



Ontario College of Family Physicians

Education | Leadership | Research | Advocacy

A Chapter of the College of Family Physicians of Canada

The Year in Review 2013-2014



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About This Report

The Year in Review: 2013-14 summarizes highlights of 2013-14 Board year as presented to the members of the Ontario College of Family Physicians (OCFP) at the Annual General Meeting held in Toronto on November 27, 2014.

Each November, the OCFP welcomes a new slate of executive officers and Board members and installs the new President. That cycle, November to November, is reflected in the remarks contained in this report. The organization's fiscal year begins each April 1, accordingly the financial statements presented herein relate to the year fiscal year April 1, 2013 to March 31, 2014.

The 2013-14 Ontario College of Family Physicians Board of Directors

Officers of the Board

President	Dr. Jonathan Kerr, Belleville
President-Elect	Dr. Cathy Faulds, London
Past President	Dr. Frank Martino, Brampton
Secretary-Treasurer	Dr. Sarah-Lynn Newbery, Marathon

Regional Directors 2013-14

Region 1: North East and North West LHINs

Dr. Sarah-Lynn Newbery, Marathon
Dr. Peter Hutton-Czapski, Haileybury

Region 2: Erie St. Clair and South West LHINs

Dr. Cathy Faulds, London
Dr. Eric Wong, London

Region 3: Waterloo Wellington and Hamilton Niagara Haldimand Brant LHINs

Dr. Rajiv Balasuriya, St. Catharines

Region 4: Mississauga Halton and Central West LHINs

Dr. Sanjeev Goel, Brampton
Dr. Mary Manno, Oakville
Dr. Frank Martino, Brampton

Region 5: Toronto Central and Central LHINs

Dr. Art Kushner, Toronto

Region 6: Central East and North Simcoe Muskoka LHINs

Dr. Jennifer Young, Collingwood
Dr. Rosana Pellizzari, Peterborough (stepped down on March 2014)

Region 7: South East and Champlain LHINs

Dr. John Brewer, Ottawa
Dr. Jonathan Kerr, Belleville

Directors at Large:

Dr. Glenn Brown, Kingston – Chair, Education and Research Committee
Mr. Terry McCarthy, Hamilton – joined May 2014
Dr. Michael Verbora, Toronto, Chair, Committee of Family Medicine Program Residents (one year term)

Report of the President and Chair, Dr. Jonathan Kerr

Presented at the 2014 Annual General Meeting, November 27, 2014

It has been an honour to serve this year as both the President of the Ontario College of Family Physicians and Chair of the Board of Directors. As I look back on the year, what stands out to me is the tremendous leadership I have witnessed by family physicians across the province.

Family physicians are leading and delivering high-quality primary care in Family Health Teams, Family Health Organizations, Family Health Networks, Family Health Groups, Community Health Centres and other primary care groups in Ontario.

Travelling across Ontario, I have witnessed superb family physician leadership in organizing, coordinating, and delivering continuing medical education (CME) workshops and events, as well as, teaching and mentoring medical students and residents in a variety of settings. This ensures that our discipline continues to learn together and evolve, and supports a strong next generation of family physicians.

In the area of supporting practice improvement in primary care, family physicians are leading the way by conducting both small tests of change and large-scale quality improvement initiatives, to make sure that the best outcomes are achieved for patients and families.

Across approximately 60 Ontario communities, family physicians are leading the implementation of Health Links. They are applying the experience they have from seeing patients with complex needs every day and coordinating their care more effectively to create a better health-care system. Family physicians have well-honed skills in finding common ground and asking the open-ended questions that are crucial to the creation of these new community-wide efforts.

Regionally, family physicians are participating in Primary Health Care Councils and Networks, allowing for more efficient communication across primary care. Family doctors are also taking on system leadership roles as Primary Care Leads, to ensure that the family physicians' voice is heard at the LHIN and Ministry level. The ability to bring the perspectives and day-to-day realities of primary care to government officials is starting to pay dividends already.

Relevant and Useful

The OCFP's primary focus is to provide relevant and useful programs and support for our members so they, in turn, can continue to provide the highest-quality care to Ontarians. We are committed to ensuring that the leadership role family physicians play in our health-care system is understood and valued and that it informs primary care transformation efforts. Most importantly, the OCFP wants to achieve the vision of every Ontarian receiving high-quality, coordinated and comprehensive primary health care. To help achieve this, the OCFP is working hard to provide Ontario-wide leadership in key areas such as CME/CPD, quality improvement, advocacy, primary care research and patient engagement.

Particularly important is the OCFP's role in working to improve the health-care system so that it is better for both family physicians and patients alike. This is an important distinction between the OCFP and other provincial associations, as the focus on patients permeates all of the OCFP's activities.

Family medicine is continuing to evolve and individual family doctors are evolving as well. They are becoming true leaders within Ontario's health system. Leaders who want to ensure the best possible health outcomes for Ontarians. The OCFP is proud to support family physicians in playing this important role on behalf of patients and families.

Putting the Strategic Plan into Action

Reflecting this context and environment, the Board and OCFP staff were extremely pleased to finalize and launch a new three-year strategic plan earlier this year. The plan outlines four specific goals for the OCFP:

- Members are prepared for, and supported in the delivery of, high-quality primary health care.
- The voice of family physicians is informing and guiding policy and planning of primary care transformation initiatives.
- Evidence-informed family physician professional development, education and research are advancing high-quality primary care.
- Partnerships are established that contribute to greater collaboration and coordination of high-quality and integrated health care.

Putting these goals into action this year, the staff continues to work with our CME faculty in delivering our top-notch educational programs through CME-on-the-Road and our Annual Scientific Assembly (ASA). I'm very excited to see the changes getting underway in the coming year as the OCFP focuses on expanding and improving education programs and supports.

As President, and as a practicing family physician, I am very keen to see the OCFP explore opportunities to collaborate and partner. One initiative of particular note is an evolving one with Health Quality Ontario. To support family physicians in the delivery of high-quality primary care, the OCFP is engaging family physicians, nurses and medical office assistants across primary care settings and practices to understand what is needed, what is and is not working, and how we can all support a step-by-step and practical approach to further embed practice improvements with and for those who work in primary care.

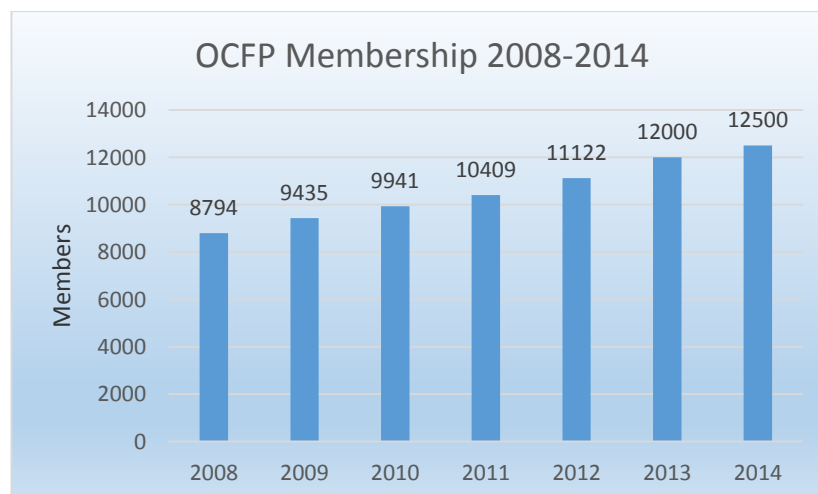
The OCFP also places a great deal of importance on our role of advocating for Ontario's family physicians and our patients. Members of the Board of Directors and CEO Jessica Hill have had several meetings with Ministry of Health and Long-Term Care officials to raise issues that are important to the members. The OCFP is also making its voice heard through its role as a founding member, and newly appointed co-chair, of the Ontario Primary Care Council and as a founding member of the Family Medicine Alliance.

