



Ontario College of Family Physicians

Education | Leadership | Research | Advocacy

A Chapter of the College of Family Physicians of Canada

# The Year in Review 2014-2015



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**About This Report**

**The Year in Review: 2014-15** summarizes highlights of 2014-15 Board year as presented to the members of the Ontario College of Family Physicians (OCFP) at the Annual Meeting of Members held in Toronto on November 12, 2015.

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, and accordingly the financial statements presented herein relate to the year fiscal year April 1, 2014 to March 31, 2015.

## The 2014-15 Ontario College of Family Physicians Board of Directors

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### Officers of the Board 2014-15

<b>President</b>	Dr. Cathy Faulds, London
<b>President-Elect</b>	Dr. Sarah-Lynn Newbery, Marathon
<b>Past President</b>	Dr. Jonathan Kerr, Belleville
<b>Secretary-Treasurer</b>	Dr. Glenn Brown, Kingston

### Regional Directors 2014-15

#### **Region 1: North East and North West LHINs**

Dr. Peter Hutton-Czapski, Haileybury

#### **Region 2: Erie St. Clair and South West LHINs**

Dr. Eric Wong, London (stepped down August 2015)

#### **Region 3: Waterloo Wellington and Hamilton Niagara Haldimand Brant LHINs**

Dr. Rajiv Balasuriya, St. Catharines (stepped down June 2015)

#### **Region 4: Mississauga Halton and Central West LHINs**

Dr. Amy Catania, Orangeville

Dr. Jane Charters, Oakville

#### **Region 5: Toronto Central and Central LHINs**

Dr. Art Kushner, Toronto

#### **Region 6: Central East and North Simcoe Muskoka LHINs**

Dr. Jennifer Young, Collingwood

#### **Region 7: South East and Champlain LHINs**

Dr. John Brewer, Ottawa

#### **Directors at Large:**

Mr. Terry McCarthy, Hamilton

Dr. Michael Verbora, Toronto, Chair, Committee of Family Medicine Program Residents (one year term ending June 2015)

## Report of the President and Chair, Dr. Cathy Faulds

Presented at the 2015 Annual Meeting of Members, November 12, 2015

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One of my last duties as President and Chair of the OCFP Board of Directors is to report to the membership on the past year, highlighting what was most significant during my one-year term, and what makes me most proud of the organization.

It has been a challenging year for OCFP members. Family physicians are increasingly frustrated and angry with the government's ongoing lack of meaningful and transparent engagement of family physicians in planning for pending changes to primary care. Family physician leadership and infrastructure support will be essential for any primary health-care transformation, and for that to happen goodwill, mutual respect and trust needs to be restored. We have a long way to go, however I am optimistic that we are at a significant crossroads and we will soon be able to move forward constructively.

When I took my oath of office in November 2014, I shared with you that I joined the OCFP Board of Directors and decided to put my name forward for President because I simply love being a family doctor. It is my vocation and avocation. I joined the OCFP Board to work with other family physicians that commit their time and energy because we know that together we are making a positive difference. The impact is both at the local and practice level through evidence-based education programs and tools for practice that support high-quality patient care, as well as, on the provincial level by advocating for family physician leadership in primary care transformation. I offer you the following examples.

### **Advancing Quality Care**

Widely known as the education college, the OCFP offers a range of continuing professional development (CPD) education programs and a growing number of practice supports. The one that is most exciting for me is the OCFP's flagship education workshop *Don't Just Do Something – Stand There: Best Practices in Reducing Unnecessary Tests, Treatments and Care*. With the clinical leadership of Dr. Jennifer Young, from Collingwood, the program provides family physicians with the ability to evaluate what they do for investigation and management of chronic disease. On a practical level it gives family physicians alternatives to ordering costly testing – one example being not testing for lipid profiles and prescribing statins drugs in secondary prevention for our patients over the age of 82.

Practical, hands on programs like *Don't Just Do Something – Stand There* allow important conversations about care choices for investigations, treatments and place of care. More continuing professional development for physicians should emulate this model with practical, evidence-based and hands on experience that can be used immediately in practice. It is very exciting.

The OCFP's collaborative mentorship model is in its fifteenth year and has helped over 900 physicians. A high point for me this year was participating in a symposium held for the mentors and mentees of the Collaborative Mental Health Network and Medical Mentoring for Addictions and Pain Network. It brought family physicians together to explore serious issues relating to mental health, pain and addictions, and provided a safe space for family physicians to discuss timely and pressing challenges such as how to say no to opioid prescribing and how and when to prescribe medical marijuana. The key pieces of this work reinforced for me that education by mentorship is powerful and foundational, and that the relationships developed amongst these family physicians and with specialists is a unique style of learning that will benefit us all – whether mentee or mentor. Spreading

this style of learning to other topics such as palliative care and pediatric and adolescent mental health are under discussion.

Another important OCFP contribution this year was the culmination of a partnership with Health Quality Ontario (HQP). The joint work aimed to directly engage primary care providers to provide advice and input on how to advance and sustain practice improvement. The results of this initiative were published in the report *Advancing Practice Improvement in Primary Care*, and will help family physicians identify what indicators at the practice and system levels will help us improve our delivery of chronic disease care. It will also help to ensure that the resources we are allocating for primary care make a difference in the health and well-being of our patients. This work is important, and we will continue to advocate with the Ministry of Health and Long-term Care (MOHLTC) and HQO for the ideas in this paper to be implemented. We know that evidence supports the management of chronic disease upstream – resulting in fewer ER visits and hospital admissions. In other words, there will be less need for programs like Health Links if family physicians and interprofessional teams are given the resources to deliver high-quality chronic disease management in the office and community setting.

### **Expanding Accountability and Leadership**

This past year has not been an easy one for family physicians in Ontario, with many challenges and frustrations caused by the breakdown in Service Agreement negotiations, followed by fee cuts and limits on entry to team based models. The OCFP's work, largely behind the scenes, has been a significant area of focus for me.

Advocacy for family physicians takes many forms. It is part listening for areas of common interest and working towards common goals, and it is also identifying where the OCFP really needs to stand alone and make its voice heard to influence the best outcome for primary care. Family physicians, like all professionals, must feel valued and fairly supported to engage in transformation.

The OCFP has a long history of effectively informing primary care reform. Many members may not realize that the OCFP table was where the concept of primary care reform was first conceived and debated about 20 years ago. Within 10 years of that we had a new system of primary care delivery in Ontario that has significantly changed the practice of family medicine for both physicians and patients. Today we continue on with that tradition – meeting with the MOHLTC to communicate the family physician perspective, and more recently share the growing frustrations and concerns of family physicians regarding the MOHLTC's lack of clarity and transparency around the changes to primary care, as well as fee cuts and other changes.

A critical OCFP contribution this year was the development of OCFP's Evidence Brief *Preparing for a Devolved, Population-Based Approach to Primary Care*. It was developed by the OCFP while awaiting a clear direction from the MOHLTC on their plans for primary care. Our goal was to understand what has enabled primary care transformation in other jurisdictions around the world so that we could inform ourselves as a family physician-based organization and also inform our system partners. It highlighted and confirmed a few key elements:

- Family physician engagement and leadership are key to any system change.
- There needs to be a balance between prescribing or standardizing change and allowing for local innovation and autonomy to reflect population needs. We learned this from the implementation of Family Health Teams in Ontario.
- Primary care transformation efforts need to address both the change in culture and a culture of change.
- New skills for family physicians will need to be adopted and education and training will be required to ensure those new skills are acquired.

- Transformation cannot happen 'off the side of the desk', it requires infrastructure to support new ways of working that will allow family physicians to continue to provide needed access to patients and time to participate in planning.

