



Ontario College of Family Physicians

Education | Leadership | Research | Advocacy

A Chapter of the College of Family Physicians of Canada

2015 – 2016

The Year in Review



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About This Report

The Year in Review 2015-2016 summarizes highlights of 2015-16 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 24, 2016.

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, 2015 to March 31, 2016.

Ontario College of Family Physicians 2015-2016 Board of Directors

Officers of the Board 2015-2016

President	Dr. Sarah-Lynn Newbery, Marathon
President-Elect	Dr. Glenn Brown, Kingston
Past President	Dr. Cathy Faulds, London
Secretary-Treasurer	Mr. Terry McCarthy, Hamilton

Directors 2015-2016

Dr. Sundeep Banwatt, Mississauga

Dr. Jonathan Bertram, Toronto

Dr. John Brewer, Ottawa

Dr. Amy Catania, Orangeville

Dr. Nelson Chan, London

Dr. Jane Charters, Oakville

Dr. Peter Hutten-Czapski, Haileybury

Dr. Art Kushner, Toronto

Dr. Abhishek Raut, Toronto

Dr. Richard Seeley, Hamilton

Dr. Jennifer Young, Collingwood

Report of the President, Dr. Sarah-Lynn Newbery

Presented at the 2016 Annual Meeting of Members, November 24, 2016

Family medicine matters. What we do every day matters to our patients, it matters to our communities and it matters to the health system in which we work.

Family physicians and the work we do are critical to the effectiveness of primary care, which serves as the foundation of all high-performing health systems. From the work of Dr. Barbara Starfield and others, we know that when primary care is anchored in comprehensive and coordinated care, and when patients have a continuous relationship with a family physician, health outcomes improve and costs to the system are reduced.

Over this past year, it has been my privilege to hear from many of you – by phone and email and in person at conferences and meetings. It is clear that you care deeply for your patients and communities. Those of you in comprehensive practice are working hard to make high-quality accessible care for your patients a daily reality, and those of you in focused practice are working hard to support patients and colleagues to deliver great care. Many of you are teaching, undertaking research and getting involved with your local family physician groups and hospitals, with Health Links, taking on formal leadership roles in the health system, and working with organizations focused on improving patient care.

I know that over the past few years, our health system has not always supported or been responsive to our needs as we work with and for our patients. In this struggling system, this year in particular, many of our differences as family physicians in Ontario have been brought to the fore, which has provided an opportunity to have rich conversations about the system, our patients and their needs, and what we ourselves need to deliver high-quality care. I have felt truly honoured to hear about your success stories and about your challenges and frustrations. To share in your stories has provided me with inspiration every day as I served you as the Ontario College president this year.

What you as family physicians tell us refines and shapes our work for your College. We are also guided by our strategic plan, which outlines four specific goals:

- The voice of family physicians is informing and guiding policy and planning for primary care transformation initiatives.
- Members are prepared for and supported in the delivery of high-quality primary healthcare.
- 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, integrated healthcare.

Your Voice. Your College.

Over the year, the OCFP Board of Directors and staff have listened to your perspectives and frustrations and have conveyed your thoughts and advice to partner organizations, and when possible to government, with a goal of enabling better solutions to system challenges. Your thoughts and advice also informed our work to guide family physician members through many specific issues this year – medical assistance in dying, caring for refugee families and working to help inform other partners and sectors about the importance of family medicine in a transforming system.

As the focus on system transformation has intensified this year, we ensured that OCFP staff and Board members were at as many “Patients First” discussion tables as possible throughout Ontario in early 2016. We listened and gathered your feedback and provided a summary of what we heard to the Ministry of Health and Long-Term Care. We also provided feedback about Bill 210 (to become Bill 41) and some of the significant shortcomings and impacts on family physicians. In our communications and in meetings, the OCFP consistently presented the need for the MOHLTC and the OMA to reach a negotiated agreement so that family physicians could be meaningfully engaged in any primary care transformation. These communications to the Ministry can be found on the OCFP’s website.

The tentative 2016 Physician Services Agreement (tPSA) was a focus for many of us through the summer. I attended many of the Ontario Medical Association tele-town halls and listened to member concerns and questions about the tPSA. This helped inform discussions at the OCFP and led to important considerations for what family physicians needed from the OCFP over the summer. It resulted in the OCFP’s well-received “Pulse” policy update, which highlighted the pros and cons of the tPSA. Thank you to all of you who took the time to provide us with your feedback about this communication.

Informing Change

A key part of the way the OCFP is approaching system transformation is by investing time and energy in exploring the vision of the Patient Centred Medical Home (or Patient’s Medical Home) and what it might mean for Ontario’s citizens and the family physicians who serve them. The first step took place last year with the development and release in September 2015 of the “Evidence Brief: Preparing for a Devolved Population Focused Health System.” This was followed in the winter by a citizen panel and a stakeholder forum and in May 2016 by a symposium with family doctors to better understand the value of the Patient’s Medical Home and the barriers to and enablers for more fully embracing the concept in Ontario. These materials can be found in the OCFP’s online policy section (<http://ocfp.on.ca/policy/patients-medical-home>).

We also undertook a review of jurisdictions elsewhere in the world that have undergone system transformation to identify effective and meaningful approaches to placing primary care at the heart of a healthcare system. This affirmed our belief both in the critical importance of having a north star that guides our way and in the importance of family physician leadership. This work has reinforced our commitment to steadfastly advocating for a clear vision for primary care through the Patient’s Medical Home and reinforces the importance of family physician leadership at all levels of the system.

Supporting Our Patients

To best deliver high-quality care to our patients, we need to understand and find ways to address social inequity in order to drive equity in health. Thank you to both the OCFP faculty who developed and continue to teach the “Treating Poverty” workshop and the hundreds of family doctors and other healthcare professionals in Ontario who have taken the course. Treating Poverty has just been certified under the new Mainpro+ guidelines and will continue to gain momentum across the country and help family doctors improve health equity for our patients.

A related highlight this year was an evening with Sir Michael Marmot, co-hosted with Toronto’s St. Michael’s Hospital. Sir Marmot is President of the World Medical Association and author of *The Health Gap: The Challenge of an Unequal World*. He shared with hundreds of guests online and in person his thoughts on health equity and

highlighted stories from his recently released book. It was both an inspiring and thought-provoking evening. Information about this event and a link to the archived webcast can be found in my blog entitled “Can Family Doctors Help Shape a Healthy Society?” (<http://ocfp.on.ca/communications/blog>).

We have also heard your concerns about the challenges of delivering care to remote indigenous communities. We worked with those insights to advocate at Ministry tables for better resourcing and supports for family physicians and the community healthcare settings in which they work in order to deliver care to Northern communities.

As the educational College for family physicians in Ontario, the OCFP works hard to understand Ontario’s evolving landscape of continuing professional development and to ensure our programs support your learning needs. This fall we celebrated the launch of the revised and ever-popular “Practising Wisely” program, which was approved for three credits per hour under the new Mainpro+ certification system. We look forward to seeing this program roll out widely. We also continue to celebrate the success of the Collaborative Mentoring Networks and the ways in which they are working to bring family physicians together around the important issues of mental health, chronic pain and addictions.

With the introduction of the new Mainpro+ certification we will be systematically assessing each of the OCFP’s education programs and working with faculty to determine what is required to meet the new standards. We are grateful to all faculty who have taught and shared our CPD programs over the years and we look forward together to the OCFP’s future role in education.

