

Thank you, Shelley. I really appreciate your introduction. Every president builds on the work of the association's previous president. And while you are small in stature, I know I am following on the shoulders of a giant.

Good afternoon colleagues, invited guests, family and friends. Before I begin I'd like to introduce some special people here today:

First my children – Richard, Elizabeth and David

My brothers – two of whom are here today – Erik and Irwin and his wife Diane are here, Hans is away

My close friends – Kevin, David and Tim

It is a distinct honour and privilege to address you today as the BCMA's incoming president.

I have been looking at the history of our great association paying attention to the many different presidents we've had in the last one hundred and thirteen years. I was pleased to learn that I am both the first emergency physician and the first service contract alternative paid physician to serve in this position.

I don't take the honour lightly.

It's a great privilege to be the association's president –

- to speak on behalf of the physicians in BC;
- to work at improving our relationship with government – indeed a new government;
- to continue the fine work of my predecessor; and
- to engage and motivate the physicians of British Columbia.

Each of us has our own story of why we chose the career we did, the specialty, the location, the type of practice. I was one of those kids who never really thought of doing anything else.

I entered medicine probably because one of my heroes, my father, was a physician in Ireland and Canada, as well as serving in the Royal Navy, treating both allied and enemy, in the Second World War.

I, along with two of my three brothers, and like most doctors I know, chose medicine because I truly wanted to help people.

My father spoke highly of working in isolated communities, so after graduation from McGill and an internship at the Royal Jubilee Hospital in Victoria, I went to a very remote part of the north – especially in the mid-1980s – Whitehorse in the Yukon Territories.

I loved the lifestyle so much I stayed for 14 years. In the north you work hard and you play hard.

I was part of a family practice group with a very rural patient population. But my physician duties were diverse because I also got to be:

- the sports doctor for the Canada Games and the medical director at the Arctic Winter Games;
- a doping control officer;
- was Vice Chair of the Yukon Mental Health Review Board, and
- was involved in a number of challenging emergency medical evacuations from rugged mountain tops, remote valleys and isolated gravel landing strips lit by smoke pots.

For the last 14 years my family and I have been in Mill Bay just north of Victoria in the Cowichan Valley where I did my CCFP in Emergency Medicine. Even though I sort of fell into emergency medicine — I can't think of another discipline better suited for me.

I am fortunate to work in an area of health care and in a region of the province that sees first-hand the benefits of the collaborative programs between BCMA and the government.

One of the interesting things about working in an ED is that in many respects it is the proverbial “canary in the coal mine.” The types of cases you get in the emergency room are a fantastic indicator of the general health of any community.

If the ED continually sees patients troubled by mental health issues, patients who cannot manage their complex conditions, have congestive heart failure or emphysema, then it's pretty easy to figure out that the community is in crisis and medical care isn't working.

My community is extremely fortunate...I see fewer and fewer of these cases precisely because our primary care system has been bolstered by the collaborative programs of the GPSC and the Shared Care Committee.

Cowichan jumped at the chance for a Division of Family Practice back in October of 2009, and was one of the prototypes. It is a prime example of how local physician input and direction has impact and solves problems. This program and others continue to be amazing and help patients in need all over the province.

As well, there has been a great start in improvements to the specialist care system because of the implementation of the SSC's Quality and Innovation projects.

In looking to the year ahead, it will be a year of change – and I look forward to it.

With the right attitude, change has the potential to bring about a positive transformation. I don't expect this year of change to be easy. But as Albert Einstein said: “In the middle of difficulty, lies opportunity.”

Although we remain a BC Liberal province, there are a lot of new faces and one of those new faces will be the Minister of Health.

So, with a stronger Liberal majority for the next four years, and a new cabinet being formed, questions are raised about what government might look like:

- Will there be legislative changes to the Health Professions Act?
- Will there be further encroachment on physicians' scope of practice by allied health professionals?
- What opportunities might we encounter?

Can the trajectory of patient centered care be continued in line with the Institute for Healthcare Improvement Triple Aim framework? The IHI calls for three actions:

- Improve patient experience of care
- Improve the health of the population
- Reduce the per capita cost of healthcare.

We do know that the BCMA needs to maintain its good working relationship with government. And to that end we have positioned ourselves well.

Prior to the election, we were supportive of and had a good partnership with the provincial government. During the election, the BCMA kept a very low profile. That said - we are ready for all eventualities that may lie ahead.

The biggest concern right out of the starting gate will be our re-opener negotiations. And for the upcoming negotiations we need to ensure that physician funding is competitive.

We are falling further and further behind other provinces and this is having an impact.

One of the most significant impacts is recruitment and retention. There are still many areas of BC that simply don't have enough physicians. We need to keep the physicians we have; the ones we train; and we need to attract others from outside the province.

We know that finances are constrained in BC. During the election the Liberals campaigned on a platform of debt reduction and balancing the budget. This means government will be keeping a very close eye on costs...and the public expects them to do just that.

We will have a big job ahead of us. We need to keep our province's economic picture in mind while maintaining our strong representation of physicians.

We are determined to find opportunity in what could be difficult negotiations. I believe the key will be in our ability to bring solutions to the negotiating table. And we will bring forward solutions.