A final key milestone this year was the decision to sell the OCFP's building at 340 Richmond Street West and move to leased office space. This change will enable the OCFP to more effectively allocate staff and financial resources to invest in education programs and tools to support members for years to come. The new leased space also provides a much better teaching, learning and working environment. Although the final proceeds from the sale are not yet known as we are awaiting final billing of fees, we estimate the proceeds will be approximately \$3.7 million. This covers our investment in the building plus a profit of approximately \$1.1 million. As the sale took place in October of this year, the transaction will be included in the 2014/15 Financial Statements. We can say with certainty at this time that \$2 million will be put into a reserve to ensure the stability of the OCFP's operations and initiatives. This will provide an internal source of funds should there be unbudgeted expenses, unanticipated loss of funding or uninsured losses. We are very happy with the outcome of the sale and what this means for the OCFP moving forward.

Update on Committees of the Board

The OCFP's Board of Directors has a number of Committees that support oversight of the OCFP's strategic plan implementation. The following is an update on their activities this year.

- **Finance Committee:** Under the leadership of Secretary-Treasurer Dr. Sarah-Lynn Newbery, the Committee oversaw the development of our budget for 2014-15 and the financial audit for the fiscal year 2013-14. The Finance Committee was supported by both the OCFP management and accounting staff, who keep track of the funds the OCFP receives and spends. The Finance Committee and the Board of Directors are grateful to our financial advisors from Scotia McLeod for helping ensuring that the Board effectively met its fiscal responsibilities for the last fiscal year and to the audit team from Deloitte LLP for their services.
- **Policy and Planning Committee:** This year, the Policy and Planning Committee under Dr. Frank Martino's leadership oversaw the development of the 2014-2017 Strategic Plan. The Committee also oversaw the initiation of an annual operational planning process, aligned to the Strategic Plan, which resulted in the development of the 2014 Business Plan. The annual Business Plan outlines key activities and deliverables across the organization. An important policy deliberation – to disassociate the ASA and Honours and Awards program from pharmaceutical funding – was undertaken by the Committee and brought to the Board where it was approved.
- **Members Relations and Regional Affairs Committee:** Over the past year this Committee, with me serving as Chair, has provided thoughtful input and direction to support three main areas. The first is providing wise counsel as the OCFP begins a data driven project to better understand who the OCFP's members are and what they need and want. The second is overseeing the review and revitalization of the OCFP's Honours and Awards program, and the third is providing strategic direction and input as the OCFP builds a stronger system to deliver information to members – including the OCFP's new monthly e-newsletter. This Committee also keeps an eye on membership numbers and was pleased to see membership continue to grow. Currently at 12,500, this continues an upward trend as new members are joining while attrition rates remain extremely low.



- **Governance Committee:** As Chair of the Governance Committee, Dr. Cathy Faulds has overseen a busy year of activities. On direction from the Board, the Governance Committee led a process to continue to refine the work undertaken in the two previous years to build the Board's expertise in governing the OCFP. With assistance from KTA Consulting, the Committee hosted a Board retreat in September. We look forward to implementing the decisions shaped through this process in the coming years. The Committee was also charged with overseeing a review and renewal process for Committee Terms of Reference, and several Board policies were also monitored and revised. The Committee led the Board nomination proceedings culminating in recommendations for the Officers, Director-at-Large, and Regional Directors positions provided to the Board for approval and recommendation to the membership.
- **Education and Research Committee:** The Education and Research Committee, led by Dr. Glenn Brown, focused its attention on the building blocks for the OCFP's education program. In May, the OCFP hosted a successful symposium that saw an energetic discussion of the potential for the College's education program. The symposium report is now one of the pieces that informs activities for 2015/16 and beyond. The Committee is also working on refining the education business model and improving infrastructure for the education program. Development in this area is critical to the sustainable success of the OCFP's education program. The Committee also oversaw an education program offering that included 87 Mainpro-C sessions for members. As well, a national Train the Trainer program to support dissemination of the OCFP's *Infant and Toddler Nutrition* course was delivered. The Train the Trainer session took place in October and involved participants from across Canada.

Sub-Committees of the Education and Research Committee:

- ❖ **The ASA Committee:** The ASA Committee has undergone significant change with new Committee members joining and a few retiring after many years of service. The Committee, together with OCFP staff, is focused on improving the efficiency and effectiveness of the Annual Scientific Assembly. That has included expanding the focus of the ASA to include three content streams — clinical evidence, quality improvement and health systems — and hiring a conference management company to help with the registration and logistics of delivering this important event.
- ❖ **The Residents' Committee:** The Residents' Committee, enjoyed another successful year. Comprised of family medicine residents from the six Ontario medical schools, the Committee offers a great way to connect with our future colleagues and provides a platform where residents can share news and ideas among the schools. This year the Committee led a revitalization of the *Residents Committee Survival Guide to Family Medicine Residency*. This guide was distributed to all six medical schools and contained vital information for incoming residents on everything from medical school debt consolidation to transitioning to practice. This year the OCFP Resident Teacher of the Year Award will be presented at the Awards Ceremony on November 27 to Mississauga's Dr. Farhan Asrar in recognition of his outstanding contribution to the education of future family physicians.
- ❖ **The Poverty Committee:** This Committee has continued to be active over the last year. In addition to delivering the CME program, *Treating Poverty: A Workshop for Family Physicians*, the Committee continued to disseminate its popular "Poverty Tool for Primary Care." A Train the Trainer session was also held. Newly trained faculty members will help the Committee reach its goal of taking the workshop to regions throughout Ontario including North Bay, Peterborough and Sioux Lookout.
- ❖ **The Environmental Health Committee:** The CME modules developed under this Committee's guidance have recently been re-accredited. One module: *Environment-Linked Illnesses: Chronic Pain, Fatigue and Chemical Intolerance Linked to Environment Exposures — Office Assessment and*

Management was offered this at this year's Family Medicine Forum in Quebec City and will be delivered at our own ASA. The Committee has also initiated an "Environmental Health Update" which is available on the OCFP website.

I would like to take this opportunity to thank all of our Committee members who play such an important role in ensuring the OCFP is relevant and useful to our members. On behalf of the Board, I would like to say a special thank you to the ASA Chairs Drs. Deborah Smith and Kim Bender for their focus on creating such an exceptional education program again at this year's ASA.

Building a Stronger Organization

The Board of Directors continues to be very pleased with CEO Jessica Hill's leadership. Ms. Hill arrived at the OCFP in August 2013 and in her first full year she has done an exemplary job of building a strong team, establishing strong links in the primary care community and developing and beginning to implement the OCFP's new three-year strategic plan.

Although the OCFP remains a small organization, the current 17 full- and part-time staff are highly skilled and focused on ensuring the OCFP is a professionally run organization.

As Board Chair, I would like to take this opportunity to thank all of our Board members for their focus and dedication. I offer a special thank you to Past-President Dr. Frank Martino and incoming President Dr. Cathy Faulds for their tireless work this year. I would also like to thank our Secretary-Treasurer, Dr. Sarah-Lynn Newbery, for ensuring the OCFP once again remains in excellent financial shape. I would also like to personally thank Board members Dr. Sanjeev Goel and Dr. Mary Manno for their many years of exemplary service to the College.

In Closing

It has been an honour and a privilege to serve as the OCFP's President and Chair this year, and I look forward to ongoing involvement as Past-President in 2015. In particular, I am excited to work with the incoming President Dr. Cathy Faulds and CEO Jessica Hill to ensure the OCFP continues to focus on providing ongoing value to family physicians in Ontario, toward our ultimate aim of providing the highest quality patient care.