Strength Through Partnership

An important focus for the OCFP is collaborating and partnering with other organizations that influence the health system. This is to ensure that the family medicine perspective is represented in discussions of issues that affect you and the care that you provide.

The following are examples of this year’s work:

- Engaging with the Ontario Hospital Association about the transitions in care of our patients from hospitals back to our practices, and to ensure that we continue to think beyond primary care to the much broader work that many family physicians do in hospitals every day;
- Partnering with Ontario Telemedicine Network to look at how we can support family physicians to use digital health tools such as eConsult, teledermatology and virtual visits in order to make patient care more efficient and timely;
- Teaming up with Health Quality Ontario to help further the conversation about meaningful measurement in primary care and to ensure that reports reflect the family medicine context;
- Participating in the Ontario Primary Care Council to ensure that family physician perspectives are heard, to inform foundational documents in primary care and to ensure that we understand the perspectives of other organizations working with our patients in the community.

Moving Forward

As we move into the coming year we will continue to listen to your concerns, ideas and successes and to share your experiences in ways that will enrich conversations at the system level. We want to effect the kinds of changes that will support us all to provide the best care we can in a sustainable system.

We will continue to face both the challenges and the opportunities of health system transformation. The opportunity to place our work as family physicians – in primary care and beyond primary care – at the heart of the healthcare system is profoundly important. Our collective leadership at all levels of the system – informed by the daily realities of caring for our patients – will be critical to ensuring our system improves both for patients and for providers.

As an organization, the OCFP needs to find new and better ways to support you more effectively and more nimbly, to celebrate your successes more often and to share great ideas and initiatives. We need to move forward into the coming year, together with other partners in care delivery, respectful of our differences but knowing that our varied perspectives and knowledge can help to continue to build a great system – one in which we can effectively and proudly work for the good of the people and communities of Ontario.

With Gratitude

As this year comes to a close, I am grateful to my colleagues on the OCFP Board of Directors and the staff for their work and guidance. As Board members, we come from across the province, from diverse practice models and from different practice styles and roles within the system. I am grateful for the collective wisdom of everyone on the Board, and indeed, more than once this year I have witnessed that “we are smarter than me.” I am truly thankful to have learned with and through my Board colleagues and to have our work enabled by a strong relationship with the CEO and staff. These supports have allowed me to serve you, the members, in the most effective way that I could.

The contributions of the many hundreds of family physicians who are involved in the OCFP’s work make me hopeful for the wider health system and for family physicians within that system. I want to extend my gratitude to Dr. John Brewer, Dr. Cathy Faulds and Dr. Art Kushner, who are concluding their terms on the Board of Directors. Their wisdom and guidance over the years has been invaluable.

I am also grateful to the chairs of our OCFP committees and to family physicians who have served in other organizational leadership roles this year – Dr. David Schieck, Dr. Sean Blaine, the Council of Ontario Faculties of Family Medicine Chairs and many others – for sharing their wisdom and helping me to understand the issues facing family physicians in their organizations. I am also deeply grateful to my own practice colleagues, who provided me with amazing clinical support and kept me grounded through the year.

I stand in continued admiration of your work and the many ways in which family physicians can and do make a difference to the lives of their patients and the health of their communities every day.

Family medicine truly matters.

Report of the CEO, Ms. Jessica Hill

Presented at the 2016 Annual Meeting of Members, November 24, 2016

The College's programs and services are developed and run by family doctors for family doctors, and I thank all of you who dedicate time and energy to supporting and promoting family medicine.

Over the past few years, the OCFP has made significant efforts to better connect with members, which is reflected in greater diversity on the Board and committees and in an increase in input and feedback on the OCFP's work in the areas of policy and education. With your perspectives and experiences, the OCFP is in a better position to bring the voice of family physicians to bear. Reflecting the views and needs of members is work that will guide the OCFP into the future.

Family Medicine in Ontario

The past few years have not been an easy time for family physicians in Ontario. Not having a negotiated agreement for physicians at a time when your voice is most needed to build a strong primary and secondary care system is very challenging. Primary care transformation is not new and family physicians have made significant contributions and improvements to primary care and family medicine over the past 15 years or more.

The paradox of our current environment is that family medicine is at the heart of a high-quality healthcare system, and the focus and effectiveness of our family doctors is what helps keep Ontarians healthy. However, we also know that there are complex patients in our communities whose needs are not fully met. We need to work together to identify which supports will optimize care and services for all patients in this province and advocate for these investments to be made.

In response to the Ministry of Health and Long-Term Care's Patients First agenda on population-based planning announced in December 2015, the OCFP went on the road in early 2016 to hear from members about the transformation agenda. What we heard loud and clear is that family doctors care deeply about delivering high-quality care for patients and that you recognize that the existing maldistribution of resources is leading to inequities of access to interprofessional care for patients and to insufficient support for family physicians. We also heard that family doctors need to be meaningfully engaged in the transformation process and that your local-level clinical leadership role needs to be supported. The OCFP strongly believes there is a need for a vision to anchor the overall transformation of primary care. What is missing, and is captured in our 2015 "Evidence Brief: Preparing for a Devolved, Population-Based Approach to Primary Care," is that successful primary care transformation requires a number of key principles, including a clearly understood and compelling vision for change.

Building on your feedback and the lessons from other jurisdictions captured in the OCFP's Evidence Brief, the OCFP launched an initiative about the Patient's Medical Home (PMH) in Ontario. The goal of the PMH is for every family practice in every community across Canada to be able to offer comprehensive, coordinated, continuing care to their populations through a family physician working with an interprofessional healthcare team. The PMH is an important concept to explore, given it was anchored in family medicine, and has been central to planning healthcare transformation in Australia, the US and Canada. The PMH also has evidence to support its implementation. To ensure its ongoing relevance given the changes proposed in Ontario, the OCFP held three consultation sessions – one each with patients, stakeholders and family doctors – which confirmed support for the PMH vision and its continued advancement. However, it was also noted that promotion,

support, investments and a road map for implementing the concept need to be addressed in order for widespread adoption to occur, and that family physician leadership needs to drive change at the regional level. We believe that the PMH offers a compelling evidence-based argument for family physicians' support, participation and leadership. To support implementation, the OCFP is focused on the PMH as the common vision for which all practices can aim, and on advocating for the supports required across practice models.

Effective Partnerships

Partnerships and collaboration are critical in primary care. Over the past year the OCFP has participated in a number of key provincial committees, working groups and events. The OCFP continues to support quality improvement in primary care by working with Health Quality Ontario to provide family physician feedback on proposed clinical and process guidelines and on indicator development. We also worked closely with the College of Physicians and Surgeons of Ontario this year to provide feedback on its peer assessment handbooks for primary care and walk-in clinic care. We have relied on your generosity and your passion for clinical care and tapped many of you to participate on committees to represent your colleagues. These include the Low-Risk Maternal Health Committee, the Provincial Concussion Strategy Group, the Oral Health Alliance, the Anti-microbial Stewardship Program and the Mental Health and Addictions Leadership Advisory Council. This is another way in which your crucial voice influences directions in healthcare.