The OCFP has also developed new memorandums of understanding with the Ontario Medical Association and the Local Health Integration Network CEOs. Fractured messages and voices do not provide the leadership that is needed. Working collaboratively is key to better alignment between organizations, which is better for our members.

Improving accountability and fostering leadership also happens closer to home. A key focus for the OCFP this year was the enhancement of the OCFP's governance structure. This work began in 2012 and this year's focus was on ensuring the OCFP's Bylaws, policies, and governance structure will provide the best foundational support in the years ahead. Part of this was an overhaul of how the OCFP recruits new Board members, focusing on finding people with the skills and experiences that will provide a balanced Board that best represents the diversity of the membership. Our efforts seem to be paying off, with an extraordinary response to the call for nominations to the Board of Directors – more than 50 expressions of interest.

An area of collaboration and leadership for the OCFP is in its role as a provincial chapter of the College of Family Physicians of Canada (CFPC). The largest of all the provincial chapters, the OCFP provides critical support to CFPC on matters such as developing and delivering evidence-based education programs within Ontario, as well as the review of CPD programs. A key role the OCFP plays within the CFPC family is having our ear to the ground within Ontario, and our advocacy on behalf of family physicians with the MOHLTC. To that end, we will be working with patients, stakeholders and family physicians to create a vision of the Patients Medical Home for the Ontario context, which will also help explore and inform what family physicians feel primary care transformation should look like.

### **Value and Relevance**

The OCFP exists to support the 10,500+ family physician and resident members, so knowing what members want from the provincial college is critical and central to our future. Two initiatives this year that were of particular interest and importance were the Value Proposition Project and the creation of the *Pulse on Family Medicine*.

The goal of the Value Proposition work is to examine what members value most and what programs or areas of activity are of the greatest relevance to the membership. We started this summer and look forward to connecting with as many of you as possible in the coming year to discuss what you expect from the OCFP, and how we can best support you. We may not be able to do it all, however it is better to know what your expectations and challenges are so we can identify where it is best to put our energy and resources.

The *Pulse on Family Medicine* was created in April 2015 in response to all the changes taking place at the provincial level, and members wanting the family physician perspective. In my conversations with members the feedback has been overwhelmingly positive. Knowing what the OCFP is doing, and simply having a family physician lens on changes taking place across the health system is widely appreciated.

One year ago when I took my oath as President of the Board of the OCFP, I made some promises to the members. I have learned a lot this year, and one thing I learned is that a year is a short time to deliver fully on

some promises – particularly in the face of unexpected challenges created by a lack of a negotiated agreement for physician funding and other changes I mentioned earlier. Despite that, or because of it, the OCFP is thriving.

I would like to thank the OCFP's CEO Ms. Jessica Hill for leading our growth from a mom-and-pop shop to a strategically-focused organization that is developing relevant and useful programs and practice supports for members, and is recognized as having a valuable perspective and voice. This is perhaps our greatest achievement this year – in the face of challenges and adversity, the OCFP is bringing forth the perspectives, concerns and experiences of family physicians. With a small and talented staff and a lean operating budget of just over \$4 million, this is impressive.

There are exciting opportunities for us to be working and learning differently. Online learning and consults were once considered the exception are now a norm, and patient-centred care is how we will be working moving forward. The OCFP has a great opportunity to support members make this transition. Jessica Hill and her team, together with physicians contributing as CPD faculty or through committees and the Board will help make that happen.

My first task as President was to attend the Past Presidents breakfast. This is a tradition for new Presidents, who receive advice and guidance from their colleagues. The advice from this room of wise old and not-so-old owls was in many ways grounded in the principals of being family physicians – however the one pointer that stuck out for me was “listen and remain humble”. This has been one of the best leadership boot camps and I will remain forever thankful for the opportunity you have afforded me to serve as President of the OCFP.

I thank our Board of Directors for their expertise and effort to make this organization valuable for the membership. I would like to thank Board members who have and will be stepping off the Board this year: Dr. Jonathan Kerr, Dr. Eric Wong and Dr. Rajiv Balisuriya. I would also like to warmly welcome our new Board members, who bring an exciting breadth of experience. I look forward to working with you in the year ahead. Later today at the installation of Dr. Sarah Newbery, I look forward to passing the torch to her. The OCFP is in very good hands with Dr. Newbery at the helm for the next year.

In closing, I hope that we are able to hold onto the *moral responsibility of family medicine*. Every patient we see in our practices, every colleague we ask for support or provide an ear or advice to on the fly, the tables we sit at to improve our health system by providing the practical knowledge and experience of what works in family medicine – this is what drives our work and what drives the OCFP.

Thank you for the rich experience of serving as your President this year.

## Report of the Chief Executive Officer, Ms. Jessica Hill

Presented at the 2015 Annual Meeting of Members, November 12, 2015

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This past year has presented a number of challenges and frustrations for family physicians in Ontario. Uncertainty resulting from the lack of clarity by the Ministry of Health and Long-term Care (MOHLTC) regarding their plans for primary care, together with new limits on team-based models and cuts to billing is creating instability for many family doctors.

It has also been a year of innovation and growth for the OCFP as we focus on providing our members with both practical practice level support while ensuring family physicians are informing primary care reform in the province.

The main question for the OCFP is how we can best support our 10,500+ active members, as well as residents and students. This past year, we focused on four areas:

1. Bringing your voice to government and to policy discussions affecting family physicians and family medicine.
2. Developing and delivering evidence-based clinical and practice-based education and tools and helping to connect family physicians with colleagues and peers across Ontario through our mentoring networks.
3. Collaborating with other physician organizations and primary care groups to ensure the OCFP is working with the right partners to best support family physicians in providing the best possible patient care.
4. Better connecting with members to understand challenges and needs at the practice and local level and how the OCFP can best support member needs.

### The Voice of Family Physicians

Ontario's primary care system is facing some challenges and there is a need to address and improve timely access to care, equity and quality of care, and overall performance in primary care. To tackle these issues, government, primary care organizations, physicians and other health-care professionals need to be working together and not at cross-purposes. It is challenging when family physicians, who are deeply committed to their patients and providing high-quality care, do not have equitable resources across practices or the necessary time to participate and lead in important questions about how services and the system can be improved for patients and the community. There is a tension between making sure patients feel like they have a medical home by providing comprehensive and continuing care and having the time to monitor, plan and implement practice improvement.

While the OCFP is not a negotiating body with the MOHLTC, the Ontario College plays an important role in ensuring the perspectives and experiences of Ontario's family physicians inform provincial policy discussions. This happens through active participation at key primary care tables, informing discussions with the government about primary care transformation and establishing strategic partnerships with other primary care organizations. This work would not be possible without the tireless efforts of your family physician colleagues on the OCFP Board of Directors and I would like to thank them for all the work they have done this past year in connecting with colleagues across Ontario and bringing that input forward to ensure family physicians are being heard. The staff at the OCFP work closely with the Board and faculty to listen to their perspectives and develop a deep understanding of family medicine so that we can take their messages to many other tables.

While the MOHLTC's overall plans for primary care are unclear, we know they had sought advice from, among others, the Expert Advisory Committee on Strengthening Primary Health Care in Ontario. This advice was provided in a report commonly called *the Price Report* after lead author Dr. David Price.

Before the report was made public, detail of the content and general direction was available throughout the community and pointed to a focus on population-based planning and delivery of primary care, with the goals of



improving access, equity and quality across Ontario. As a way to anticipate how the concept of population-based primary care planning and delivery would affect family physicians, the OCFP undertook a review of evidence from literature and experiences in Ontario and from other jurisdictions that have embarked on primary care transformation (U.K., Australia and New Zealand). This research was augmented with a series of interviews with people involved with transformation work in these jurisdictions.