Report of the Chief Executive Officer, Ms. Jessica Hill

As presented at the Annual General Meeting, November 27, 2014

Primary care is being transformed in Ontario. Many practices are being redesigned to allow for collaborative, team-based care; electronic medical records are making patient information more accessible and useful; family physicians are treating patients with multiple chronic conditions; and practice-level data is being used for quality improvement. Useful, relevant and accessible professional development opportunities that provide foundational and practical information are needed to support family physicians in this ever-changing health-care climate.

This has also been a year of transformation and change for the Ontario College of Family Physicians. This time last year I was the OCFP's new CEO, with three months under my belt. Now in the role for 16 months, I am very pleased to report back to you on a very exciting and productive year.

A few highlights from the year include: developing and launching a new three-year Strategic Plan; establishing new partnerships with Health Quality Ontario (HQP) and the Centre for Effective Practice (CEP) to bring to our members innovative and useful practice supports and tools; and revamping and improving our membership outreach efforts. We also have been working closely with the Board of Directors to strengthen the OCFP's governance, moved offices and hired new staff – all to improve how the OCFP delivers services to its members.

This was a year very much focused on improving how the OCFP does business. While I am very satisfied with the progress we have made, there is still a great deal to be done.

In many ways the greatest milestone this year was the development and launch of our new three-year Strategic Plan as this will guide our work until 2017. As the President's Report outlines, we have four goals identified in the Strategic Plan:

- Members are prepared for, and supported in the delivery of, high-quality primary health care.
- The voice of family physicians is informing and guiding policy and planning of primary care transformation initiatives.
- Evidence-informed family physician professional development, education and research are advancing high-quality primary care.
- Partnerships are established that contribute to greater collaboration and coordination of high-quality and integrated health care.

What is particularly exciting to me is that the work we are undertaking at the Ontario College is really cutting across all the goals, and does not just deliver against one at a time. This is efficient and impactful work, which we hope our members will see as bringing greater value to their OCFP membership.

Evidence-Based Education

The OCFP's mandate is to support members by providing evidence-based education and professional development, by promoting and recognizing leadership excellence in family medicine, and by advocating for the role family physicians play in delivering the highest-quality care to patients and families across Ontario. The reality is that at the core of our mandate is education – delivered primarily through our continuing medical education (CME) and continuing professional development (CPD) programs and the Annual Scientific Assembly (ASA).

Always a highlight of the year, the 52nd ASA will again attract upwards of 1000 attendees and provide 140 seminars, general sessions and Mainpro-C workshops. We also are very pleased to welcome to this year's ASA Dr. Bob Bell, Ontario's Deputy Minister of Health and Long-Term Care, who will be participating in our annual Members' Forum. We also welcome Dr. Joshua Tepper, CEO of Health Quality Ontario, as our keynote speaker opening the assembly with the topic of patient-centered care. On behalf of the staff, I would like to extend a warm thank you to ASA Chairs Dr. Deborah Smith and Dr. Kim Bender, as well as the entire ASA Committee. Once again they have demonstrated incredible commitment to hosting a top-notch meeting and upholding ASA's reputation as being Ontario's primary care meeting 'by doctors and for doctors.'

The College continues to offer a strong education program for members across Ontario. This year we were able to provide 87 Mainpro-C workshops for members in 40 communities across Ontario. A highlight of this year was linking with the CFPC and other chapters for a Train the Trainer session that will allow OCFP's *Infant and Toddler Nutrition* course to be offered to family physicians in other provinces. Throughout this year, we will be also be working to renew and improve our education program as a key part of our Strategic Plan. This will involve new business processes, such as online payment, and building more capacity to offer some of our most popular programs to more physicians and closer to their communities.

An exciting new initiative launched this year is taking advantage of a tool developed by the Alberta College of Family Physicians (ACFP) and the Evidence Based Medicine team at the University of Alberta. Together they have developed a terrific resource for family physicians called Tools for Practice (TFP). The biweekly articles summarize medical evidence on a clinical question with a focus on information that can support day-to-day practice. The TFP content is developed free of industry bias and is based on the best available evidence. Family physicians who consult the TFP resource can be assured that they are accessing a wealth of established, verified knowledge. The OCFP arranged for members to receive a significant discount on the subscription cost of the associated GoMainpro program. GoMainpro facilitates CME credits related to the articles and seamlessly tracks those credits.

A new collaboration with the Centre for Effective Practice in the area of practice tools is also unfolding this year. With three years of funding from the Ministry of Health and Long-Term Care, the CEP and OCFP are working together to improve the communication and dissemination of health information and clinical tools (e.g. decision aids, evidence summaries, and medication algorithms) to primary care providers throughout Ontario. If required, additional elements, such as CME, will be explored as ways to reach out to providers.

In May 2014, the OCFP held a symposium, "Mapping the Future of Continuing Professional Development." The symposium was intended to be a day of collaboration, and we believe its success was the result of the many constructive discussions and debates that took place between attendees from a range of practice types and backgrounds. One of the things we heard loud and clear was the importance that lifelong learning plays in ensuring that Ontario's families receive the highest-quality primary care. The discussions generated an important first step in creating meaningful improvements in how the OCFP delivers its CPD programs. A summary report was circulated to attendees following the event and the recommendations and input will help shape our future CPD offerings, which we look forward to sharing with you in 2015. We were very pleased to welcome three thought-provoking speakers – Dr. Ed Brown of the Ontario Telemedicine Network, Dr. Sanjeev Arora of Project ECHO (Extension for Community Healthcare Outcomes) and Dr. Marisa Collins from the University of British Columbia.

OCFP continues to provide the Collaborative Mental Health Network and the Medical Mentoring for Addictions and Pain Network that connect family physicians with mentorship and education through face-to-face, telephone and/or email interactions with mentors. This year, the networks merged their steering committee structure and renewed their strategic directions to allow them to reach out more effectively to members. The

networks also hosted successful and well-attended conferences in Sault Ste. Marie, Owen Sound and Ottawa, in addition to small group meetings across Ontario. We are interested in ensuring that the networks are linking appropriately within Ontario's health system, including Project ECHO Ontario for chronic pain management and the proposed ECHO initiative in mental health proposed by CAMH.

Effective Partnerships to Support Members

As CEO of the OCFP, one of my primary areas of focus is establishing and reinforcing our relationships in order to build effective and productive partnerships, as well as working with other organizations to help strengthen our voice in primary care.

We have participated in a number of steering and advisory committees such as for the Choosing Wisely Canada Campaign, a number of Health Quality Ontario committees, Ontario CPD and the Council of Ontario Faculties of Medicine. Beginning this year I am also co-chairing the Ontario Primary Care Council together with the Registered Nurses Association of Ontario. The OCFP's President, Dr. Jonathan Kerr, and I have also met with the LHIN CEOs to discuss primary care and the importance of physician leadership.

A new collaboration for the OCFP is an initiative with Health Quality Ontario (HQO). Supporting family physicians to deliver high-quality primary care is central to our strategic plan. Over the months to come, the OCFP will engage family doctors and others working in primary care to better understand their needs, successes and challenges, and how we can all support a step-by-step and practical approach to further embed practice improvements in primary care. Health Quality Ontario and the OCFP share a joint commitment to ensure high-quality family medicine. By working together, we can continue to build a strong primary care foundation. I believe an effective strategy that supports efforts to advance improvements in family medicine practices can be a powerful catalyst to provide better care for patients and their families. We are excited about this joint initiative and will have much more to say about our combined efforts in early 2015.

We are also pleased to have completed, and delivered to the Ministry of Health and Long-Term Care, the final report for the study *Evaluating Measurements in Primary Care: Determining the Impact of High Performance, High Quality, and Innovations in Family Practices on the Overall Cost of the Ontario Healthcare System*.