This year I served my second and final term as co-chair of the Ontario Primary Care Council (OPCC), established to advance primary care as the foundation of the health system in Ontario. The Council's members are the Association of Family Health Teams of Ontario, the Association of Ontario Health Centres, the Nurse Practitioners' Association of Ontario, the Ontario College of Family Physicians, the Ontario Pharmacists Association and the Registered Nurses' Association of Ontario. A key output this year includes finalization of the OPCC Statement on Care Coordination and the collective agreement to advance the existing OPCC Framework for Primary Care to inform provincial transformation efforts.

A very positive relationship with the Ontario Hospital Association (OHA) has grown over the past year by having consistent and open dialogue and through presentations made at the OHA's many provincial conferences. Most notable was the OHA's Healthcare Leadership Summit, which was held in September, where I spoke about the potential impact of Patients First on the family physician community, along with Dr. Mira Backo-Shannon, the Primary Care Lead for the Mississauga-Halton LHIN. This is a key area for the OCFP to be involved in, given the role of family medicine and family doctors engaging both horizontally with home and community care and vertically with hospitals and specialists.

With the Canadian government welcoming more than 25,000 Syrian refugees this past year, the OCFP joined a number of other organizations to identify primary care needs and gaps. As part of the Ministry of Health's working group, together with partners we identified existing clinical tools and resources that could be quickly repurposed and leveraged to support the arriving refugees. The tone and productivity of the working group is a good example of what we can achieve together.

Another first this year is that physicians and nurse practitioners are legally permitted to assist in the death of a competent and consenting adult with a grievous and irremediable medical condition who is suffering intolerably and whose death is reasonably foreseeable. The OCFP has been working diligently with partner organizations, including the College of Physicians and Surgeons of Ontario, the University of Toronto's Joint Centre for Bioethics,

the OHA and others to help identify and address the information and resource gaps for medical assistance in dying (MAiD) – again, a great example of partners working together across primary care, the hospital sector, regulatory bodies and others to support clinicians and patients.

In March 2016 the OCFP surveyed members about what they might need relating to MAiD. Over 1,000 Ontario family physicians participated and overwhelmingly pointed to the need for education, supports and resources.

Evidence-Based Education and Tools

A core part of the OCFP’s focus is evidence-based clinical and practice education and tools, and helping to connect family physicians with colleagues and peers across Ontario through our Collaborative Mentoring Networks in mental health, pain and addictions.

Over the past year, the OCFP focused on strengthening our CPD offerings to maintain programs and tools of the highest possible quality. Since November 2015, the OCFP has delivered 86 Mainpro-C/2 credits per hour workshops across Ontario, including across all 14 LHINs. In July 2016 the College of Family Physicians of Canada (CFPC) launched the new Mainpro+ system. As a result we are reviewing all of our workshops for sustainability and viability.

Our Annual Scientific Assembly (ASA), at which this Annual Meeting of Members takes place, continues to be popular. With over 100 expert speakers over three days in Toronto, we welcome nearly 1,000 delegates from across Ontario and the country.

A key initiative for the year was the redevelopment of two of our programs for Mainpro+. We have now launched “Practising Wisely: Reducing Unnecessary Testing and Treatment” and initial feedback from both reviewers and participants is very positive. The CFPC reviewers described it as “excellent” and “superb” and the first participants praised the program for its comprehensive, interactive, real-life curriculum that allows in-depth discussions. We have also responded to requests from other Chapters to make it available nationally. Facilitators are now being trained for those Chapters with the goal of delivering the program in British Columbia, Alberta, Quebec and Newfoundland and Labrador, as well as across Ontario. The OCFP’s “Treating Poverty” program has also been refreshed and expanded and will be launched in November at the Family Medicine Forum and ASA. The course incorporates the new Poverty Tool that was redeveloped as part of our collaboration with the Centre for Effective Practice (CEP). Both of the new CPD programs have been awarded the highest level of certification – 3 credits per hour – and are among only a handful of programs at that level.

Both workshops will be core offerings of our On-the-Road, By Request and conference delivery formats and were selected by the Future of Medical Education in Canada–Continuing Professional Development Project Collaboration as key nationally recognized programs that demonstrate that CPD contributes to addressing emerging or unmet issues of importance to the health of Canadians.

Other improvements this year included an assessment of how and where the OCFP offers its programs to support delivery of education programs in the most cost-effective format. Changes include a By Request format so that teams and groups can request a program for their community, as well as development of an online learning management platform, which will serve as a one-stop shop for our CPD program materials and offerings. It is expected to be launched in 2017.

The ever-popular Collaborative Mental Health Network and Medical Mentoring for Addictions and Pain continue to expand. Over the years, 900 family physicians have been involved in the networks and currently there are 65 active mentors and 260 mentees. We launched regional meetings last year as part of the mentoring program, with two held this year and an annual meeting in November. We regularly receive positive feedback about the impact of the networks on practice. Preliminary feedback from participants this year includes 80% reporting improved confidence and competence in managing patients with mental illness, addictions and chronic pain; 90% feeling safer and more secure in managing clinical cases; 70% seeing a wider range of clinical issues; 65% seeing more patients; and 48% reporting fewer referrals. These are great results.

Partnerships are also key for the OCFP to provide evidence-based education for members. The Knowledge Translation in Primary Care Initiative is a three-year collaboration with the CEP, for which we support development and dissemination of clinical tools. Tools developed this year include one for headache and neck pain care; a resource kit for MAiD; and tools for adult mental health, chronic non-cancer pain and insomnia. A partnership with Pallium Canada allowed us to offer two LEAP CPD courses this year, and we continue to explore opportunities for this coming year. A partnership with the Ontario Telemedicine Network (OTN) is allowing us to offer more free online learning opportunities, with a goal this year of four webinars and monthly profiles of OTN services to help inform members of the scope of OTN services.

Finally, the OCFP website now houses an expanded Directory of Clinical Tools and Resources (www.ocfp.on.ca/tools) with 90 tools linking users to resources hosted by third parties. It is organized by topic area and is searchable by keyword. It provides an ongoing repository for resources highlighted in OCFP articles and used in workshops or identified by partners or stakeholders. Other resources developed this year include a collection of useful MAiD resources and others to support immigrant health.

Connecting with Members

With 10,500+ active family physician members, plus residents and students, there are many differences and commonalities across the membership. While there are similarities in training, reporting pressures and commitment to patients, there are also distinct needs and perspectives that result from different practice types, geographic locations and mix of patient population. Your input and voice are critical to helping us map our path forward and to supporting all members in providing the highest-quality patient care.

There is an exciting area of development and activity under the guidance of the OCFP Residents Committee. With two representatives from each of the six medical schools, the Committee selects a series of projects for the year. Last year's project was putting the popular Residents Survival Handbook online; to date it has had more than 8,000 users. One of this year's other initiatives was a Pilot Mentorship Program that brings together residents and physicians in early career to share advice on transitioning to practice and how to make the most of residency. Mentors are being recruited across the province, and 18 mentees have committed to the first wave of the project. The OCFP will be working closely with the Committee to ensure the program reflects the CanMEDS roles and adheres to best practices regarding confidentiality and privacy.

The OCFP is undertaking market research to enrich our understanding of membership needs to inform our offerings and our future strategic plan. The approach will include in-person focus groups in a number of key regions, augmented by online and telephone sessions to reach a larger representative sample that will include rural and remote members. We hope to gather information by ensuring we have a good mix of family physicians across practice models. This input will help inform the OCFP's next strategic plan, which will be developed

beginning in 2017 and launched in 2018. Our current three-year strategic plan has been extended for one more year to 2017/18 to allow for collection of more input and also to see where the CFPC is setting its strategic priorities.