The key themes that emerged through this work were:

- Family physicians need to be engaged at the outset to develop, support and share accountability for achieving health system goals.
- Successful implementation of primary care transformation requires a strong and vocal commitment from government, local health authorities, clinician leaders and stakeholders who share aspirational goals for high-quality, patient-centred primary care.

The executive summary and full paper were shared with OCFP members in October and then sent to the Local Health Integration Network CEOs, to the Council of Faculties of Medicine chairs and the MOHLTC to help inform changes to Ontario's primary care system. The message that family physicians need to be engaged at the outset to achieve health system goals is critical and one that the OCFP will be repeating over and over again to other organizations working in the primary care arena and to government.

With significant provincial policy activity in primary care impacting residents and medical students who are considering family medicine, the OCFP and the Family Medicine Committee of the Council of Faculties of Medicine continue to explore ways to address these issues collaboratively. There continue to be opportunities to support national issues through the College of Family Physicians of Canada (CFPC), to efficiently and thoughtfully respond to the clinical, educational, and organizational changes pending in family medicine.

In light of changes in Ontario over the last 10 to 15 years, and provincial primary care transformation and policy directions, the OCFP is also assessing implementation of the Patients Medical Home in Ontario. Steps will include coordinating a citizens' panel and stakeholder meeting to gather input, culminating in a symposium in the spring 2016. This will help shape the OCFP's future policy priorities and inform potential tools and resources to engage family physicians in anticipation of changes in primary care. We look forward to sharing more with you in 2016.

### **Evidence-Based Education and Tools**

A core part of the OCFP's focus is developing and delivering evidence-based clinical and practice-based education and tools. Over the last year, the OCFP has focused on improving how we do this with a specific eye to ensuring the programs and tools are of highest possible quality and focus on what physicians need, and in the format they need it. Our mentoring networks in mental health, pain and addictions also help to connect family physicians with colleagues and peers across Ontario.

Since November 2014, over 100 OCFP CME on the Road sessions have taken place across Ontario. Improvements to online registration and payment, as well as better promotion, have helped reach more people and made participating easier. We are also strengthening session and program evaluation tools used for all Mainpro-C courses and continuing professional development (CPD) programming, which will support better faculty feedback, data collection and program objective measurement. The new evaluations include concepts of CanMEDS roles and meet Mainpro+ criteria. The online evaluation tools is expected to launch in January 2016.

Other improvements this year include an assessment of how and where the OCFP offers its Mainpro-C programs to support delivery of education programs in the most cost-effective format. Changes will include a "By Request" format so that teams and groups can request a program to be delivered in their community, as well as the development of an online learning management system. This will support training needs across the province and streamline and automate the OCFP's CPD delivery processes. We are looking forward to partnering with Ontario

Telemedicine Network (OTN) to offer this platform, which will be used for introductory and summative concepts, with interactive activities provided in-person or via OTN videoconferencing. The target launch date is early 2016.

A significant area of focus is the redevelopment of *Don't Just Do Something - Stand There: Best Practices in Reducing Unnecessary Tests, Treatments and Care*. The workshop will serve as a prototype for revising and modifying program development processes to align with the coming Mainpro+ certification requirements. Course Director Dr. Jennifer Young is working with a curriculum design specialist to update the curriculum, methodology and delivery approach. An advisory committee with representatives of target audiences, subject matter experts and stakeholders is also helping shape the program to ensure that it aligns with the needs of primary care providers.

The popular Collaborative Mental Health Network (CMHN) and Medical Mentoring for Addictions and Pain (MMAP), which teams up family physicians with mentors, were the focus of some fine-tuning and improvements this year. Over the years 900 family physicians have been involved in one of the networks and currently there are 65 active mentors and 260 mentees, and we are looking forward to expanding this in the coming year. To improve efficiency and collaboration, the two networks established a joint steering committee and hosted a joint conference that focused on closing the gap in complex primary care for patients with mental health, addiction and chronic pain. The conference topics included discussions about medical marijuana, new developments in pain treatment, why doctors have trouble saying no, mindfulness, and child and youth attachment strategies. The conference was shaped around a complex case which each speaker addressed within their specific talks.

The OCFP continues to identify partnerships to support evidence-based education for members. The Knowledge Translation in Primary Care Initiative is a three-year collaboration with the Centre for Effective Practice. The OCFP is supporting development and dissemination of clinical tools, which includes providing family physician input in topic selection and development, recruiting clinical leads and focus group participants and disseminating completed tools to members. The Preconception Health Care Tool was the first to launch and we expect up to five new tools to be released in the next year with a focus on childhood obesity, poverty and health, head and neck pain, adult mental health and addictions and potentially one to support care for the elderly. Another important partnership is with Choosing Wisely Canada. Given the strong alignment between the Choosing Wisely Canada campaign and the Best Practices workshop, we are collaborating with Choosing Wisely Canada to support expanding the reach and impact of both programs within primary care in Ontario and across the country.

The OCFP is participating in the national discussion regarding the future of medical education in Canada. Some major issues impacting CPD include: implementation of the new Mainpro+ and how it will impact family physicians and program providers; development and implementation of the national standard to support accredited CPD programs; and the introduction and implementation of Federation of Medical Regulatory Authorities Physician Practice Improvement Initiative recommendations.

### **Effective Partnerships**

Establishing strategic partnerships with other primary care organizations is critical to improving alignment and reducing duplication, among other benefits. The OCFP has moved forward with some key opportunities for collaboration and partnership this year:

- **Ontario Medical Association:** In spring 2015, the OCFP and the OMA signed a collaboration agreement to build on existing relationships and work towards common goals that will benefit members, their practices and the Ontario health-care system. To date the OCFP and the OMA are streamlining accreditation, identifying useful program management resources and tools and practice supports that are available to support the membership, as well as policy issues that would benefit from joint communications.

- **Local Health Integration Network:** Another important and practical agreement is a memorandum of understanding signed in late June with the LHIN CEOs. The goal is to achieve greater coordination, alignment and adoption of initiatives for family physicians to reduce duplication and support scalability and sustainability. With the LHINs playing a key planning role in regions and funding integrated systems of care, teaming up makes a great deal of practical sense to support family physician engagement. The OCFP is keen to work closely with the Primary Care Leadership and their primary care networks and support their learning and evidence needs. This will support consistency across the LHINs.
- **Health Quality Ontario:** In 2014, the OCFP started working with HQO to support quality improvement in primary care. This initiative set out a step-by-step approach and priorities for advancing practice improvement in primary care and across all family physician practices through direct dialogue with front line family physicians/health-care providers during the Practice Improvement Workshop held in Toronto in December. The report was presented to MOHLTC in July 2015.

For the last year I have served as Co-Chair of the Ontario Primary Care Council – a body established by seven founding member organizations to advance primary care as foundation of the health system in Ontario. The Council’s founding members are the Association of Family Health Teams Ontario, Association of Ontario Health Centres, Nurse Practitioner Association of Ontario, Ontario College of Family Physicians, Ontario Medical Association, Ontario Pharmacist’s Association, and the Registered Nurses’ Association of Ontario. A key output this year is a jointly developed position statement on primary care coordination. I will continue to Co-Chair this coming year and the OCFP will serve as the secretariat from January 2016 – December 2016.

### **Connecting with Members**

Strengthening membership outreach is a core focus for the OCFP. With 10,500+ active family physicians members, and residents and students, we are aware of the many differences and commonalities across the membership. While members may have similar training, reporting pressures and commitment to their patients, they may also have distinct needs resulting from the unique character of their practice, location, patient population, etc. We need to find the common threads and provide the support we can to assist members in providing the highest-quality patient care.