From May 2011 to March 2014 the OCFP, with funding from the Ministry, coordinated this study with a group of researchers in primary care. The researchers were from a number of universities across the province and worked with 20 anonymous practice sites. The goal of the study was to identify characteristics and predictors for high-performance in primary care practices and examine their link to system level outcomes. The key findings from the study were:

1. Family Health Teams (FHT) that provided better access to care had lower Emergency Department visit costs.
2. FHTs with good coordination of care resulted in better outcomes for patients with diabetes.
3. Strong leadership is associated with better governance and integration of FHT and Family Health Organizations (FHO).
4. Patients score FHTs high in providing patient-centred care.
5. Co-location and effective office design impacts team functioning.
6. Understanding and respecting practitioner scope of practice is essential to optimal team functioning.
7. Differential pay among co-workers as a result of dual funding creates problems in teams.
8. Team leadership promotes higher team functioning.

Research partners included: Western University, McMaster University, the Institute for Clinical Evaluative

Sciences (ICES) and Queen's University. The final report was submitted to the MOHLTC in February 2014.

We have also been pleased to be working with a number of organizations to identify family physicians to participate in advisory and clinical panels, working groups, focus groups and surveys. If any members are interested in getting involved beyond their practice and bringing their voices to the tables involved in primary care transformation, please let us know and we would be happy to share the opportunities that come across our desks.

Connecting with Members

Strengthening membership outreach has been a core focus for the OCFP this year. With 12,500 family physician members, we are aware there are many differences as well as commonalities across the membership. Members may have similar training, reporting pressures and commitment to their patients, however they may also have distinct needs resulting from the unique character of their practice, location, patient population, etc. Our role is to help find the common threads and provide the support we can to assist members in providing the highest-quality patient care.

To that end we are focused on building stronger pathways for communication. Given that our members are spread across the province, this year we focused on revamping the website to improve the information offering. We also launched an e-newsletter, which we regularly monitor to assess and measure what is of greatest interest to the members in terms of subject matter and format (Q&A, video, articles, etc.). The President's monthly Newsbrief continues to be popular with readers, and we are focusing on content development that supports our members in their day-to-day information needs. Popular content this year included the new immunization requirements for school attendance and we are continuing to explore interest in the "Ask an Expert" feature which was introduced in that package. The newsletter has also generated great feedback, whether specific comments about articles or questions to the President. We are very pleased it has been adopted and appreciated so quickly. The OCFP is often asked by other organizations to communicate on their behalf to our members. To manage the high volume of requests, we have initiated a section called "On the Bulletin Board" which we highlight in our newsletters. This has allowed us to support our partners in promoting their activities while avoiding inundating our members with email messages.

Another point of pride this year was the strong response to the OCFP's 2014 Honours and Awards Call for Nominations. We had 60 submissions across the five categories, and we look forward to celebrating the winners at the President's Installation and Awards Ceremony on November 27.

We are also digging into the reams of data available from the membership database, the National Physicians Survey and other sources, to help better understand our members' preferences and pressures and identify opportunities to better serve our members. Aware of the volume of information requests directed to family physicians, we have started by identifying what is already available in terms of primary and secondary data and information. We will move to identifying information gaps that need to be filled, and how best to fill them. Our plan is to create a series of accessible, comparable and manageable points of connection to gather input from members. Information will be used to support members by ensuring it is reflected in the development of OCFP programs and policies, as well as to inform external policy tables.

We have also undergone a significant operational change this year. As you will see in the President's Report, the Board made a decision to sell the OCFP's building and to move into a leased office. The new office space provides the OCFP with improved CME spaces and meeting rooms to support our work as a team and with other partners. The new office is also located near many provincial organizations and is convenient for public transportation. The revenue from the sale will allow us to invest in more services and we are very excited to

about this opportunity to build more value for all of you. We look forward to welcoming you to our new offices at 400 University Avenue.

From this Year into Next

At last year's AGM I highlighted four areas of focus for the year. These were: creating and enabling more points of connection with our members; ensuring our CME offering provided useful and relevant professional development opportunities for family doctors; renewing our focus on policy development; and finally, assessing how the OCFP could better support members as a knowledge broker. These areas of focus were all embedded this year in our Strategic Plan. I am pleased that we have made progress on all fronts through our work on CPD/CME delivery, initiatives with HQO, partnerships with primary care organizations and our focus on improving outreach and points of connection with members.

In the coming year, my commitment to our members continues to be first and foremost listening to our members, learning about your work, challenges and opportunities and determining how we can support you. Understanding your perspectives and priorities will allow us to use that information to shape how the OCFP engages with and influences decision makers and other primary care delivery bodies in Ontario. I look forward to meeting with as many OCFP members as possible in the coming year, understanding what you need and want from your Ontario College of Family Physicians and putting it into action.

Report of the Governance Committee, Dr. Cathy Faulds, Chair

Presented at the Annual General Meeting, November 27, 2014

The Governance Committee has overseen the nomination process for new members and officers of the Board, which culminated in recommendations to the Board for approval to present to the membership at this Annual General Meeting. In each case, there was a thorough nomination and selection process.

Following our Bylaws, Rules and Regulations, and Policies, the Officer positions were chosen from within the current membership of the Board. The Governance Committee is presenting the Board's recommendation of Dr. Sarah-Lynn Newbery for the position of President-Elect and Dr. Glenn Brown for the position of Secretary-Treasurer.

Dr. Newbery has been a member of the Board since November 2008. She has been active on both the Governance and Finance Committees and this year held the role of Secretary-Treasurer. She has been in comprehensive family practice in Marathon for the past 18 years where she has been chief of staff for 11 years at Wilson Memorial General Hospital and works in primary care with the Marathon Family Health Team. As an associate professor in the Division of Clinical Sciences at the Northern Ontario School of Medicine (NOSM), she has been actively involved in both curriculum development and teaching since NOSM's inception. She has been involved in several local, LHIN-based and provincial committees focused on health-care delivery and completed the Physician Leadership Development Program through Schulich at York University in 2014.

Dr. Brown has been a member of the Board of Directors since 2012 and is the Chair of the Education and Research Committee. He is head of the Department of Family Medicine and an associate professor at Queen's University. Dr. Brown graduated from McMaster University Medical School in 1981, after completing his Bachelor of Science degree at Trent University. He did his residency in family medicine at Queen's, as well as additional training in general practice anesthesia and emergency medicine. He completed a Master's degree in Public Health from Tulane University in New Orleans in 2006. His clinical practice has included comprehensive family medicine including management of inpatients, obstetrics, GP anesthesia and occupational medicine. Dr. Brown has served as the Director of Emergency Medicine at the Lennox and Addington County Hospital in Napanee, as well as being the Chief of Staff. Dr. Brown was the founding Chair of the Primary Health Care Council in the south-eastern region of Ontario. He is highly committed to collaborative practice models and broad participation in medical education by our discipline.

With terms of office concluding for three current Board members, all of whom are from Region 4, the Committee initiated a recruitment process, which included a notice to members in Region 4 and elections. We were fortunate to receive four nominations and, based on a review of skills required on the Board and the elections, the Board is recommending that two physician nominees, Dr. Jane Charters and Dr. Amy Catania, be presented for the membership's approval.

Dr. Charters has been practicing family medicine for 25 years and recently completed the Physician Leadership Development Program at York University. As a physician practicing in a Family Health Organization, she understands the challenges that front-line physicians are facing on a day-to-day basis. Dr. Charters practices family medicine in Oakville at the Lakeshore Medical Group and Halton Healthcare Services. She is a Core Member of the Mississauga-Halton LHIN's Primary Care Network. She is also an assistant clinical professor in Family Medicine at McMaster University and loves teaching and mentoring medical students.