Every year the OCFP calls for award nominations. This year we again received a record number of nominations across five categories, with more than 50 from first-time nominators. I encourage everyone who can to join us at the installation and Awards Ceremony at 5:30 pm on November 24th at the Royal York Hotel in Toronto. Details about all the winners are posted on the website. We will also be sharing a new video project developed this year to celebrate the centrality of the physician-patient relationship. This is the second video in a series launched last year to tell the visual stories of family physicians. The first video focused more broadly on the role of family medicine. The third video will come out next year and is about family physicians who provide obstetric services. Finally, the OCFP continues to work closely with the CFPC and other provincial chapters to align our work and leverage each other's strengths.

Looking Forward

The OCFP is your provincial College. Understanding your perspectives and priorities shapes our programs and tools and allows us to share your experiences as we engage with and influence 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 connecting 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. Glenn Brown, Committee Chair

Presented at the Annual Meeting of Members, November 24, 2016

The Governance Committee of the Ontario College of Family Physicians (OCFP) has been working to further enhance the OCFP's governance renewal, which began in 2012 and was enhanced with changes to our bylaws in 2015. The Committee has focused on ensuring the OCFP governance policies and practices were strengthened to best support the Board in its work on behalf of the OCFP membership.

Governance Committee Work 2015–16

The Governance Committee undertook an extensive review of its Board and Committee Orientation process, which resulted in a modular orientation approach with three distinct topics: Organizational Overview, Governance and Finance. As well, policies were approved relating to Recruitment, Nomination and Election of Committee Chairs; Meeting Expectations; Observers and Guests; and CEO Succession Planning, as well as the Member Services Committee Terms of Reference.

The Committee also oversaw the nomination process for new members and officers of the Board. It was the second opportunity to use the Board Composition Matrix, which allowed the Governance Committee to assess the composition of the current Board of Directors and better understand where opportunities and gaps existed. This review and assessment resulted in a focused recruitment effort for new directors.

Officer Recommendations

In accordance with the OCFP's Bylaws and Policies, the Officer positions were chosen from the current members of the Board of Directors. The Governance Committee is presenting the Board's recommendation of Dr. Jennifer Young for the position of President-Elect and Mr. Terry McCarthy for the position of Secretary-Treasurer.

- **Dr. Jennifer Young** joined the Board of Directors in November 2011. Since joining, Dr. Young has been involved in various committees, including chairing the Education and Research Committee in 2014–15. She is currently a member of the Member Services Committee. Since 2012, she has been the lead facilitator of "Best Practices in Reducing Unnecessary Testing and Treatment" and is the Course Director for the development of "Practising Wisely," OCFP's new CPD program. Dr. Young is a family doctor in Collingwood, providing 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 is the Quality Improvement Lead for the Georgian Bay Family Health Team. She worked in the developing world for several years and spent a year in the Netherlands.
- **Mr. Terry McCarthy** joined the Board of Directors in May 2014 as a non-physician Director-at-Large. As the Secretary-Treasurer for this last year, Mr. McCarthy has been instrumental in leading the Finance Committee in overseeing the development of a business model, a dashboard to facilitate Board oversight and the orientation modules as they relate to finance. He has significant experience in governance and finance 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 government processes.

Recommendations for Renewal and New Directors

- **Dr. Peter Hutten-Czapski** joined the Board in November 2013 and beyond his role as a director, he has been a member of the Finance Committee. Dr. Hutten-Czapski is recommended for a second three-year term, consistent with the bylaws. Dr. Hutten-Czapski is a Haileybury-based generalist who specializes in rural family medicine. A graduate of Mount Allison University, Dr. Hutten-Czapski earned his medical degree at Queen's University in Kingston. He has been practising in Northern Ontario since 1989. An Assistant Professor with the Northern Ontario School of Medicine, Dr. Hutten-Czapski is the coordinator of the school's program for training family physicians in caesarean section and other advanced maternity care skills. He has written and lectured widely on issues affecting the practice of medicine in rural areas. He was presented with a University of Ottawa Department of Family Medicine Outstanding Research Article Award and the Douglas M. Robb Research Award for outstanding research in Family Medicine, and has earned several Ontario Medical Association research grants. He was named a Family Physician of the Year in 2007 by the OCFP and is a fellow of the Society of Rural Physicians of Canada. He is also active in the medical open-source software movement and chairs the Technical Committee of OSCAR-EMR. He is the past president of the OSCAR Canada Users Society.

With terms of office concluding for three current Board members – Past President Dr. Cathy Faulds, Dr. John Brewer and Dr. Art Kushner – the Board of Directors initiated a recruitment plan based on a review of the skills, experience and practice models as reflected in the Board Composition Matrix. The recruitment plan took into account the overall strengths of the current directors and identified opportunities where new recruits could reflect the overall membership of the OCFP.

The recruitment process was initiated at the end of June. The notice regarding openings on the Board was posted on the OCFP website, an email was sent to all members and targeted requests were made to past presidents to solicit their help in identifying potential candidates. The following areas were identified as priorities for recruitment:

- Represent diversity in practice and payment models, including Family Health Groups (FHG), Family Health Organizations (FHO) and fee-for-service.
- Are in early to mid-career (15 years and less).
- Have experience working with vulnerable and complex patient populations.
- Are currently practising, or recently practised, in the following regions that coincide with one or more LHINs: Erie-St. Clair, Waterloo-Wellington, North Simcoe-Muskoka and Champlain.

Applications were invited between June 29 and July 29, 2016. The OCFP received 24 applications, of which 15 were complete. The Governance Committee reviewed each of the 15 applications and conducted interviews with the individuals who best met the needs of the Board.

The Board is presenting the following three individuals to the membership for approval. Their collective skills, competencies, and regional and diverse perspectives will enhance the current Board's composition.

1. **Dr. Ahmed Jakda** has been practising for more than eight years and works in LHIN 3, Waterloo-Wellington. He has experience practising in an urban setting and has also worked in a rural setting in Ohio. He works in a

fee-for-service model. Dr. Jakda practises palliative care at the Grand River Regional Cancer Centre and also provides in-hospital and community care. He is the provincial clinical co-lead of the newly formed Ontario Palliative Care Network. Dr. Jakda completed a three-year residency in family medicine at Ohio State University and followed that with a one-year fellowship in Palliative Care at the James Cancer Hospital. He was actively involved with the American Academy of Family Physicians as Chief Resident and Ohio Delegate at the National Conference. He is very interested in governance, accountability and ensuring a foundation for family medicine in Ontario. Dr. Jakda speaks English, Gujarati and Urdu. He has experience in education and is an Associate Professor at both McMaster and Western Universities. Beyond being a physician leader, he has significant board, committee and governance experience, including in strategic planning, policy development, risk management, continuous quality improvement and primary care research.