An initiative of importance this year is the Value Proposition Project. By speaking to members about what they want and expect from their Ontario College, the Value Proposition Project will help the OCFP better inform how it supports members through its programs and services and communicates with members. The first phase of the work is a series of workshops and interviews, which will be followed by focus groups and a survey. A working group of OCFP members is guiding this work. We also want to better connect with members within their communities and are identifying members across the province who would want to provide updates about what the OCFP is working on, capture member input and share it with the OCFP.

Another new initiative was the April launch of the *Pulse on Family Medicine* – an e-update to members with timely information about public policy affecting family physicians and primary care. We have received very positive feedback and online stats point to the popularity of these updates. Typically an organization is pleased if their e-newsletter has an open-rate of 20 per cent. The *Pulse* has been logging an open rate ranging from 40 to over 55 per cent, which indicates members are looking for information and opening email. The OCFP also has a monthly e-newsletter that is a general round-up of news and updates in family medicine with a regular message from the OCFP’s President. After a careful review of the open rates of different articles, it is clear that readers are very interested in clinical content. As such we are focusing on serving up content that suits reader interests. Like the *Pulse*, the e-newsletter appears to be well-received. Open rates regularly clock in the 40 per cent range. Moving forward we want to profile more members and will be reaching out to ask for stories to help bring family medicine to life.

Every year the OCFP does a call for award nominations. This year we received a record number of nominations across five categories. I had a chance to read the nominations, and am humbled by the commitment and world-class patient care being provided by our members. The full list of winners can be found on our website.

Another record-breaking moment this year was our call for nominations to join the Board of Directors. The OCFP's Board has 15 family physician members who serve three year terms that are renewable for three years. We were thrilled to receive expressions of interest from over 50 members to fill five vacancies. This response from members, many of whom have not been active with the Ontario College to date, points to members seeing more from their College and wanting to participate.

Finally, the OCFP has also been working with the CFPC to strengthen the link with the provincial chapters and increase clarity for members of the roles of the national and provincial chapters.

### **Looking Forward**

Primary care is the foundation of a high functioning health-care system, and family medicine is at the heart of effective primary care. Providing high-quality comprehensive patient care is not only good for the patient, it is good for everyone and it requires that we all work to the best of our ability. This happens by collaborating within and across disciplines and creating smart and strategic partnerships that reduce duplication and improve integration. For the OCFP, as outlined in our three-year strategic plan, it means providing our members with both practical-practice level support while ensuring family physicians are informing primary care reform in the province.

This is your provincial College. What we do must support you. Understanding your perspectives and priorities shapes our programs and tools and engagements with decision makers and other primary care delivery bodies in Ontario. This is ever more critical during a time of significant change.

Together with the OCFP Board of Directors and staff, we 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 and putting it into action.

## **Report of the Governance Committee**

by Dr. Sarah-Lynn Newbery, Chair

Presented at the 2015 Annual Meeting of Members, November 12, 2015

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The Governance Committee has spent the past year working to further enhance the renewal process that began in 2012. The Committee focused on ensuring the OCFP's Bylaws, policies, and governance structure were aligned and positioned to best support the Board in its work on behalf of the OCFP membership. These changes are supporting the OCFP's ability to reach out to a broader base of members and embrace our College's diversity in a way not seen in the past.

It is clear that this work is making a difference and this is a source of satisfaction for the Board of Directors. The board was really pleased with the extraordinary response we received to the call for nominations to the Board of Directors – more than 50 expressions of interest. The OCFP membership is reaching out to their College to make their voices heard.

### **Governance Committee Work 2014-15**

Over the last year, the Committee recommended a number of changes to the Board structure and has made recommendations to revise the OCFP Bylaws, which were approved by the Board. The process and Board decisions were shared with members over the summer and fall. Work initiated and completed also included: evaluation and revision of the Board's Committee structure and new and/or revised Committee Terms of Reference; Board roles, responsibilities and accountabilities were defined through policy; and implementation and administration of a Board Composition Matrix to assess the current Board make-up and better understand where opportunities and gaps existed, resulting in a planned recruitment effort. New and revised Board Governance policies were implemented.

The [Bylaws](#) were revised to not only reflect Board decisions relating to its structure, but to also ensure the legislative requirements of the anticipated Ontario Corporations Not-For-Profit Act (ONCA) were included. The Bylaws were then presented to the Board of the College of Family Physicians of Canada (CFPC) for review, assurance of consistency between organizations and approval, and are now being presented to the OCFP Membership for approval at the Annual Meeting of Members. Structural changes included the elimination of the positions of regional and defined Member-at-Large directors in favour of a skills-based Board with a nomination process that intentionally recruits a diverse range of perspectives from different practice types, geographic regions, education and clinical backgrounds, and years in practice. Also, after consultation with other organizations and the Past Presidents, the terms of office for President-Elect and President will increase to two years each, as a standard, allowing for improved development of relationships with key stakeholders and continuity of leadership by the Board Executive.

Over the past year, the Board has approved many governance policies that support not only its Bylaws, but also the Board and the organization. For example, the roles and responsibilities of the Officers and Directors have been better defined. As well, one officer position, Secretary-Treasurer, is the only officer position not requiring a family physician. New committee terms of reference as well as CEO Delegation of Authority are just some of the policies developed and approved. These are key steps towards ensuring that the Board of Directors is structured to effectively represent your voices, and govern the organization so that it is working as effectively and efficiently as possible to bring value to the OCFP membership across the province.

Under the revised Bylaws the current slate of Directors who were elected previously, must be re-elected. They are presented here for approval with terms specified in order to align with previous elections while ensuring succession is planned to support a strong board.

**Director Election:**

<i>Director's Name</i>	<i>Original Election Term Remaining</i>	<i>Current Position on Board</i>	<i>Revised Terms based on new Bylaws</i>
Dr. Cathy Faulds	1 <sup>st</sup> Term: November 2011-12 to 2013-2014* Elected November 2013 for 3 years as President-Elect, President, Past President	President transitioning to Past-President	<b>1 year term</b> concluding 2016
Dr. John Brewer	1 <sup>st</sup> Term: November 2010-2011 to 2012-2013 2 <sup>nd</sup> Term: November 2013-14 to 2015-2016		<b>1 year term</b> concluding 2016
Dr. Art Kushner	1 <sup>st</sup> Term: November 2010-2011 to 2012-2013 2 <sup>nd</sup> Term: November 2013-14 to 2015-2016		<b>1 year term</b> concluding 2016
Dr. Peter Hutten-Czapski	1 <sup>st</sup> Term: 2013-14 to 2015-2016		<b>1 year term</b> with option to re-elect for 3 years
Dr. Sarah-Lynn Newbery	2 years; concludes 2017	President-Elect transitioning to President	<b>2 year term</b> concluding 2017
Dr. Jennifer Young	1 <sup>st</sup> Term: November 2011-2012 to 2013-2014 2 <sup>nd</sup> Term: November 2014-2015 to 2016-2017		<b>2 year term</b> concluding 2017
Dr. Amy Catania	1 <sup>st</sup> Term: November 2014-15 to 2016-2017		<b>2 year term</b> with option to re-elect in 2017
Dr. Jane Charters	1 <sup>st</sup> Term: November 2014-2015 to 2016-2017		<b>2 year term</b> with option to re-elect in 2017
Mr. Terry McCarthy	1 <sup>st</sup> Term: November 2014-2015 to 2016-2017		<b>2 year term</b> with option to re-elect in 2017
Dr. Glenn Brown	1 <sup>st</sup> Term: November 2012-13 to 2014-15	Secretary-Treasurer in 2015. 1 <sup>st</sup> Term concluding and recommendation to be elected to President-Elect.	*2 <sup>nd</sup> term modified for election to President-Elect role.

