Many Clinical Faculty colleagues do not recognize the danger in conceding self-determination to the University. The threat to their clinical privileges, their clinical practice, their intellectual freedom and their self-respect do not seem real, or so distant and far-fetched as to be a fantasy. Rather than see membership in the UCFA as insurance; a necessary inoculation against the worm of University arrogance and the pathogen of arbitrary exercise of departmental power, they prefer to view our warnings as the over-dramatized imaginings of a

group of grouchy malcontents. They forget that the formation of the UCFA was precipitated by the harassment and abuse of several Clinical Faculty members in the early 1990's. Even in very recent times, the Faculty of Medicine, or individual Department Heads have used the threat of losing clinical hospital privileges to pressure Clinical Faculty into compliance. And as we have seen so well this past year, UBC still has not lost its preference for unilateral and arbitrary actions over negotiation and collegiality. UBC has gone out and signed affiliation agreements with every hospital in the lower mainland except Surrey Memorial (still in negotiation), I do not see it as a coincidence that Clinical Faculty were not part of these negotiations.

I am anxious. I see the UCFA as the only legitimate representative of Clinical Faculty, and the only readily accessible and viable source of outside pressure Clinical Faculty can use to quantify their needs, to amplify their voice, and to articulate their resolve to the University. I see the UCFA as the only organization that could protect the clinical privileges of a physician who wished to practice but not teach, once Faculty Appointment becomes a requirement for hospital privileges (as it already is at VGH and BCCH, and would be, save for physician resistance, at St Paul's). I see the UCFA as vulnerable to the criticism that only 25% of Clinical Faculty are presently members; Clinical Faculty are choosing to let their organization wither. But I see clearly that more medical students and residents will be coming if the Medical School is to expand. You will continue to be asked to do more with less, to subsidize the system, and when you protest and turn to the UCFA for help and support, we will not have the strength to assist you.

I need your help. I see an opportunity between now and March which can be successfully utilized if most of you become members of the UCFA. Think of it as insurance against coercion, as a show of support for less advantaged colleagues, as the best investment of \$150 you will make this year. Please think of it as joining an group of idealistic educators, colleagues who love teaching enough to push the University to provide the tools with which to do it well:

At the inaugural meeting it was declared that the UCFA should become:

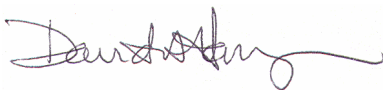
"...An autonomous, self-governing Clinical Faculty Association, within the community of the University, dedicated to good clinical medicine, clinical research and teaching, and able to negotiate in good faith with the Faculty of Medicine the conditions under which the members will join their salaried colleagues as equal partners in the common enterprise of training future doctors and other health care professionals..."

Hardly radical stuff. . I need you to join the UCFA. **Help me help you**

What you can do:

- If you have not already done so, please tick off the box for University Clinical Faculty Association under Societies and Sections on the second page of your BCMA Notice of Annual Dues, add the \$150 to your deductible total, and join the UCFA for 2006.
- If you have already sent in your BCMA dues and have not signed up for UCFA, please make a check payable to UCFA in the amount of \$150 and send in your dues directly to her. For any questions, Diane Wong can be reached at (604) 638-2843 or by email at dwong@bcma.bc.ca.

If you are a member of a group try to have all of your members join at once, either as individuals or with pooled group funds. Call Diane Wong to arrange this.



David Haughton, MD
President