2. **Dr. Mekalai Kumanan** has been practising family medicine for over eight years in LHIN 3, Waterloo-Wellington. She completed medical school at Dalhousie University and residency at the University of Western Ontario before choosing to join a Family Health Team (FHT) in Cambridge. Dr. Kumanan was drawn to the collaborative approach to primary care within FHTs and also values the opportunity to work within a close-knit family medicine community. She completed a Master's degree in health administration and appreciates opportunities that allow her to integrate this experience with her work in family medicine. Dr. Kumanan has enjoyed being involved within her FHO and FHT, recently completing a term as an FHT Board member, and continues to be involved with various FHT working groups.
3. **Dr. Elizabeth Muggah** has been practising as a family physician for 15 years and works in LHIN 11 Champlain. She presently practises at the Bruyere Academic Family Health Team in Ottawa and is on faculty at the Department of Family Medicine at the University of Ottawa. She has experience in inner city settings, having practised at an Aboriginal Community Health Centre in Ottawa as well as in New York City. She also practised in Geneva, Switzerland, caring for refugees and asylum seekers at a clinic run jointly by the Red Cross and the University of Geneva. Dr. Muggah also has a Master's degree in public health. Dr. Muggah brings strong skills, having worked in research and quality improvement; she is the founding Director of Quality Improvement for the University of Ottawa's Department of Family Medicine. Dr. Muggah speaks English and French. Her governance experience includes strategic planning, policy development, risk management, continuous quality improvement and primary care research.

Following the members' approval of the 2015 motion that included assuming the President-Elect's role in 2015–16 and the President's role in 2016–17 and 2017–18, I, Glenn Brown, will transition to President. Dr. Sarah-Lynn Newbery will transition to Past President.

Motions

The Members approved the election of Dr. Jennifer Young for a two-year term to serve as President-Elect for 2016-17 and 2017-18, elected Mr. Terry McCarthy to a one-year term as Secretary-Treasurer for 2016-17, and elected Dr. Peter Hutten-Czapski to the Board of Directors for a second two-year term, ending in 2019.

The Members approved the election of the following new members to the Board of Directors for the stated terms:

Name	Length of Appointment	Term of Office
Dr. Ahmed Jakda	3 Years (2016–17 to 2018–19)	1 st
Dr. Mekalai Kumanan	3 Years (2016–17 to 2018–19)	1 st
Dr. Elizabeth Muggah	3 Years (2016–17 to 2018–19)	1 st

The Board of Directors for 2016–2017*

Officers			
Name	Position	LHIN	Location
Dr. Glenn Brown	President	South East and Champlain	Kingston
Dr. Jennifer Young	President-Elect	Central East and North Simcoe–Muskoka	Collingwood
Dr. Sarah-Lynn Newbery	Past President	North West and North East	Marathon
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	2 nd Term (2016–19)
Dr. Jane Charters	Mississauga Halton and Central West	Oakville	1 st Term (2014–17)
Dr. Amy Catania	Mississauga Halton and Central West	Orangeville	1 st Term (2014–17)
Dr. Richard Seeley	Hamilton Niagara, Haldimand and Brant	Hamilton	1 st Term (2015–18)
Dr. Sundeep Banwatt	Mississauga Halton and Central West	Mississauga	1 st Term (2015–18)
Dr. Abhishek Raut	Toronto Central and Central LHIN	Toronto	1 st Term (2015–18)
Dr. Jonathan Bertram	Toronto Central and Central LHIN	Toronto	1 st Term (2015–18)
Dr. Nelson Chan	Erie-St. Clair and South West	London	1 st Term (2015–18)
Dr. Ahmed Jakda	Waterloo-Wellington & Hamilton Niagara, Haldimand Brant	Cambridge	1 st Term (2016–19)
Dr. Mekalai Kumanan	Waterloo-Wellington & Hamilton Niagara, Haldimand Brant	Kitchener	1 st Term (2016–19)
Dr. Elizabeth Muggah	South East and Champlain	Ottawa	1 st Term (2016–19)

*This is the slate of Officers and Directors for 2016–17 following the membership’s approval of the presented motions.

Report of the Finance Committee by Mr. Terry McCarthy, Secretary-Treasurer

Presented at the 2016 Annual Meeting of Members, November 24, 2016

The Finance Committee of the Ontario College of Family Physicians (OCFP) is pleased to provide members with this financial report based on the OCFP's audited financial statements for the fiscal year 2015/16, which ended March 31, 2016. The audit was conducted by Deloitte LLP.

Summary of the Statement of Financial Position – Assets, Liabilities and Fund Balances

The following tables present the assets, liabilities and fund balances as at March 31, 2016, and March 31, 2015, and the variances year over year.

	2015/16	2014/15	Variance \$	Variance %
Current assets	\$ 5,246,063	\$ 5,872,050	-\$ 625,987	-11%
Long-term assets	\$ 562,810	\$ 561,228	\$ 1,582	0%
Total Assets	\$ 5,808,873	\$ 6,433,278	-\$ 624,405	-10%
Current liabilities	\$ 1,384,076	\$ 1,869,168	-\$ 485,092	-26%
Deferred lease inducements	\$ 539,071	\$ 438,677	\$ 100,394	23%
Total Liabilities	\$ 1,923,147	\$ 2,307,845	-\$ 384,698	-17%
Fund Balances				
Invested in capital assets	\$ 562,810	\$ 561,228	\$ 1,582	0%
Operating	\$ 1,261,414	\$ 1,543,125	-\$ 281,711	-18%
Internally restricted	\$ 2,061,502	\$ 2,021,080	\$ 40,422	2%
Total fund balances	\$ 3,885,726	\$ 4,125,433	-\$ 239,707	-6%
Total Liabilities and Fund Balances	\$ 5,808,873	\$ 6,433,278	-\$ 624,405	-10%

The total assets of \$5.8 million reflect a decrease of \$624,405, or 10%, from 2014/15. This is in large part due to the current-year deficit and reduction in liabilities.

The total liabilities of \$1.9 million reflect a decrease of \$384,698, or 17%, from 2014/15. This is the result of smaller amounts payable as at fiscal year-end than in the prior year.

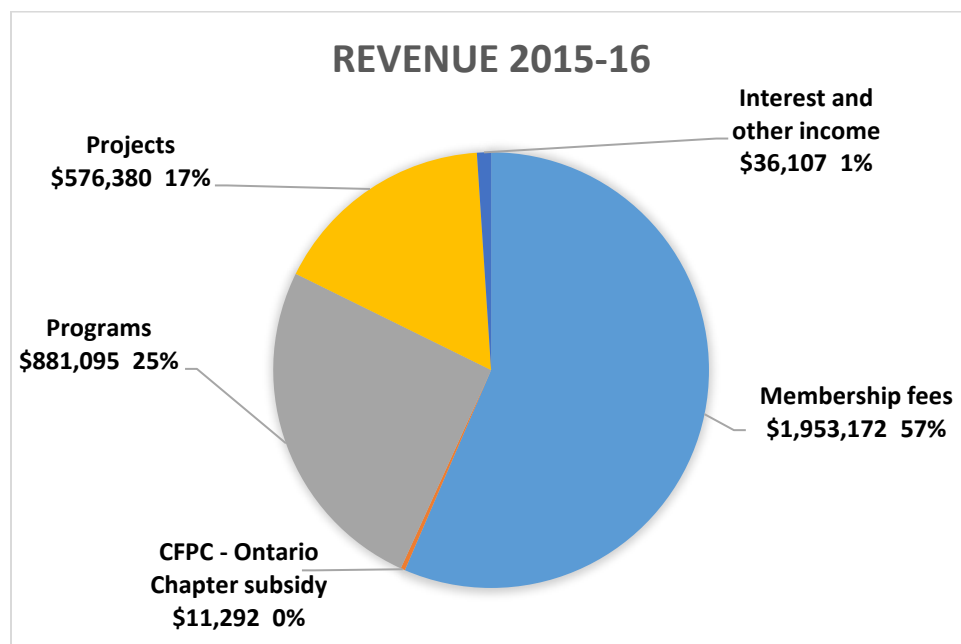
The total fund balances of \$3.9 million are a decrease of \$239,707, or 6%, from 2014/15, which is the excess of expenses over revenue. Included in the total fund balances is the Board-approved internally restricted fund balance of \$2.1 million. The purpose of this restricted balance is to ensure the stability of the OCFP's future operations. It provides an internal source of funds for strategic initiatives and situations such as an unanticipated increase in unbudgeted expenses, loss of revenue or uninsured loss.