But we must be united. As a united group we are far stronger than if we reduce down to our component parts.

In the long term, BC doctors will remain advocates for patient care and for maintaining the great work of the collaborative programs.

And when we commence negotiations, we need to ensure the public is on our side – on the doctors' side.

Many British Columbians may not be familiar with the BC Medical Association and our work behind the scenes improving the health care system, but they most certainly do know how well their own physician takes care of them, or their parents, or their sick children.

This is why they hold doctors in such high regard. As individual physicians we are in a great position to demonstrate that good will each and every time a patient walks into our office.

Negotiations preparation, in the public sphere, is an ongoing process. Every time the BCMA is in the media advocating on behalf of patients about topics such as:

- increasing patient access to physicians, or emergency services
- the collaborative programs that promise a doctor for everyone, or
- a successful specialist program that we're hoping will soon be province-wide...

That's our reputational capital - our good will bank account – and it increases in value.

The public may not be aware that it's the BCMA behind many health care improvements, such as cellphone and driving legislation, but they do know that it's the doctors – maybe even their doctor – who are on the front lines trying to get their patients better care.

Many of you may have noticed that the BCMA is shifting direction, becoming more focused on its members, and making a big effort to emphasize the value the BCMA brings to members.

Generally speaking the BCMA's philosophy can be reduced down to this: Doctors take care of patients, the BCMA takes care of doctors.

I repeat - You are there to take care of your patients; the BCMA is there to take care of you.

The BCMA takes care of its physician members not only by the negotiated agreements, the many benefit packages members have access to, and through our many advocacy efforts.

We also do it via the collaborative programs agreed to with government that help physicians improve the care they provide patients each and every visit, and now with each and every phone call.

In the last number of years, emphasis has been placed on ensuring that health care in the community setting has the support and resources it needed to effectively take care of patients.

And to do this you have to get together all the healthcare providers and health authorities to share local problems and creative local solutions. It is very important that physicians are engaged in this – at the community level.

The BCMA's Physician and External Affairs Department is making a name for itself in its dealings with the health authorities. Its focused outreach is paving the way for serious physician input into Health Authority policies and programs, and helping to solve issues we're all familiar with: privileging, access to resources, credentialing and, of course, MOCAP.

It is time now to place a larger focus on specialists and facility based physicians as well. The Specialist Services Committee has already begun this journey with the implementation of new fees and its financial support of numerous programs developed to enhance health care delivered by specialists.

There has been a good start to the 21 Quality and Innovation projects that different specialists themselves have developed. The Specialist Services Committee is fully supporting these projects that are now being realized a number of areas around the province.

I think we are doing a better job than in the past of listening to members. The president's outreach to physicians practicing far and wide in this province has had some great feedback. And it will continue.

My primary focus this year will be member outreach, and all over BC.

My practice roots are in a smaller community setting. I know firsthand the many benefits – and barriers – of working in remote areas. Certainly there is the opportunity to work in a diverse practice. But there is the issue of working with limited access to necessary resources.

There are many issues we see in both urban and smaller community settings. Issues like: limiting bureaucratic paperwork, access to rationed resources, and improving professional relationships, and these are just a few. These need to be addressed.

I'd like to take this opportunity to call out to our physician members – Look for ways to be more engaged with your association. Bring your ideas to us and together we can try and make them a reality.

The BCMA is a member driven, welcoming association. It has influence, it has respect, it is listened to - precisely because of the hundreds of physicians who regularly contribute to this great organization, and because of the thousands of physicians who are proud to be members.

Something also close to my heart I'd like to mention. We have an opportunity to make a tremendous impact with specific and targeted groups in our society, and for that matter elsewhere in the world.

I'm talking about the opportunity to have a very big impact with some people or groups in our society where the health issues are very challenging for all sorts of reasons, the elderly, some First Nations, those with mental illness, and homeless people.

This was brought home to me last summer. My family and I participated in a Habitat for Humanity project in a small Metis community in Alberta. We were building housing in a community that is severely impacted by poor housing. Poor housing producing some poor health outcomes. Focusing on improved housing will actually have a very significant impact on health outcomes for the overall community

As physicians, we are in a prime position to help serve these groups and make a difference. I believe it is part of our professionalism. I challenge everyone to find a cause that matters to you – whether its health related or not – that you feel could use your help – and help! The world will be a better place.

In closing, I just want to say that my role as president is to be your representative, a grassroots physician who has been given a great privilege.

The work of an emergency physician challenges you to think on your feet, be open to extreme possibilities, and to sometimes be brave enough to try the untested. This is what I hope to do this year as your president.

My goal is simple: to work with you, to support you, and, to challenge you.

I will work with you. And in the discussions I'll be having with physicians around the province. I'd like to hear what's working, what's not and how the BCMA can help.

I will support you as we begin the negotiations process, and as we continue to build a good relationship with a new government, and as we continue making inroads with health authorities.

And I will challenge you to be united as we journey through the negotiations process. And I will challenge you to give of yourselves, so that those less fortunate are helped.

And above all, I will be listening to you.

And finally -- Even though you all have my support, I too will need your support as we move forward.

Thank you.