The Governance Committee also oversaw 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 Meeting of Members. In each case, there was a thorough nomination and selection process.

## **Officer Recommendations**

Following our new Bylaws 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. Glenn Brown for the position of President-Elect and Mr. Terry McCarthy for the position of Secretary-Treasurer.

As noted, Dr. Brown's first three-year term as a Board member is concluding. He not only requires both election to the Board for a second term, but also election into the Officer position for which he is being presented.

**Dr. Brown** has been a member of the Board of Directors since 2012 and chaired the Education and Research Committee in 2013-2014 and the Finance Committee this past year. 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 residency in family medicine at Queens, 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 improving the context of care for patients and for clinicians. His research has recently focused on health-care policy and organization of primary care systems in Canada and internationally.

**Mr. McCarthy** joined the Board of Directors in May 2014 as a non-physician Director-at-Large. He has significant experience in governance and finances and has been involved in both the Governance and Finance Committees since joining the Board. 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.

## **Recommendations for New Directors**

With terms of office concluding for one current Board member, Past-President, Dr. Jonathan Kerr, resignations during the year from Drs. Balisuriya and Wong, and the revised number of Directors to reflect a size of up to 16 Directors, the Board initiated a recruitment plan. For the first time, the Board implemented its approved Board Composition Matrix to self-assess and identify opportunities for recruitment. A recruitment plan that took into account the current strengths of the Directors and identified opportunities where new recruits would better balance and reflect the overall membership of the OCFP was then developed.

The recruitment process was initiated in early July. The notice regarding openings on the Board was posted to the OCFP website, an email was sent to all members, and targeted requests were made to Past Presidents, Award Nominators and Winners, the Council of Family Medicine (COFM), Local Health Integration Network (LHIN) CEOs, and the Ontario Medical Association (OMA) to solicit their help in identifying potential candidates. The following areas were identified as priorities for recruitment:

- Representing a diversity in practice and payment models – including family health groups (FHGs), family health organizations (FHOs), and fee-for-service
- Individuals at either end of the career spectrum – in the first five years of practice or nearing the end of an active practice (especially from a fee-for-service model)
- Having experience in a focused practice or a certified enhanced skill set recognized by CFPC's Certificate of Added Competence
- Representing the following LHINS: Waterloo-Wellington, Hamilton Niagara Haldimand Brant, Toronto Central, Central, Central East, North Simcoe Muskoka

Applications were invited between July 9 and August 7 and there was an unprecedented interest. We received 50 applications, of which 26 were fully complete. The Governance Committee reviewed each of the 26 applications and conducted interviews with the individuals who best met the needs of the Board.

The Board is presenting the following five individuals to the membership for approval. Their collective skills, competencies, regional and diverse perspectives will enhance the current board composition. The Governance Committee recognized that in selecting these five individuals the OCFP Board will have a disproportionate number of men and women and that recruitment in 2016 will consider targeting women.

1. **Dr. Abhishek Raut** is in his first five years of practice and works within LHIN 7 - Toronto Central. Through significant involvement in a telemedicine practice, he has experience in remote, rural, small town, urban, suburban and inner city practice settings spanning across Ontario from Sault Ste. Marie to downtown Toronto. He has a master's degree in both Public Health and Business Administration from John Hopkins University. With the World Bank and John Hopkins University, he was involved in building a new health system and policy approach to hospital funding in Afghanistan, which included implementing a results based financing approach encouraging efficiencies and patient centered clinical practices. He currently practices in a FHG. Dr. Abhishek has experience in board governance.
2. **Dr. Jonathan Bertram** is in his first five years of practice and works within LHIN 9 - Central East and has experience working in small towns, urban and inner city practice settings. He currently works at both the Centre for Addictions and Mental Health (CAMH) in Addictions Medicine three days per week and with the Bowmanville FHO in Chronic Pain and Addictions two days per week. He also travels throughout northern Ontario and First Nations communities two to three days every four to six weeks. Every two weeks he spends a half day as a clinical consultant for a community care agency, COPA, consulting on geriatric addictions. He understands fee-for-service, works in both FHO and group/academic settings and has a focused practice interest in addictions and chronic pain. Dr. Bertram speaks English, French and Tamil. He also has experience in board governance.
3. **Dr. Nelson Chan** has been practicing comprehensive family medicine since 2010 and works within LHIN 2 – South West. Dr. Chan practices in both small town and urban practice settings, in a fee-for-service payment model, and works inside both a FHT and group/academic setting. He has a focused practice in Emergency and Hospitalist medicine. Dr. Chan has a law degree from the University of Toronto. He has experience in leadership roles, as an Accreditation Surveyor with the CFPC and as the Western Family Medicine Program Urban Program Director. He is fluent in Cantonese.
4. **Dr. Sundeep Banwatt** graduated from the Faculty of Medicine at the University of Toronto in 1997 and currently works in LHIN 2 – Mississauga Halton. For the last 11 years, he has been practicing in an urban practice setting, in a Fee-for-Service payment model. He has experience providing emergency and family medicine in rural Ontario as well as in the province of New Brunswick. Dr. Banwatt has participated in medical volunteer missions in Africa, South America and Thailand. He has a master's degree in Public Health from the University of Waterloo, experience in research and critical appraisal, knowledge translation and risk management. He has created a Rapid Rural Assessment tool to aid the non-governmental organization sector in the developing world. This tool assesses small area needs, health status and the feasibility of potential interventions in a quick and timely manner. Dr. Banwatt espouses the need for family physicians to be supported as leaders in health care in order to improve the health of our diverse communities across Ontario.
5. **Dr. Richard (Dick) Seeley** has been in practice for over 41 years as a family physician in LHIN 4 - Hamilton Niagara Haldimand Brant. He has worked in a group partnership model as well as in solo practice in a fee-for-service model. He is currently Chief of Complex Care, Aging and Palliative Care for Hamilton Health



Sciences and is an adjunct assistant professor in the Department of Family Medicine at McMaster University. He is a Certified Canadian Physician Executive with leadership and governance experience.

In 2014, I, Dr. Sarah Newbery, was elected for a three-year term (one year as President-Elect; one year as President; one year as Past-President). I will assume the role of President in 2015-16 and Dr. Faulds will be moving into the role of Past-President.

### Motions

The members approved the amendments to the OCFP Bylaws.

The members approved the following re-elected for Directors and confirmed their respective terms:

<i>Director's Name</i>	<i>Revised Terms based on new Bylaws</i>
Dr. Cathy Faulds	<b>1 year term</b> concluding 2016
Dr. John Brewer	<b>1 year term</b> concluding 2016
Dr. Art Kushner	<b>1 year term</b> concluding 2016
Dr. Peter Hutten-Czapski	<b>1 year term</b> with option to re-elect for 3 years
Dr. Sarah-Lynn Newbery	<b>2 year term</b> concluding 2017
Dr. Jennifer Young	<b>2 year term</b> concluding 2017
Dr. Amy Catania	<b>2 year term</b> with option to re-elect in 2017
Dr. Jane Charters	<b>2 year term</b> with option to re-elect in 2017
Mr. Terry McCarthy	<b>2 year term</b> with option to re-elect in 2017
Dr. Glenn Brown*	<b>4 year term</b> concluding 2019.*

The Members approved the election of Dr. Glenn Brown for a four-year term to serve as President-Elect for 2015-16, President for 2016-2018 and Past-President for 2018-2019, and elected Mr. Terry McCarthy for a one-year term as Secretary-Treasurer for 2015-16.