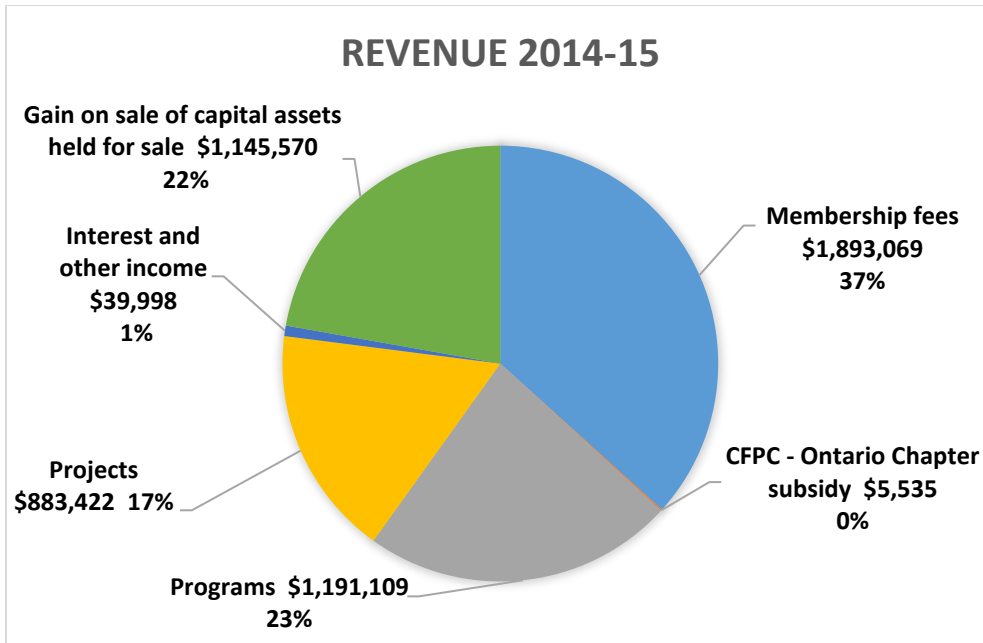
Statement of Operations – Revenue and Expenses

1. Overview of Revenue

Overview of revenue	2015-16	2014-15	Variance \$	Variance %
Membership fees	\$ 1,953,172	\$ 1,893,069	\$ 60,103	3%
CPFC - Ontario Chapter subsidy	\$ 11,292	\$ 5,535	\$ 5,757	104%
Programs	\$ 881,095	\$ 1,191,109	-\$ 310,014	-26%
Projects	\$ 576,380	\$ 883,422	-\$ 307,042	-35%
Interest and other income	\$ 36,107	\$ 39,998	-\$ 3,891	-10%
Gain on sale of capital assets held for sale	\$ -	\$ 1,145,570	-\$ 1,145,570	-100%
	\$ 3,458,046	\$ 5,158,703	-\$ 1,700,657	-33%

The following two revenue charts illustrate the OCFP's main sources of revenue.





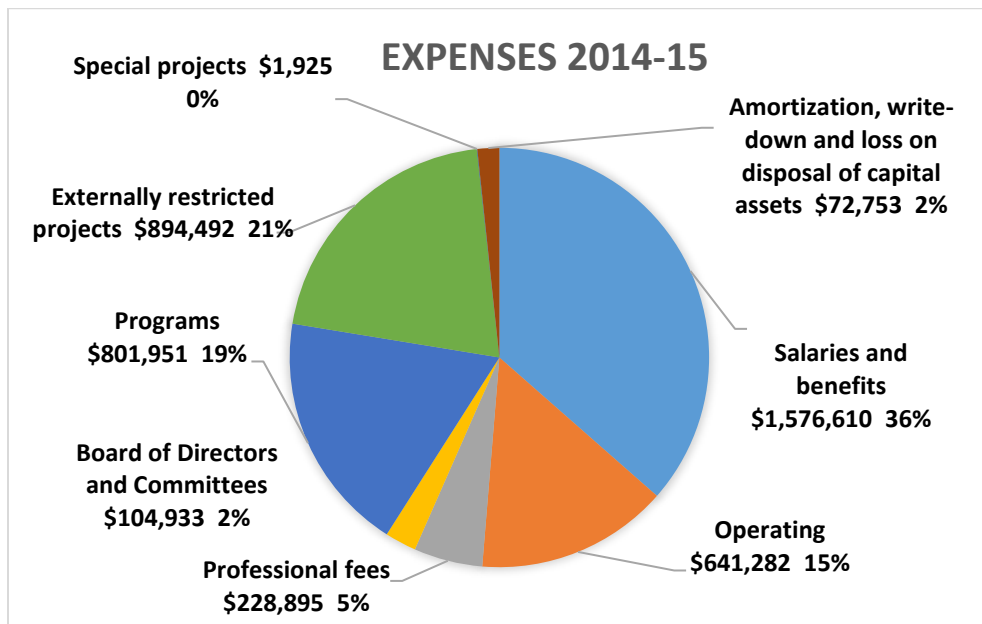
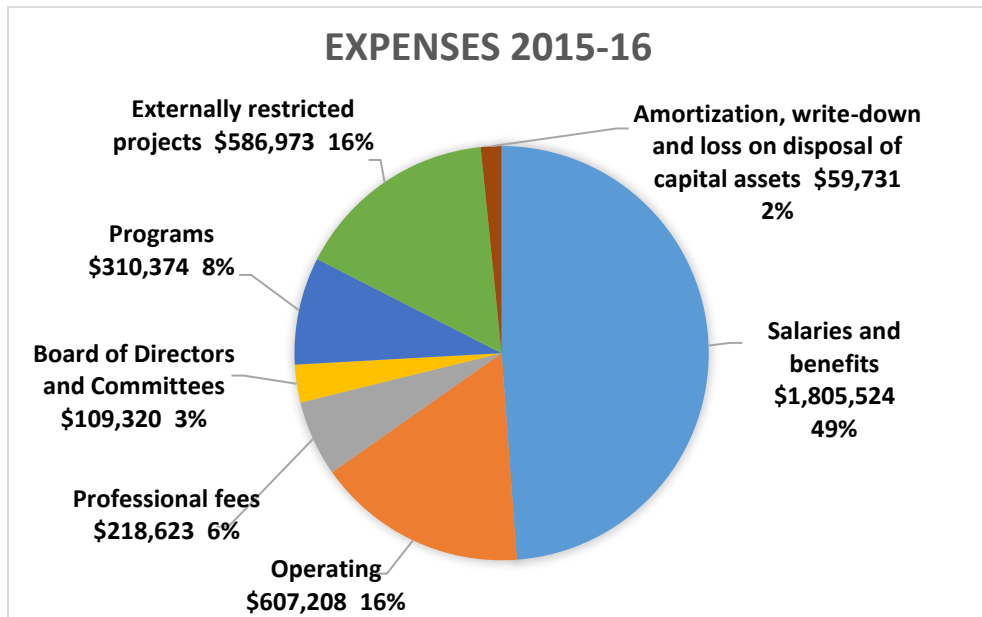
Revenue of \$3.5 million is \$1.7 million, or 33%, lower than in the previous fiscal year. This is due to the following:

- The sale of the building that resulted in a gain of \$1.1 million in the prior year;
- A \$310,014 decrease in program revenue as ASA was not held in 2015/16, which was partially offset by an increase in Mainpro and CPD workshop revenue and the OCFP's portion of the FMF surplus from CFPC;
- A \$307,042 decrease in project revenue – the OCFP received one-time funding in the prior year from Health Quality Ontario – and a reduction in funding for the Continuing Professional Development Workshop “Assessment, Treatment and Follow-up of Osteoporosis and Falls.”

2. Overview of Expenses

Overview of expenses	2015-16	2014-15	Variance \$	Variance %
Salaries and benefits	\$ 1,805,524	\$ 1,576,610	\$ 228,914	15%
Operating	\$ 607,208	\$ 641,282	-\$ 34,074	-5%
Professional fees	\$ 218,623	\$ 228,895	-\$ 10,272	-4%
Board of Directors and Committees	\$ 109,320	\$ 104,933	\$ 4,387	4%
Programs	\$ 310,374	\$ 801,951	-\$ 491,577	-61%
Externally restricted projects	\$ 586,973	\$ 894,492	-\$ 307,519	-34%
Special projects	\$ -	\$ 1,925	-\$ 1,925	-100%
Amortization, write-down and loss on disposal of capital assets	\$ 59,731	\$ 72,753	-\$ 13,022	-18%
	\$ 3,697,753	\$ 4,322,841	-\$ 625,088	-14%

The following two expenses charts illustrate how revenue was spent.



Expenses of \$3.7 million are \$625,088, or 14%, lower than in the previous fiscal year (2014/15) mainly due to the reduction in expenses for ASA and external projects.

The decrease in expenses noted above was partially offset by increases in salaries and benefits to stabilize staff complement to strengthen key portfolios.

In Conclusion

For fiscal year 2015/16, the OCFP incurred expenses in excess of revenue of \$239,707, as a result of spending on a number of strategic initiatives, including enhancing Board governance, investing in CPD program development, hosting a series of events to connect with members about the Patient's Medical Home and also the OCFP value proposition. The OCFP incurred a planned deficit to invest in key initiatives and draw down the operating reserve; the organization remains in a positive financial position.

To continue to deliver valued services and to offset inflationary increases to operating costs, the OCFP implemented a modest membership fee increase in April 2016 of \$20 for active members and \$12 for first-year and senior members. This was the first increase in five years.

In 2014, the OCFP established an ambitious three-year strategic plan to ensure the College was providing high-quality programs and services, as well as actively supporting and representing members in a challenging environment. Given a number of ongoing changes, the OCFP Board agreed to extend the strategic plan for one additional year to March 2018, since the goals and objectives remain viable and relevant. The additional year will also provide time to hear directly from members about what they want from the OCFP in the future. As a result of the continued hard work and commitment of the OCFP's Board of Directors, committee members, volunteers, faculty and staff, the OCFP is well positioned to deliver on its plans in 2016/17 and to have made substantial and tangible progress against the strategic plan ending in March 2018.

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 2016/17.

Motions

The Members approved the Financial Statements as presented, and that Deloitte LLP be reappointed as the OCFP Auditors for the fiscal year 2016/17.

Awards and Honours

2016 OCFP Awards Winners

The OCFP is proud to celebrate the outstanding skill, knowledge and dedication of family doctors across Ontario through the 2016 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. Maurianne Reade, Mindemoya – Region 1

Dr. Jo-Anne Hammond, London – Region 2

Dr. Margo Mountjoy, Rockwood – Region 3

Dr. Judy Maynard, Brampton – Region 4

Dr. Cheryl Wagner, Toronto – Region 5

Dr. Merrilee Brown, Port Perry – Region 6

Dr. Michael Malek, 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 wellbeing 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. Merrilee Brown, Port Perry

COMMUNITY TEACHER OF THE YEAR AWARD

The Community Teacher of the Year Award celebrates excellence in a community family medicine preceptor for the academic teaching year 2015-2016. This award is nominated by Ontario's family medicine residents, medical school students and medical learners.

Dr. Jeffrey Weissberger, Markham

FAMILY MEDICINE RESIDENT OF THE YEAR AWARD

The Family Medicine Resident of the Year Award recognizes outstanding clinical, research, leadership and teaching skills in a family medicine resident enrolled in a Family medicine residency program in Ontario.

Dr. Jocelyn Howard, Eyre

FAMILY PRACTICE OF THE YEAR AWARD

The Family Practice of the Year Award celebrates the accomplishments and hard work of the members of a family medicine practice in delivering comprehensive services and continuity of care for their patients.

Greenboro Family Medicine Centre, Ottawa

2016 AWARDS OF EXCELLENCE

The Award of Excellence recognizes exceptional achievement in a specific area or project pertaining to the specialty of family medicine in the last 12 to 24 months. These areas include: 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. Shazia Ambreen, Alliston
Dr. Firas Al-Dhaher, Petrolia
Dr. Ragini Gina Agarwal, Burlington
Dr. Sean Blaine, Stratford
Dr. Andre Bedard, Innisfil
Dr. Allan Grill, North York
Dr. Doug Gruner, Ottawa
Dr. Sandra Kane-Corriveau, Hamilton
Dr. Linda Lee, Kitchener

Dr. Melanie Mar, Huntsville
Dr. Hamidah Meghani, Oakville
Dr. Upender Mehan, Kitchener
Dr. Paul Pageau, Ottawa
Dr. Pauline Pariser, Toronto
Dr. Kevin Pottie, Ottawa
Dr. Michael Roberts, Toronto
Dr. Daniel Soong, Toronto

**College of Family Physician of Canada (CFPC)
2016 Awards & Honours**

W. Victor Johnston Award

Dr. Rick Glazier, Toronto

Honorary Membership

Dr. David Goldbloom

Mr. Howard Chodos

CFPC/Scotiabank Family Medicine Lectureship

Dr. Jane Philpott

Family Medicine Researcher of the Year

Dr. Judith Belle Browne, London

The Northern, Rural, Remote Family Practice Marco Terwiel Award

Dr. Dominika Jegen and Dr. Brenda Muselius, Moose Factory

Bob Robertson Award

Dr. Amy Klufftinger, Belleville

Bruce Halliday Award for Care of the Disabled

Dr. Fawzi Mankal, Ottawa

CFPC Outstanding Family Medicine Research Article

Dr. Stewart Harris, London

Impact of Quality Improvement on Healthcare in Canada: A Mixed-Method Evaluation

CFP Best Original Research Article Award

Dr. Michael Kirlew, Sioux Lookout

Acute rheumatic fever in First Nations communities in northwestern Ontario Social determinants of health “bite the heart” Can Fam Physician October 2015;61:881-6 (Janet Gordon, Mike Kirlew, Yoko Schreiber, Raphael Saginur, Natalie Bocking, Brittany Blakelock, Michelle Haavaldsrud, Christine Kennedy, Terri Farrell, Lloyd Douglas, Len Kelly)