For the past 10 years, Dr. Catania has been providing comprehensive community and acute care clinical care while engaging in teaching and leadership activities. She is currently the physician lead in a semi-rural practice and was responsible for transforming the health-care services in a previously underserved community. Prior to this she was Headwaters Health Care Centre's Chief of Family Practice. She remains involved with the hospital by providing surgical assistance as well as paediatric and inpatient coverage. She is involved in teaching residents and medical students from the Rural Ontario Medical Program, Northern Ontario School of Medicine and the University of Toronto Rural Medical Program.

As well, this year, the Board undertook a recruitment process for a Director-at-Large position. The Board is recommending Mr. Terry McCarthy for a non-physician Director-at-Large position. Mr. McCarthy is the Executive Director at the Hamilton Family Health Team. He brings considerable conceptual and operational skills in the area of change management and a good understanding of the need for physician leadership in health-related transformation agendas. He also has an understanding of political and bureaucratic processes, and a great deal of experience in governance and finances. Mr. McCarthy joined the Board in May 2014.

Dr. Jennifer Young joined the Board in 2011 and beyond her role of Director, she has been a member of the Education and Research Committee. She is recommended for a second three-year term. Dr. Young is a family doctor in Collingwood. She provides comprehensive care in her practice including obstetrics, hospital care, and emergency medicine. She is a teacher and is presently Co-Chief of Family Medicine at the Collingwood General and Marine Hospital. She worked in the developing world for several years and spent a year practising as a family physician in the Netherlands. Within the OCFP, she is actively promoting the CME program *Best Practices in Reducing Unnecessary Testing and Treatment*, in an effort to improve the effectiveness, efficiency and sustainability of our health-care system.

The Resident Director-at-Large position is an annual nomination and Dr. Michael Verbora is presented for the membership's approval. Dr. Verbora completed an undergraduate biochemistry program at the University of Windsor. He followed that with an MBA at the Odette School of Business and graduated from the Western University medical school. He resides in Toronto with ambitions to continue to practice in the GTA after completing his residency.

For the upcoming year, I will assume the role of President in 2014-15 and Dr. Kerr will be moving into the role of Past-President.

Motion:

To elect Dr. Sarah-Lynn Newbery for a three-year term to serve as President-Elect, President, and Past-President for 2014-17.

Motion:

To elect Dr. Glenn Brown for a one-year term as Secretary-Treasurer for 2014-15.

Motion:

To elect the following new Members to the Board of Directors for the stated length of term:

Name	Length of appointment	Term of Office	Region/Role	LHIN
Dr. Jane Charters	3 Years (2014-17)	1 st	4	Mississauga Halton and Central West LHIN
Dr. Amy Catania	3 Years (2014-17)	1 st	4	Mississauga Halton and Central West LHIN
Mr. Terry McCarthy	3 Years (2014 – 17)	1 st	Director-at-Large	N/A
Dr. Michael Verbora	1 Year (2014-15)	1 st	Resident Director-at-Large	N/A

Motion:

To elect the following Member to the Board of Directors for a second term of office:

Name	Length of appointment	Term of Office	Region/Role	LHIN
Dr. Jennifer Young	3 Years (2014 -17)	2 nd	6	Central East and North Simcoe Muskoka

In previous years, the membership has elected three of the Officers to the Board of the College of Family Physicians of Canada (CFPC). Last year, Drs. Kerr and Faulds were elected to the CFPC Board until the time of the CFPC 2015 AGM and 2016 AGM respectively. At the 2014 CFPC AGM, held during the Family Medicine Forum, the membership passed a motion that will see changes in the bylaws and membership of the CFPC over the coming years. The following motions were passed:

PROPOSED GOVERNANCE DIRECTION

THAT the CFPC members approve in principle transitioning from the current Board of Directors to a smaller skills-based Board of Directors that will be reflective of the membership and elected at the 2015 Annual Meeting of Members;

FURTHER THAT the CFPC members direct the Board of Directors to submit a related proposal regarding board composition and function and stakeholder engagement for member consideration at the 2015 Annual Meeting of Members.

SUSPENDING BOARD DIRECTOR ELECTIONS

THAT the CFPC members approve suspending Board Director nominations other than for Executive Committee positions, at the November 13th, 2014 Annual Meeting of Members.

The passing of these motions results in immediate changes to the CFPC Board size. Both the OFCP President and Past-President remain on the CFPC Board, however the election of the incoming President-Elect as a member of the CFPC Board will not be made.

The Board of Directors for 2014-15*

Officers				
Name	Position	Region	LHIN	Location
Dr. Cathy Faulds	President	2	South West	London
Dr. Sarah-Lynn Newbery	President-Elect	1	North West	Marathon
Dr. Jonathan Kerr	Past-President	7	South East and Champlain	Belleville
Dr. Glenn Brown	Secretary- Treasurer	7	South East	Kingston

Regional Directors		
Name	Location	Term of Office
Region 1: North West and North East LHIN		
Dr. Peter Hutten-Czapski	Haileybury	1 st Term (2013-2016)
Region 2: Erie St. Claire and South West LHIN		
Dr. Eric Wong	London	1 st Term (2013-2016)
Region 3: Waterloo Wellington and Hamilton Niagara Haldimand Brant LHIN		
Dr. Rajiv Balasuriya	St. Catharines	1 st Term (2013-2016)
Region 4: Mississauga Halton and Central West LHIN		
Dr. Jane Charters	Oakville	1 st Term (2014-2017)
Dr. Amy Catania	Brampton	1 st Term (2014-2017)
Region 5: Toronto Central and Central LHIN		
Dr. Art Kushner	Toronto	2 nd Term (2013-2016)
Region 6: Central East and North Simcoe Muskoka LHIN		
Dr. Jennifer Young	Collingwood	1 st Term (2011-2014)
Region 7: South East and Champlain LHIN		
Dr. John Brewer	Ottawa	2 nd Term (2013-2016)
Resident Director-at-Large		
Dr. Michael Verbora	Toronto	2014-2015
Director-at-Large		
Mr. Terry McCarthy	Not Applicable	1 st Term (2014-17)

*This is the slate of Officers and Directors for 2014-15 following the membership's approval of the presented motions.

Note: The motions above were approved at the OCFP Annual General Meeting, November 27, 2014.

Report of the Finance Committee, Dr. Sarah-Lynn Newbery, Secretary-Treasurer

As presented at the 2014 Annual General Meeting, November 27, 2014

The Finance Committee of the Ontario College of Family Physicians is pleased to provide Members with this financial report based on the OCFP's audited financial statements for the fiscal year 2013-14, which ended March 31, 2014. The audit was conducted by Deloitte LLP.

Statement of Financial Position - Assets, Liabilities and Fund Balances

The following tables present the Assets, Liabilities and Fund Balances as at March 31, 2014, and March 31, 2013, and the variances year over year.