The Members approved the following new Members be elected to the Board of Directors for the stated length of term:

<b>Name</b>	<b>Length of appointment</b>	<b>Term of Office</b>
Dr. Sundeep Banwatt	3 Years (2015-16 to 2018-19)	1 <sup>st</sup>
Dr. Jonathan Bertram	3 Years (2015-16 to 2018-19)	1 <sup>st</sup>
Dr. Nelson Chan	3 Years (2015-16 to 2018-19)	1 <sup>st</sup>
Dr. Abhishek Raut	3 Years (2015-16 to 2018-19)	1 <sup>st</sup>
Dr. Richard Seeley	3 Years (2015-16 to 2018-19)	1 <sup>st</sup>

### The Board of Directors for 2015-2016\*

Officers			
Name	Position	LHIN	Location
Dr. Sarah-Lynn Newbery	President	North West and North East	Marathon
Dr. Glenn Brown	President-Elect	South East and Champlain	Kingston
Dr. Cathy Faulds	Past-President	Erie St. Clair and South West	London
Mr. Terry McCarthy	Secretary Treasurer	Hamilton Niagara, Haldimand and Brant	Hamilton

Directors			
Name	LHIN	Location	Term of Office
Dr. Peter Hutten-Czapski	North West and North East	Haileybury	1 <sup>st</sup> Term (2013–2016)
Dr. Jane Charters	Mississauga Halton and Central West	Oakville	1 <sup>st</sup> Term (2015-2017)
Dr. Amy Catania	Mississauga Halton and Central West	Orangeville	1 <sup>st</sup> Term (2015-2017)
Dr. Art Kushner	Toronto Central and Central LHIN	Toronto	2 <sup>nd</sup> Term (2015-2016)
Dr. Jennifer Young	Central East and North Simcoe Muskoka	Collingwood	2 <sup>nd</sup> Term (2015-2017)
Dr. John Brewer	South East and Champlain LHIN	Ottawa	2 <sup>nd</sup> Term (2015-2016)
Dr. Richard Seeley	Hamilton Niagara, Haldimand and Brant	Hamilton	1 <sup>st</sup> Term (2015–2018)
Dr. Sundeep Banwatt	Mississauga Halton and Central West	Mississauga	1 <sup>st</sup> Term (2015-2018)
Dr. Abhishek Raut	Toronto Central and Central LHIN	Toronto	1 <sup>st</sup> Term (2015-2018)
Dr. Jonathan Bertram	Toronto Central and Central LHIN	Toronto	1 <sup>st</sup> Term (2015-2018)
Dr. Nelson Chan	Erie St. Clair and South West	London	1 <sup>st</sup> Term (2015-2018)

\*This is the slate of Officers and Directors for 2015-2016 following the membership's approval of the presented motions.

## Report of the Finance Committee

by Dr. Glenn Brown, Secretary-Treasurer

Presented at the 2015 Annual Meeting of Members, November 12, 2015

The Finance Committee of the Ontario College of Family Physicians (OCFP) provided Members with a financial report based on the OCFP's audited financial statements for the fiscal year 2014-15, which ended March 31, 2015. 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, 2015, and March 31, 2014, and the variances year over year.

<b>Assets</b>	<b>2014-15</b>	<b>2013-14</b>	<b>Variance \$</b>	<b>Variance %</b>
Current				
Cash	\$4,750,092	\$1,272,988	\$3,477,104	273%
Short-term investments	\$648,652	\$633,244	\$15,408	2%
Receivables	\$143,542	\$47,711	\$95,831	201%
Prepaid expenses	\$97,469	\$16,161	\$81,308	503%
Due from CFPC	\$232,295	\$241,475	-\$9,180	-4%
<b>Sub-total</b>	<b>\$5,872,050</b>	<b>\$2,211,579</b>	<b>\$3,660,471</b>	<b>166%</b>
Capital assets	\$561,228	\$50,219	\$511,009	1018%
Capital assets classified as held for sale	\$0	\$2,572,719	-\$2,572,719	-100%
<b>Total Assets</b>	<b>\$6,433,278</b>	<b>\$4,834,517</b>	<b>\$1,598,761</b>	<b>33%</b>
<b>Liabilities</b>				
Current				
Payables and accruals	\$638,124	\$451,968	\$186,156	41%
Due to the MOHLTC	\$106,710	\$140,473	-\$33,763	-24%
Unearned revenue	\$1,097,821	\$952,505	\$145,316	15%
Deferred lease inducements	\$26,513	\$0	\$26,513	
<b>Sub-total</b>	<b>\$1,869,168</b>	<b>\$1,544,946</b>	<b>\$324,222</b>	<b>21%</b>
<b>Deferred lease inducements</b>	<b>\$438,677</b>	<b>\$0</b>	<b>\$438,677</b>	
<b>Total Liabilities</b>	<b>\$2,307,845</b>	<b>\$1,544,946</b>	<b>\$762,899</b>	<b>49%</b>
<b>Fund Balances</b>				
Invested in capital assets	\$561,228	\$2,622,938	-\$2,061,710	-79%
Externally restricted	\$0	\$42,762	-\$42,762	-100%
Operating	\$1,543,125	\$623,871	\$919,254	147%
Internally restricted	\$2,021,080	\$0	\$2,021,080	
<b>Sub-total</b>	<b>\$4,125,433</b>	<b>\$3,289,571</b>	<b>\$835,862</b>	<b>25%</b>
<b>Total Liabilities and Fund Balances</b>	<b>\$6,433,278</b>	<b>\$4,834,517</b>	<b>\$1,598,761</b>	<b>33%</b>

The total assets of \$6.4M reflects an increase of \$1,598,761 or 33% from 2013-14. This is in a large part due to the sale of the OCFP's property at 340 Richmond Street West in Toronto.

The sale of the OCFP's property was finalized on October 10, 2014, and is reflected in the 2014-15 financial statements. The OCFP Board of Directors approved using the proceeds from the sale to establish a reserve fund and to deliver on the goals outlined in the OCFP's three-year strategic plan and to focus on outreach and support for

members. The purpose of the reserve is to ensure the stability of the OCFP’s future operations, by providing an internal source of funds for situations such as a sudden increase in unbudgeted expenses, unanticipated loss of revenue or uninsured losses.

The total liabilities of \$2.3M reflects an increase of \$762,899 or 49% from 2013-14. This increase is a result of recognizing and deferring the lease inducements from the new office location at 400 University Avenue in Toronto, as well as an increase in unearned revenue, and payables and accruals. Unearned revenue is the OCFP’s largest liability, which comprises of: 1) amounts received for membership where there is a remaining period to which the membership fees apply; 2) amounts received for an event (i.e. continuing professional development workshop) when the event has not yet occurred.

