

## **DRAFT MINUTES**

### **BCMA SECTION OF CLINICAL FACULTY**

November 2, 2009

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

#### **1. Call to Order**

Dr. Milton Baker called the meeting to order at 6:18 pm.

#### **2. Approval of Minutes of the Annual General Meeting, October 23, 2008**

*Related materials: Minutes of the BCMA Section of Clinical Faculty Association Annual General Meeting held October 23, 2008.*

#### **It was MOVED and SECONDED**

That the Minutes of the BCMA Section of Clinical Faculty Association Annual General Meeting held October 23, 2008 be adopted as presented.

**CARRIED**

#### **3. President's Report**

Dr. Milton Baker, President, welcomed members and guests in attendance and encouraged them to provide feedback and suggestions on the future direction of the Section. Dr. Baker then reviewed the presentation titled, "2009 Annual General meeting, Section of Clinical Faculty, President's Report".

Dr. Baker provided an update on contract negotiations, noting that a copy of the 2009 contract was not received until the day following the Annual General Meeting of the Clinical Teaching Subcommittee. The Section of Clinical Faculty suggested that the contract issue be put to referendum, and the BCMA Board agreed to send out a survey assessing members' attitudes to inform the future of the Section.

Dr. Baker presented highlights of activities for 2009 which included: Section input to the UBC Faculty of Medicine accreditation review and BCMA's support of the Section's position against linking teaching with faculty appointments. The Section of Clinical Faculty met with the Dean of UBC in March 2009, and it was agreed that the Faculty of Medicine (FOM) would not mandate that clinical appointments be linked to hospital privileges. The Dean also agreed that a dispute resolution mechanism would be addressed with respect to issues not specifically mentioned in the contract.

In the spring of 2009, the Section submitted a letter to the External review of the FOM and several discussions with the Tripartite Commission were held. With respect to the five year review, Dr. Angus Rae developed a letter to the Dean of Medicine that was signed by the majority of Section members. The Section also supported the positive findings of the FOM accreditation review and drew attention to flaws in the reviewer report.

Dr. Baker reported that the BCMA supported the Section's stand against the linkage of teaching to hospital appointments, and that the Section wrote all provincial Medical Associations inviting support for this position.

Dr. Baker, along with Dr. David Wensley, met with Lloyd Oppel, Dr. Listen, members of the Clinical Faculty and representatives of the FOM to discuss proposed questions for the BCMA survey. Drs. Baker and Wensley also met with Geoff Holter in June 2009 to discuss the proposed questions. Findings of the BCMA survey, which was carried out over the summer, would be made available in November 2009. The BCMA survey asked all Clinical Faculty for direction on representation and the role of the BCMA in negotiating with the University.

Issues to be addressed in 2010 included: the Section commenting on the BCMA policy formation (following the survey results), and improvements in the process of negotiating the clinical contract. With respect to section recruitment, members were encouraged to comment on whether the annual fee should be reduced and to provide suggestions for recruiting a broader membership.

General discussion ensued during which members provided comments on:

- inability to receive faculty lists from the Dean of UBC;
- suggestion to use funds to develop an email list of all clinical faculty members to assist with connecting to potential members;
- benefits of contacting medical staff within the various hospitals and providing a communication package advising of the Section's position against linking teaching and hospital appointments; and
- benefits of communicating with the Vancouver Island Health Authority advising them of the Section's position against linking teaching and hospital privileges.

Dr. Baker advised that there were currently 2,000 names on the Section of Clinical Faculty contact list.

#### **4. Treasurer's Report**

Dr. Dean Burrill, Treasurer, reviewed the financial statements from October 31, 2008 to October 15, 2008, noting that the total yearly income was \$49,014.74 and total expenses were \$45,763.25. The current bank balance was \$152,421.19, and combined with income for the year meant total assets in the amount of \$164,672.68. He reported that in 2007, the Section agreed to reduce the annual fee from \$150 to \$120 per year to encourage membership. Following the reduction in the membership fee, the membership dropped from 548 to 450. He offered that should membership rates not improve, fees

could likely be increased in the future to ensure that the Section was not reducing its bank balance.

**It was MOVED and SECONDED**

That the BCMA Section of Clinical Faculty Association Annual General Meeting approve the BCMA Section of Clinical Faculty Association Statements of Financial Position as presented.

**CARRIED**

With respect to the fee structure, members offered the following comments:

- consider a different approach, either through networking or positive communications (stories) to increase membership;
- consider sharing positive stories about the efforts of the Section on behalf of its members or profiling outstanding teachers and clinicians who are part of the Section
- there have been ongoing efforts to recruit general practitioners into teaching;
- there is a need for the Section to negotiate a fair contract with the Dean's office and University;
- results of the BCMA survey could mobilize an increase in membership;
- review how the Section does business and establish a new approach to support future goals;
- consider sending a letter from the President to the Clinical Faculty or potential Clinical Faculty providing advice about how to respond Universities when they were being recruited;
- important to encourage general practitioners in small communities to join; and
- the purpose of the BCMA survey was to determine membership needs and whether they wanted the BCMA to take a stronger position.