Assets	2013-14	2012-13	Variance \$	Variance %
Current				
Cash and Equivalents	\$1,272,988	\$984,151	\$288,837	29%
Investments	\$633,244	\$1,498,067	-\$864,823	-58%
Receivables	\$47,711	\$318,770	-\$271,059	-85%
Prepaid	\$16,161	\$11,899	\$4,262	36%
Due from CFPC	\$241,475	\$219,672	\$21,803	10%
Sub-total	\$2,211,579	\$3,032,559	-\$820,980	-27%
Capital Assets	\$50,219	\$2,781,066	-\$2,730,847	-98%
Capital Assets Classified as Held For Sale	\$2,572,719	\$0	\$2,572,719	
Total Assets	\$4,834,517	\$5,813,625	-\$979,108	-17%
Liabilities				
Current				
Payables and Accruals	\$451,968	\$730,237	-278,269	-38%
Due to the MOHLTC	\$140,473	\$226,415	-85,942	-38%
Unearned Revenue	\$952,505	\$893,473	59,032	7%
Current Portion of Long-Term Debt	\$0	\$1,128,000	-1,128,000	-100%
Sub-total	\$1,544,946	\$2,978,125	-1,433,179	-48%
Fund Balance				
Invested in Capital Assets	\$2,622,938	\$1,653,066	969,872	59%
Externally Restricted	\$42,762	\$73,467	-30,705	-42%
Operating	\$623,871	\$1,108,967	-485,096	-44%
Sub-Total	\$3,289,571	\$2,835,500	454,071	16%
Total Liabilities and Fund Balance	\$4,834,517	\$5,813,625	-979,108	-17%

The total Fund Balance of \$3.3M increased by \$454,071, a 16 per cent increase over 2012-13 as a result of excess revenue over expenses for the year. Total assets of \$4.8M decreased by \$979,108, a 17 per cent decrease from 2012-13 and total liabilities of \$1.5M decreased by \$1,433,179, a 48 per cent decrease from 2012-13 as the mortgage that was held on the OCFP's building and land was paid off in December 2013. The OCFP building and land continued to be the OCFP's most valuable asset as at March 31, 2014.

The unearned revenue liability represents: 1) amounts received for membership where there is a remaining period to which the membership fees apply; 2) amounts received for an event when the event has not yet occurred. Unearned revenue is recognized as revenue over the 12-month period covered by the membership fees or when the event has occurred. Unearned revenue was restated during the fiscal year to reflect membership fees that had not been earned as at March 31, 2014.

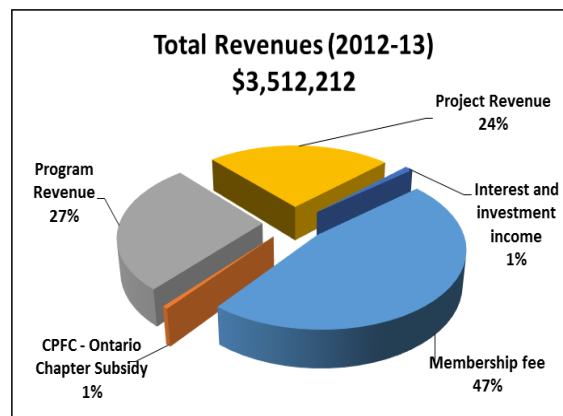
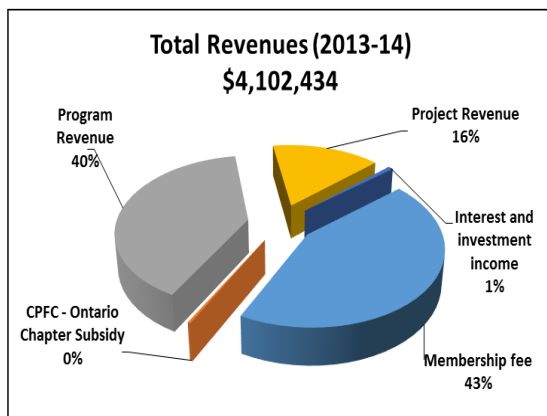
During fiscal year 2013-14, the OCFP commenced the process of selling its 340 Richmond Street West property and on October 10, 2014, the sale was finalized. The sale of this property will be recognized in the fiscal year 2014-15 financial statements. The OCFP will be using the funds from this sale to do two things: 1) establish an operating reserve; 2) expand education programs and tools to support OCFP members for years to come. As noted in the President’s Report, the operating reserve will ensure the stability of the OCFP’s future operations, and its strategic initiatives, by providing an internal source of funds for situations such as a sudden increase in unbudgeted expenses, unanticipated loss of funding or uninsured losses.

Statements of Operations

Overview of Revenues

Revenue	2013-14	2012-13	Variance \$	Variance %
Membership fee	\$1,786,615	\$1,638,210	\$148,405	9%
CPFC - Ontario Chapter Subsidy	\$13,024	\$20,015	-\$6,991	-35%
Program Revenue	\$1,633,330	\$957,580	\$675,750	71%
Project Revenue	\$638,493	\$858,496	-\$220,003	-26%
Interest and investment income	\$30,972	\$37,911	-\$6,939	-18%
Total	\$4,102,434	\$3,512,212	\$590,222	17%

The two charts that follow demonstrate the main sources of funding for the OCFP.



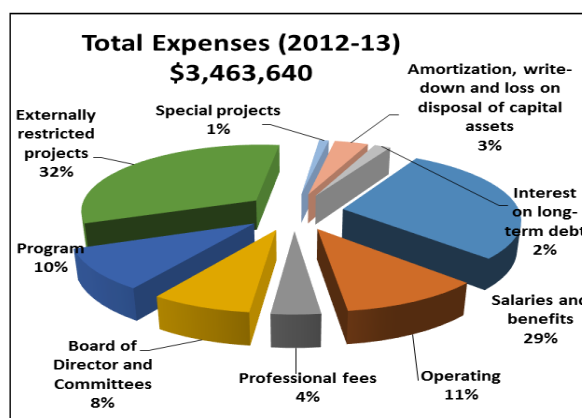
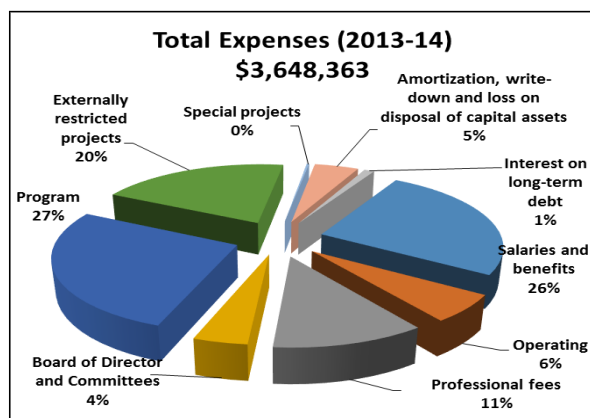
It should be noted that there are two major changes that have resulted in increased revenue in this year. The first is a \$148,000 increase in membership fee revenue resulting from a 10.4 per cent increase in the number of members. The second is a \$676,000 increase in program revenue as OCFP's Annual Scientific Assembly (ASA) was held in current year and the national Family Medicine Forum (FMF) had been held in Ontario in the prior year.**

These increases were partially offset by a decrease in external projects revenue of \$220,000 as a number of projects ended during the year. With decreased external project funds, more of the OCFP's expenses are funded through the general revenues, with the largest share of the funds derived from membership fees. It should also be noted that the OCFP has not increased its fees in the last four years and all increases in revenues from membership fees are the result of an annual increase in the absolute number of members.

Overview of Expenses

Expenses	2013-14	2012-13	Variance \$	Variance %
Salaries and benefits	\$934,961	\$994,466	-\$59,505	-6%
Operating	\$219,731	\$379,011	-\$159,280	-42%
Professional fees	\$418,068	\$131,966	\$286,102	217%
Board of Director and Committees	\$149,283	\$268,532	-\$119,249	-44%
Program	\$981,901	\$340,350	\$641,551	188%
Externally restricted projects	\$727,595	\$1,128,658	-\$401,063	-36%
Special projects	\$8,998	\$35,367	-\$26,369	-75%
Amortization, write-down and loss on disposal of capital assets	\$169,201	\$124,743	\$44,458	36%
Interest on long-term debt	\$38,625	\$60,547	-\$21,922	-36%
Total	\$3,648,363	\$3,463,640	\$184,723	5%

The two expenses charts that follow provide a visual display of how the funds were spent.



The Expenses of \$3.6M are \$184,723 higher than in the previous fiscal year, 2012-13.

This increase is a result of two primary items: 1) an increase in professional fees of \$286,000, as consultants were retained versus hiring staff; 2) program expenses of \$641,000 associated with ASA in 2013-14. In 2012-13, the OCFP had joined with the CFPC to hold the national FMF in Ontario. The OCFP operational involvement in FMF is lower than when we host our own ASA**.