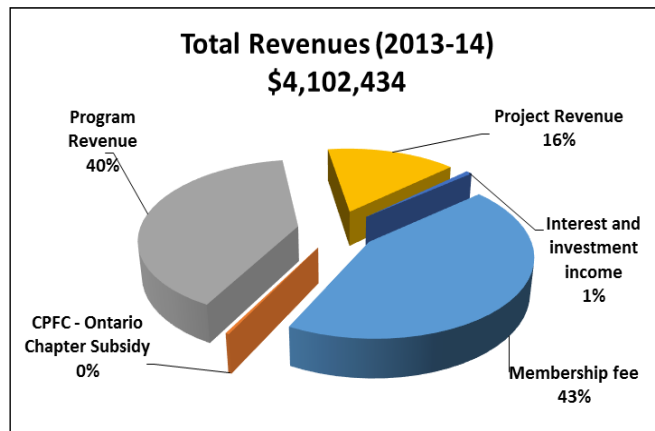
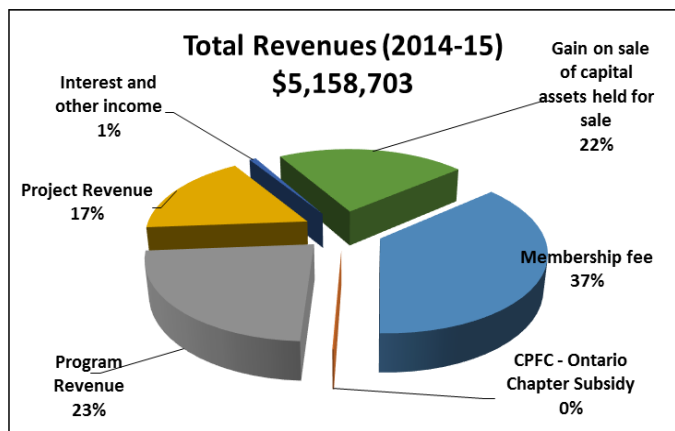
The total fund balances of \$4.1 M increased by \$835,862, a 25% increase over 2013-14, which is the excess of revenue over expenses.

### Statement of Operations – Revenue and Expenses

#### Overview of Revenue

Revenue	2014-15	2013-14	Variance \$	Variance %
Membership fee	\$1,893,069	\$1,786,615	\$106,454	6%
CPFC - Ontario Chapter Subsidy	\$5,535	\$13,024	-\$7,489	-58%
Program revenue	\$1,191,109	\$1,633,330	-\$442,221	-27%
Project revenue	\$883,422	\$638,493	\$244,929	38%
Interest and other income	\$39,998	\$30,972	\$9,026	29%
Gain on sale of capital assets held for sale	\$1,145,570	\$0	\$1,145,570	
<b>Total</b>	<b>\$5,158,703</b>	<b>\$4,102,434</b>	<b>\$1,056,269</b>	<b>26%</b>

These two revenue charts illustrate the OCFP’s main sources of revenue.



Revenue of \$5.2M is \$1,056,269 higher than in the previous fiscal year. This is due to: the sale of the building that resulted in a gain of \$1,145,570; an increase of \$106,454 in membership fee revenue resulting from a 10.8% increase in the number of OCFP members; and a \$244,929 increase in project revenue that is mainly the result of a new project with Health Quality Ontario and one with the Centre of Effective Practice.

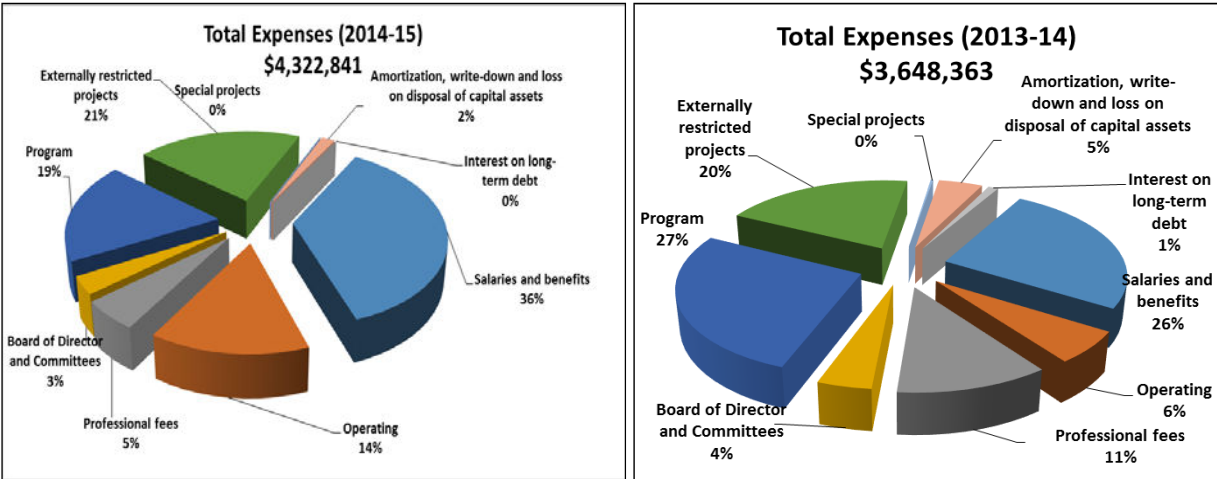
These increases were partially offset by a decrease of \$442,221 in program revenue as a result of the following:

- The Annual Scientific Assembly revenue decreased by \$288,832 as a result of fewer attendees due to the proximity of the Family Medicine Forum held in Quebec City in November 2014, as well as fewer exhibit booth sales; and
- A decrease in revenue of \$107,555 from continuing professional development (CPD) programs due to fewer workshops.

**Overview of Expenses**

Expenses	2014-15	2013-14	Variance \$	Variance %
Salaries and benefits	\$1,576,610	\$934,961	\$641,649	69%
Operating	\$607,006	\$219,731	\$387,275	176%
Professional fees	\$228,895	\$418,068	-\$189,173	-45%
Board of Director and Committees	\$139,209	\$149,283	-\$10,074	-7%
Program	\$801,951	\$981,901	-\$179,950	-18%
Externally restricted projects	\$894,492	\$727,595	\$166,897	23%
Special projects	\$1,925	\$8,998	-\$7,073	-79%
Amortization, write-down and loss on disposal of capital assets	\$72,753	\$169,201	-\$96,448	-57%
Interest on long-term debt	\$0	\$38,625	-\$38,625	-100%
<b>Total</b>	<b>\$4,322,841</b>	<b>\$3,648,363</b>	<b>\$674,478</b>	<b>18%</b>

The two expenses charts illustrate how revenue was spent.



Expenses of \$4.3M are \$674,478 higher than in the previous fiscal year, 2013-14 mainly due to: the increase in the number of staff; an increase in operating expenses relating to the office move, rent and initiatives; and an increase in external projects as a result of two new projects (HQO and CEP).

The increase in expenses noted above was partially offset by: a decrease in professional fees paid to consultants, who were no longer needed as a result of the OCFP having more staff; a decrease in program expenses resulting from fewer attendees to ASA and fewer CPD workshops; and a decrease in amortization as a number of assets were written off in the prior year.

**In Conclusion**

Overall, the OCFP ended the fiscal year 2014-15 with a surplus of \$835,862 as a result of the sale of the OCFP's property at 340 Richmond Street West, Toronto.

Without the gain on the sale of the building the OCFP would have incurred a deficit resulting from the Board's decision to strengthen the organization, which includes investing in program development and hiring staff.

**In summary, at the end of 2014-15 the OCFP remained in a positive financial position.**

**Appointment of Auditors**

Deloitte LLP was the successful firm in an audit tender 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 2015-16.

**Motions**

The Members approved the Financial statements be accepted as presented, and that Deloitte LLP be reappointed as the OCFP Auditors for the fiscal year 2015-16.

## 2015 Awards Winners

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### 2015 OCFP Awards

The OCFP is proud to celebrate the outstanding skill, knowledge and dedication of family doctors across Ontario through the 2015 Honours and Awards program.

#### REGIONAL FAMILY PHYSICIANS OF THE YEAR

The Regional Family Physician of the Year Award recognizes the outstanding contributions of seven OCFP members who provide exemplary care to their patients and are passionately involved in activities that contribute to excellence in family medicine.