Members agreed that at this time, there were no benefits to increasing the annual fee.

**5. Election of Directors**

Dr. Baker, President, advised that Dr. Christopher Sherlock had resigned as Communications Officer and that Dr. Dean Burrill resigned as Treasurer.

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

President	Dr. Milton Baker, Victoria
Past President	Dr. David Wensley, Vancouver
Secretary	Vacant
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. Derryck Smith, Vancouver  
Dr. Michelle Sutter, Prince George  
Dr. Christopher Thompson, Vancouver  
Dr. Edward Welsh

President Baker thanked Dr. Dean Burrill for his efforts as Treasurer. He encouraged Dr. Kim Grieve to consider a Member at Large position.

### **Agenda Varied**

The agenda was varied to consider item 7 at this time.

#### **7. Open Discussion**

At the request of members, Dr. Michael Nimmo and Dr. Nasiv Jehka were invited to provide comments.

On behalf of clinicians, Dr. Nimmo provided the following comments relative to issues of concern as liaison with the University of BC:

- the need for a dispute resolution mechanism was a primary concern and would be addressed in the new agreement;
- tying hospital privileges to academic appointment as another issue of concern;
- the Dean of UBC did not want to tie hospital privileges to academic appointment;
- in his role as facilitator, Dr. Nimmo would work to move issues forward;
- clinical faculty and Section members were encouraged to speak with Dr. Nimmo directly on issues to bring forward to the University; and
- he would inquire with Dr. Payton about any previous issues that he had been working on.

A member suggested that it would be beneficial for Dr. Nimmo to participate on the DSO Committee. Suggestion was further offered that Dr. Nimmo follow up with the Dean of UBC with respect to a letter he sent advising of an interest in working with the Section to address a conflict resolution process.

Dr. Jehka reported that he was a Board representative on the Faculty of Medicine, a member of the DSO Committee, and was involved in the original initiative to make Clinical Faculty a Section of BCMA. He then provided the following comments relative to strategically advancing Clinical Faculty:

- the dynamics of the Liaison Committee have changed over the years and the University was more receptive of the Section bringing forward issues and working with BCMA
- the Section of Clinical Faculty had a voice within the BCMA and it would be beneficial to capitalize on that; and
- the mindset within the University had changed and they were willing to work and dialogue with the Section.

**6. Guest Speaker: Dr. Angus Rae**

Dr. Angus Rae, Past President and founding member, University Clinical Faculty Association, provided a presentation titled, “A Clinical Education - Future Worth Working For”.

During the presentation, Dr. Rae provided an overview of how clinical teaching had grown and would continue to grow. He explained that over time, student numbers grew and little thought was given to the impact of more learners on Clinical Faculty (CF) teachers, their incomes, office overheads, or patients. As the need for overworked unsalaried CF teachers continued to rise and office overheads increased, fewer CF members were available. Pressure to teach continued to grow over the years and as a result, the University Clinical Faculty Association was formed to represent CF in dealings with the University of British Columbia (UBC), to ensure fair terms working terms and provide a ‘listening post’ for harassed members. In 1998, the UCFA (currently the Section of Clinical Faculty) proposed that an autonomous self-governing clinical Faculty Association within the community of the University, be established.

Dr. Rae shared that in 1995 the Faculty of Medicine faced a deficit of \$5 million. In order to address this, they did not replace full time faculty teachers/researchers and teaching support staff was reduced. The report titled “Mutual Responsibilities and Obligations for CF and the FOM” developed by the Dean’s Task Force acknowledged the “rights of Clinical Faculty members to form an association; and the right of that association to represent Clinical Faculty”. The agreement to form this association was never consistently honoured although an appointment/offer letter was mutually accepted. The Faculty of Medicine did not honour agreed payments to clinical faculty and were ordered through arbitration to pay several thousand dollars for past teaching efforts. In place of a partnership, the Clinical Faculty Affairs Committee, funded by the Deans office was created to represent clinical faculty and UBC continued to rely on ‘one-sided appointment letters’.

Between 2002 and 2004, the UCFA continued to try and bring UBC to the table. In 2005, BCMA agreed to provide representation to clinical faculty and the BCMA Section of Clinical Faculty was formed. Talks began in 2008 between the BCMA and the Faculty of Medicine through joint committees. Following that, the joint committees agreed to form a new contract/appointment letter. No referendum of clinicians was held to determine clinicians support for this and in 2009, BCMA commissioned an IPSOS Reid survey to solicit opinions from BCMA members. Results of this survey were expected to be released in November, 2009 and BCMA would decide what position to take toward a new contract in 2010.

Dr. Rae explained that because university medical schools were obliged to train undergraduate students (which involved clinical faculty) there was no mandate to control CF in any way with regard to patient care. He suggest that BCMA should continue to support Clinical Faculty and explore the proposed partnership between Clinical Faculty and UBC from a feasible, practical financially, and legal perspective.

In closing, Dr. Rae encouraged Clinical Faculty to familiarize themselves with the issues and dangers of the status quo and to support BCMA.

**7. Adjournment**

The BCMA Section of Clinical Faculty Annual General meeting held November 2, 2009 adjourned at 8:05 p.m.