The increases in expenses noted above were partially offset by decreases in Operating Expenses of \$159,000 and Board of Directors and Committees Expenses of \$119,000 as there was a focus to reduce expenses in these areas. In addition, there was a decrease in external project expenses of \$401,000 as a number of projects ended during the year.

Overall, the OCFP ended the fiscal year 2013-14 with a surplus of \$454,071. The fiscal year began with a fund balance of \$2,835,500 and ended with \$3,289,571, a 16 per cent increase over the previous fiscal year, 2012-13.

In summary, at the end of 2013-14 the OCFP remained in a positive financial position. While continuing to honour our commitments, we were able to pay off the mortgage on the Richmond Street building during the year.

**The ASA is organized by the OCFP. In the years when the national FMF is held in Ontario, the ASA is not held. FMF is largely organized by the CFPC, however the OCFP does take on a small share of FMF expenses – mainly for administration support and supplies. The ASA was held in 2013-14 and FMF in 2012-13.

Appointment of auditors

Deloitte LLP was the successful firm in an audit tender bidding process that closed in September 2013. The audit tender was for an annual audit with the option to renew each year, for a five-year period, based upon satisfactory performance and cost. An annual review of the auditor's performance is conducted by the CEO and Finance Committee. It is recommended that Deloitte LLP be reappointed as the auditor for the fiscal year 2014-15.

Motion:

To accept the financial statements as presented.

Motion:

To reappoint Deloitte LLP as the OCFP auditors for the fiscal year 2014-15.

Motion:

To accept the report of the Secretary Treasurer.

Note: All motions were approved at the AGM, November 27, 2014.

2014 Awards Winners

2014 OCFP Awards

REGIONAL FAMILY PHYSICIANS OF THE YEAR

Region 1: Dr. Tim Wehner, Keewatin

Region 2: Dr. William Ted Osmun, Mount Brydges

Region 3: Dr. Dale Guenter, Hamilton

Region 4: Drs. Stephen and Stephanie Milone, Orangeville

Region 5: Dr. Kimberly Wintemute, Toronto

Region 6: Dr. Carl Clark, Barrie

Region 7: Dr. Adam Steacie, Brockville

REG. L. PERKIN FAMILY PHYSICIAN OF THE YEAR FOR ONTARIO

Dr. William Ted Osmun, Mount Brydges

COMMUNITY TEACHER OF THE YEAR AWARD

Dr. Michael Ward, Bowmanville

RESIDENT TEACHER OF THE YEAR AWARD

Dr. Farhan Asrar, Mississauga

FAMILY PRACTICE OF THE YEAR

The McMaster Family Health Team

FAMILY PRACTICE OF THE YEAR HONOURABLE MENTION

The Jane and Finch Family Health Team

2014 AWARDS OF EXCELLENCE

Dr. Judy Baird, Hamilton

Dr. James Carson, Unionville

Dr. Anne Duvall, Barrie

Dr. Sanjeev Goel, Brampton

Dr. Susan Goldstein, Toronto

Dr. Liesbet Jansen, Alliston

Dr. D. Robert Kerr, Hamilton

The late Dr. Larry Librach, Toronto

Dr. Nancy Trimble, Barrie

Dr. Mary Manno, Oakville

Dr. Frank Martino, Brampton

Dr. Don Melady, Toronto

Dr. James Milligan, Kitchener

Dr. Laurel Moore, Stratford

Dr. Douglas Oliver, Hamilton

The late Dr. Gordon Riddle, Orleans

Dr. David Tannenbaum, Toronto

2014 CFPC Awards

CALVIN GUTKIN AMBASSADOR AWARD

Dr. C. Ruth Wilson, CCFP, FCFP, Kingston

JEAN-PIERRE DESPINS AWARD

Dr. Patricia A. Mousmanis, CCFP, FCFP, Richmond Hill

BOB ROBERTSON AWARD

Dr. Megan Apsimon, Ottawa
University of Ottawa

IAN MCWHINNEY FAMILY MEDICINE EDUCATION AWARD

Dr. Paul Rainsberry, PhD, Toronto

CFPC/SCOTIABANK FAMILY MEDICINE LECTURESHIP

Dr. Danielle A. S. Martin, CCFP, FCFP, Toronto

EARLY CAREER DEVELOPMENT AWARD

Dr. Henry Siu, CCFP, Oakville

BRUCE HALLIDAY AWARD FOR CARE OF THE DISABLED

Dr. James Milligan, CCFP, Kitchener

AMS–MIMI DIVINSKY AWARDS FOR HISTORY & NARRATIVE IN FAMILY MEDICINE

Dr. Amandev Aulakh, CCFP, Oakville

Lessons in Teaching (best story by a resident or medical student)

CFPC/CPA COLLABORATIVE MENTAL HEALTH CARE AWARD

Hamilton Family Health Team Mental Health Program, Hamilton

JANUS RESEARCH GRANTS SENIOR

Dr. Margaret Sanborn, CCFP, Toronto

Survey of Environmental Health Concerns, Knowledge and Learning Needs of Family Medicine Residents

JANUS RESEARCH GRANTS NOVICE/INTERMEDIATE

Dr. Onyenyechukwu Nnorom, CCFP, Toronto

Dying to Learn: A Scoping Review of Breast and Cervical Cancer Studies with a Focus on African Canadian Women

Dr. Jolanda Turley, CCFP, Ottawa

Feasibility Study of Nurse-Provided Well Child Care in a Family Health Team

Dr. Catherine E. Varner, CCFP, CCFP(EM), Toronto

The Influence of Graduated Return to Usual Activities on Symptoms of Minor Traumatic Brain Injury

Dr. Andrew E. Wozniak, CCFP, Barrie

Impact of Structured Physical Activity Education Delivery on Hemoglobin A1c (HbA1c) Levels, Blood Pressure, Lipid Profile, Body Mass Index (BMI), Waist Circumference, and Adherence to Clinical Practice Guidelines Weekly Physical Activity Recommendations for Patients with Type 2 Diabetes Mellitus

JANUS RESEARCH TRAINING LEVEL 1 GRANTS

Dr. Harold Yuen, CCFP, Newmarket

DANIEL GLAZIER GRANTS FOR ADOLESCENT MENTAL HEALTH AND SUBSTANCE ABUSE

Continuing Professional Development:

Dr. Cathy Faulds, CCFP, FCFP, London

Child and Adolescent Shared Care Mental Health Collaborative Teaching Project

Research:

Dr. Anne Kittler Fath, CCFP, Oakville

Prevalence of Substance Use Among Adolescents in Foster Care: The Children's Aid Society Experience in Hamilton, Ontario

NORLIEN FOUNDATION GRANTS FOR ADDICTION EDUCATION

Dr. Pamela Leece, Toronto

Dr. Nathalie Ranger, Oakville

Dr. Ruth St. Amand, Ancaster

Dr. Joshua Wales, Toronto

Dr. Ji Zhou, Sudbury (Resident)

JANUS CONTINUING PROFESSIONAL DEVELOPMENT GRANTS

Dr. Darren Cargill, CCFP, Windsor

Palliative Care Education and Practice

Dr. Larisa Hausmanis, CCFP, Toronto

Five Weekend Musculoskeletal Medicine Certification Course

Dr. Michael Lee-Poy, CCFP, Kitchener

Physician Leadership Development Program

Dr. Rajani Vairavanathan, CCFP, CCFP(EM), North York

Medical Emergencies in the Family Practice Office

Dr. Edward Xie, CCFP, CCFP(EM), Toronto

Diploma in Tropical Medicine and Hygiene

Dr. Jiajia Zhu, CCFP, London

Five Weekend Musculoskeletal Medicine Certification Course

JANUS CONTINUING PROFESSIONAL DEVELOPMENT GRANTS

Faculty Development:

Dr. Hanan Al Mohawes, CCFP, Toronto

Dr. Sean Canie, CCFP, Toronto

Dr. Marianna Yeung, CCFP, CCFP(EM), FCFP, Ottawa

C. ROBERT KEMP PALLIATIVE CARE GRANTS

Dr. Diana Ahmed, CCFP, FCFP, Carlisle

SADOK BESROUR GRANT FOR GLOBAL HEALTH PROJECTS

Dre. Marie-Hélène Chomienne, CCFP, Ottawa

RESEARCH AWARDS FOR FAMILY MEDICINE RESIDENTS

Dr. Jennifer Loo, University of Toronto,

The Impact of Toronto Bicycle Lanes on Cyclist–Motor Vehicle Collisions

FAMILY MEDICINE RESIDENT AWARDS FOR SCHOLARLY ACHIEVEMENT

Maya Rose Maliakkal, University of Western Ontario

Megan Bollinger, Northern Ontario School of Medicine

Kimberly Lazare, University of Toronto

Corey Boimer, Queen's University

Andrew Moores, University of Ottawa

FAMILY MEDICINE RESIDENT LEADERSHIP AWARDS

Christina Cookson, University of Western Ontario

Erin Gallagher, McMaster University

Sean Sullivan, Northern Ontario School of Medicine

Ashley MacDonald, University of Toronto

Melissa Keith, Queen's University

Jenny Lau, University of Ottawa

MEDICAL STUDENT SCHOLARSHIPS

Adriana Pietrzak, University of Western Ontario

Stacie Kling, McMaster University

Valerie Nicholls, Northern Ontario School of Medicine

Mandeep Gaidhu, University of Toronto

Amanda Lepp, Queen's University

Jemy Joseph, University of Ottawa

MEDICAL STUDENT LEADERSHIP AWARDS

Bianca Tomsa, University of Western Ontario

Caryn Green, McMaster University

Tamara Delorme, Northern Ontario School of Medicine

Jesse Kancir, University of Toronto

Cheromi Sittambalam, Queen's University

Anjori Pasricha, University of Ottawa

Life Members 2014

1. Dr. Edward C. Allen, Colborne
2. Dr. John Axler, Toronto
3. Dr. W. Paul Bates, London
4. Dr. J. Terence Bates, Toronto
5. Dr. Harold Becker, North York
6. Dr. D. John Beecroft, Midhurst
7. Dr. Dennis J.T. Brodie, Burlington
8. Dr. Karen L. Cronin, North York
9. Dr. Joseph B. Cybulski, Barrys Bay
10. Dr. John M. Dawson, Richmond Hill
11. Dr. Paul A. Duchastel, North York
12. Dr. Manasi Dutt, Burlington
13. Dr. John A. Farmilo, Oakville
14. Dr. Shim S. I. Felsen, North York
15. Dr. J. Kevin Foster, St.Davids
16. Dr. Samuel L. Greenspan, North York
17. Dr. John D. Hammett, Kenora
18. Dr. Christopher Hilton Hassell, Richmond Hill
19. Dr. Mary A. Henry, Ottawa
20. Dr. Hon-Lau Ho, Markham
21. Dr. Richard T. Irvin, Barrie
22. Dr. David Kalin, Ottawa
23. Dr. Brenda H. Kane, Toronto
24. Dr. Usha R. Kappagantula, Ottawa
25. Dr. David Kent, Bracebridge
26. Dr. Roderick G. Kerr, Mississauga
27. Dr. Edward S-C Lee, Ajax
28. Dr. Andris Lielmanis, Brampton
29. Dr. David MacPherson, Kingston
30. Dr. Vinod Mathur, Sault Ste. Marie
31. Dr. R. Bruce McFarlane, Feversham
32. Dr. I. Mohamed, Toronto
33. Dr. Kevin K. Mooney, Smiths Falls
34. Dr. Mary A. J. Mucha, Ottawa
35. Dr. Morris Mymko, Thunder Bay
36. Dr. Edward R. Naganobu, Hamilton
37. Dr. Ieva M. Neimanis, Hamilton
38. Dr. Claire M. Nunes-Vaz, Toronto
39. Dr. Gail K. Payne, Reaboro
40. Dr. Gordon W.W. Powell, Peterborough
41. Dr. Mark J. Sager, North York
42. Dr. Gerd Schneider, Ottawa
43. Dr. Janet Speight, Kitchener
44. Dr. P. David Stewart, Ottawa
45. Dr. Ardyn R. Todd, Gravenhurst
46. Dr. Jacqueline S. G. Wakefield, Tobermory
47. Dr. Marvin Waxman, Toronto
48. Dr. Solomon W. Wishinsky, North York
49. Dr. Stephen T.W. Wu, Scarborough
50. Dr. Preston A. Zuliani, St. Catharines

OCFP Past Presidents' Association

2013–2014	Dr. Jonathan Kerr	1984–1985	Dr. Rachel E. Edney
2012–2013	Dr. Frank Martino	1983–1984	Dr. J. Graham Swanson
2011–2012	Dr. David Tannenbaum	1982–1983	Dr. Stanley T. Bain
2010–2011	Dr. Anne DuVall	1981–1982	Dr. John A. Wright
2009–2010	Dr. Robert Algie	1980–1981	Dr. J. Grahame H. Owen
2008–2009	Dr. Stephen Wetmore	1979–1980	Dr. Jack B. Sniderman
2007–2008	Dr. Renee Arnold	1978–1979	Dr. Donald G. Workman
2006–2007	Dr. Sandy Buchman	1977–1978	Dr. Gary A. Gibson*
2005–2006	Dr. Cheryl Levitt	1976–1977	Dr. Eric J. Murray
2004–2005	Dr. Val Rachlis	1975–1976	Dr. Donald F. Butt
2003–2004	Dr. J. Peter Deimling	1974–1975	Dr. Frank G. Adderley
2002–2003	Dr. Claudette Chase	1973–1974	Dr. Hollister F. King*
2001–2002	Dr. Gordon Riddle*	1972–1973	Dr. Margaret H. R. Brander*
2000–2001	Dr. Kenneth Hook	1971–1972	Dr. William H. Bryant
1999–2000	Dr. David J. Mathies	1970–1971	Dr. James A. McPhee
1998–1999	Dr. Walter Rosser	1969–1970	Dr. James I. Leeson
1997–1998	Dr. Teresa A. O'Driscoll	1968–1969	Dr. W. Andrew M. Russell*
1996–1997	Dr. Ralph Masi	1967–1968	Dr. C. Robert Kemp*
1995–1996	Dr. E. Lynn I. Nash	1966–1967	Dr. Bruce Halliday*
1994–1995	Dr. Marlene E. Spruyt	1965–1966	Dr. Herbert H. Hetherington*
1993–1994	Dr. G. Rick Mann	1964–1965	Dr. Andrew T. Hunter
1992–1993	Dr. Gordon L. Dickie	1963–1964	Dr. Paul L. Brady*
1991–1992	Dr. George B. Miller	1962–1963	Dr. Roger A. Whitman*
1990–1991	Dr. Carole Clapperton	1961–1962	Dr. Carmi M. Warren*
1989–1990	Dr. R. Andrew Hackett	1960–1961	Dr. Hugh G. Fletcher*
1988–1989	Dr. Donald Collins-Williams	1959–1960	Dr. Harold Taylor*
1987–1988	Dr. Elliot M. Halparin	1956–1958	Dr. Maurice E. Hobbs*
1986–1987	Dr. Nicholas M. W. Busing	1954–1956	Dr. Max Alexandroff*
1985–1986	Dr. Calvin L. Gutkin		

*Deceased



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