Dr. Robert Algie, Fort Frances – Region 1  
Dr. Dale Ziter, Windsor – Region 2  
Dr. Dorothy Bakker, Guelph – Region 3  
Dr. Lopita Banerjee, Brampton – Region 4

Dr. Philip Ellison, Toronto – Region 5  
Dr. Peter Deimling, Orillia – Region 6  
Dr. Edward Seale, Ottawa – Region 7

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

The Family Physician of the Year award recognizes an outstanding CFPC family physician member from Ontario who exemplifies the best of what being a family doctor is all about, including exceptional care of patients combined with a significant contribution to the health and well being of communities and society in general. The award is named in honour of Dr Reg L. Perkin, College of Family Physicians of Canada Executive Director from 1985 to 1996. The Reg L. Perkin winner is chosen from the Regional Family Physician of the Year award winners.

Dr. Robert Algie, Fort Frances

#### COMMUNITY TEACHER OF THE YEAR AWARD

The Community Teacher of the Year Award celebrates excellence in a community family medicine preceptor. This award is nominated by Ontario's family medicine residents and medical school students.

Dr. Michael Kirlew, Sioux Lookout

#### RESIDENT TEACHER OF THE YEAR AWARD

The Resident Teacher of the Year award recognizes outstanding teaching skills and commitment to education among family medicine residents currently enrolled in a family medicine residency program in Ontario.

Dr. Christina Cookson, London

#### FAMILY PRACTICE OF THE YEAR

The Family Practice of the Year award celebrates the accomplishments and hard work of the members of selected family practices in delivering comprehensive services and continuity of care for their patients

Clarence-Rockland Family Health Team, Rockland  
St. Joseph's Family Health Team, Toronto

## **2015 AWARDS OF EXCELLENCE**

The Award of Excellence recognizes outstanding contributions in a specific area pertaining to the specialty of family medicine: patient care, community service, hospital or health-care institutions, College activities (CFPC or OCFP), teaching, research or other elements of the academic discipline of family medicine.

Dr. Somaiah Ahmed, Orangeville

Dr. Paul Caulford, Toronto

Dr. Michael Cotterill and Dr. Anjali Oberai, Wawa

Dr. Brent Elsey, Barrie

Dr. Yoni Freedhoff, Ottawa

Dr. Ritika Goel, Toronto

Dr. Anita Greig, Toronto

Dr. Karen Hill, Ohsweken

Dr. Sharon Johnston, Ottawa

Dr. Jonathan Kerr, Belleville

Dr. Danielle Martin, Toronto

Dr. David Millar, Ottawa

Dr. Kerstin Mossman

Dr. Anwar Parbatani, Barrie

Dr. Deborah Smith, Sudbury

Dr. David Williams, Newmarket

Dr. Eric Wong, London

## **2015 College of Physicians of Canada Awards**

The CFPC's Honours and Awards Program offers grants, scholarships, and awards to recognize and support family physicians, family medicine residents, and medical students committed to education, research, and excellence in the practice of family medicine.

### **W. Victor Johnston Award**

Dr. Calvin Gutkin, Mississauga

### **Calvin Gutkin Ambassador Award**

Dr. Lynn Wilson, Toronto

### **Ian McWhinney Family Medicine Education Award**

Dr. Nancy Fowler, Hamilton

### **Family Medicine Researcher of the Year**

Dr. Ross Upshur, Toronto

### **Early Career Development Award**

Dr. Naheed Dosani, Brampton

### **Bruce Halliday Award for Care of the Disabled**

Dr. Elizabeth Grier

### **AMS–Mimi Divinsky Awards for History & Narrative in Family Medicine: Resident**

Dr. Jessica Ladouceur, Belleville – *The Dance*

CFPC Outstanding Family Medicine Research Article

Dr. Tara Kiran, Toronto – *Effect of Payment Incentives on Cancer Screenings in Ontario*

### **Janus Research Grants**

Dr. Fiona Kouyoumdjian, Hamilton – *Defining Primary Health Care Needs for People on Release from Provincial Correctional Facilities in Ontario Using Health Care Utilization Data: A population-based study*

Dr. Bjug Borgundvaag, Toronto – *Opiate Prescribing in Ontario Emergency Departments*



**Daniel Glazier Research Grant for Adolescent Mental Health and Substance Abuse**

Dr. Leah Steele, Toronto – *Development of BEYONDD: A role-playing game designed to increase the effectiveness of drug treatment programs for adolescents and young adults*

**Norlien Foundation Grants for Addiction Education**

Dr. Heather Ringrose, Waterford

Dr. Sandeep Aggarwal, Oakville

Dr. Crystal Gonu, Napanee

Dr. Erika Tanner, Ottawa

Dr. Kunmin Li, Ottawa

**Sadok Besroul Grant for Global Health Projects**

Dr. Meaghan McLaren, Ottawa – *uOttawa uGuyana Family Medicine Training Program*

**Team Williams Family Medicine Innovation Grant**

Dr. Cathy Faulds, London – *The iPad Project: An innovative way to engage patients and caregivers in health care and literacy*

**CFPC CPD Program Award**

Dr. Larisa Eibisch, Toronto – *Treating Poverty*

**Lifetime Achievement Awards in Family Medicine Research**

Dr. Richard Birtwhistle, Kingston

Dr. John Feightner, London

Dr. William Hogg, Ottawa

Dr. J. Raymond Gilbert, Dundas

Dr. Fraser (Fred) Tudiver, Kingston

**The Jim Ruderman Academic Family Medicine Leadership Award**

Dr. James Ruderman (posthumously), Toronto

**Patient's Medical Home 60/20 Caring and Compassion Grant**

Ms. Joyce Lo, Toronto – *North York Family Health Team: Poverty screening pilot project*

**Patient Education Grants for Family Medicine Residents**

Dr. Susan Lane, Sudbury – *Maintaining the Connection: Guidance in dementia communication through whiteboard animation*

Dr. Taft Micks, Vaughan – *Effect of an Action Plan with Ongoing Support Through Remote Patient Monitoring in Patients with COPD: A rural Newfoundland study*

Dr. Jatin Kaicker and Dr. Shahrose Malik, Hamilton – *Use of Videoconferencing Technology for Clinical Encounters with Patients in an Academic Family Practice*

## Life Members 2015

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Dr. Jean Anawati, Sturgeon Falls  
Dr. Maris Andersons, Toronto  
Dr. Parvesh Bajaj, Nepean  
Dr. Peter Paul Baranick, Ottawa  
Dr. Sheldon Berger, North York  
Dr. Robert J. Birnbaum, Ottawa  
Dr. Brian G. Bloomfield, New Dundee  
Dr. Brenda C. Caloyannis, Sheguiandah  
Dr. Glenn G. Cameron, Penetanguishene  
Dr. Stephen Chesine, Ottawa  
Dr. Denis K.T. Cheung, Nepean  
Dr. Brendan But-Sit Chiu, Burlington  
Dr. J. Brendan Dempsey, London  
Dr. Asha K. Devanesen, Mississauga  
Dr. Gordon L. Dickie, London  
Dr. Peter C. Duffy, Kingston  
Dr. Haw K.C. Fan-Lun, Whitby  
Dr. John W. Feightner, London  
Dr. Blair R. Ferguson, Oakville  
Dr. W. Adam Filipowicz, Milton  
Dr. Magdy Girgis, North York  
Dr. Michael Gitterman, Mississauga  
Dr. Robert Glinski, Ottawa  
Dr. Violet Gonsalves, Ottawa  
Dr. Bernard Green, Toronto  
Dr. W. Norman Grieve, Midland  
Dr. Jan C. Gustafsson, Mississauga  
Dr. Alexander Hukowich, Cobourg  
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