The Jim Ruderman Academic Family Medicine Leadership Award

Dr. Alison Eyre, Ottawa

Janus Research Grants

Dr. Henry Yu-Hin Siu, Hamilton

Developing a Single Patient Open-Label Trial Tapering Algorithm for Antipsychotics in Long-Term Care – A Feasibility Study

Dr. Blaise Clarkson, Toronto

Coordinate Care Planning in the East Toronto Health Link: A Qualitative Study of Patients' and Caregivers' Experiences

Janus Continuing Professional Development Grants

Dr. Avaleen Vopicka, London

Dr. Clare-Louise McGregor, Sarnia

Dr. Rupa Patel, Kingston

Dr. Stéphanie Malherbe, Ottawa

Dr. Jessica Ross, Port Perry

Faculty Development (involved in teaching, scholarship or leadership activities related to family medicine education):

Dr. Kimberly Lazare, Toronto

Dr. Margaret Sanborn, Chatsworth

Hollister King Rural Family Practice Grant

Dr. Melissa Holowaty, Havelock

Addiction Medicine Review Course and ABAM Certification Exam Preparation Track 2016

C. Robert Kemp Palliative Care Grants

Dr. Sergio Lappano, Mitchell

Mentoring at Sakura House Residential Hospice, Woodstock

Team Williams Family Medicine Innovation Grant

Dr. Christopher Dainton, Toronto

QuickChart EMR

Daniel Glazier Research Grant for Adolescent Mental Health and Substance Abuse

Dr. Anita Srivastava, Toronto

Medical Marijuana and Substance Use Disorders in Youth and Young Adults: An Online Educational Course for Family Physicians

CFPC/CPA Collaborative Mental Health Care Award

Dr. Kristina Powles, Toronto

Mount Sinai Academic Family Health Team Collaborative Care Program

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

Dr. Purti Papneja, North York

The Role of Compassion for Family Medicine Residents During their Housecalls

Murray Stalker Award

Dr. Brenna Velker, London

Patient Education Grants for Family Medicine Residents

Dr. Jane Thornton, London

The Creation of Patient Educational Materials to Promote Physical Activity for the Prevention and Management of Chronic Disease

Life Members 2016

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
Dr. David H. Keast, London
Dr. William E. Kennedy, Stoney Creek
Dr. Ernie Kerr, Pickering
Dr. Bashir Khambalia, Stoney Creek
Dr. Erle J. Kirby, Wawa
Dr. Pran Kundi, Welland
Dr. John B. Lazarus, Ottawa
Dr. Max Leung, Oshawa
Dr. Miroslava M. Lhotsky, Toronto
Dr. Mario L. Malizia, London
Dr. Ronald M. Mandel, Toronto
Dr. Lou E.H. Mason, Toronto
Dr. Allen R. McBride, Kingston
Dr. Ross R. McLean, Perth
Dr. Murray S. McQuigge, Kemble
Dr. Marilyn L. McTavish, Midland
Dr. Edward B. Mednick, Toronto
Dr. George B. Miller, Waterloo
Dr. Judith Moran, Hamilton
Dr. G. Roy Musgrove, Kingsville
Dr. Garry W. Nancekievill, Ilderton
Dr. Ruth Nelles, Brampton
Dr. Henry B. Prins, Greely
Dr. Robert Riddle, Huntsville
Dr. Edward A. Robinson, Toronto
Dr. George Rungi, Port Colborne
Dr. Kanwal Shankardass, Dundas
Dr. Stephen E. Shapero, North York
Dr. James V. Shepherd, Kincardine
Dr. Donald R. Sherlock, Stirling
Dr. Michael Simmons, London
Dr. Wayne J. Spotswood, Kingston
Dr. John P. Tracey, Brampton
Dr. Eugene W.T. Turgeon, Sault Ste. Marie
Dr. Irene M. Tuttle, Hamilton
Dr. Raj Vijayaraghavan, Mississauga
Dr. Michael C. Webster, Greely
Dr. Thomas N. Wilson, Holstein
Dr. Andrew Wong, Scarborough
Dr. Louis S. Zavodni, Hamilton

OCFP Past Presidents' Association

2014–2015	Dr. Cathy Faulds	1975–1976	Dr. Donald F. Butt
2013–2014	Dr. Jonathan Kerr	1974–1975	Dr. Frank G. Adderley
2012–2013	Dr. Frank Martino	1973–1974	Dr. Hollister F. King*
2011–2012	Dr. David Tannenbaum	1972–1973	Dr. Margaret H. R. Brander*
2010–2011	Dr. Anne DuVall	1971–1972	Dr. William H. Bryant
2009–2010	Dr. Robert Algie	1970–1971	Dr. James A. McPhee
2008–2009	Dr. Stephen Wetmore	1969–1970	Dr. James I. Leeson
2007–2008	Dr. Renee Arnold	1968–1969	Dr. W. Andrew M. Russell*
2006–2007	Dr. Sandy Buchman	1967–1968	Dr. C. Robert Kemp*
2005–2006	Dr. Cheryl Levitt	1966–1967	Dr. Bruce Halliday*
2004–2005	Dr. Val Rachlis	1965–1966	Dr. Herbert H. Hetherington*
2003–2004	Dr. J. Peter Deimling	1964–1965	Dr. Andrew T. Hunter
2002–2003	Dr. Claudette Chase	1963–1964	Dr. Paul L. Brady*
2001–2002	Dr. Gordon Riddle*	1962–1963	Dr. Roger A. Whitman*
2000–2001	Dr. Kenneth Hook	1961–1962	Dr. Carmi M. Warren*
1999–2000	Dr. David J. Mathies	1960–1961	Dr. Hugh G. Fletcher*
1998–1999	Dr. Walter Rosser	1959–1960	Dr. Harold Taylor*
1997–1998	Dr. Teresa A. O'Driscoll	1956–1958	Dr. Maurice E. Hobbs*
1996–1997	Dr. Ralph Masi	1954–1956	Dr. Max Alexandroff*
1995–1996	Dr. E. Lynn I. Nash		
1994–1995	Dr. Marlene E. Spruyt		
1993–1994	Dr. G. Rick Mann		
1992–1993	Dr. Gordon L. Dickie		
1991–1992	Dr. George B. Miller		
1990–1991	Dr. Carole Clapperton		
1989–1990	Dr. R. Andrew Hackett		
1988–1989	Dr. Donald Collins-Williams		
1987–1988	Dr. Elliot M. Halparin		
1986–1987	Dr. Nicholas M. W. Busing		
1985–1986	Dr. Calvin L. Gutkin		
1984–1985	Dr. Rachel E. Edney		
1983–1984	Dr. J. Graham Swanson		
1982–1983	Dr. Stanley T. Bain		
1981–1982	Dr. John A. Wright		
1980–1981	Dr. J. Grahame H. Owen		
1979–1980	Dr. Jack B. Sniderman		
1978–1979	Dr. Donald G. Workman		
1977–1978	Dr. Gary A. Gibson*		
1976–1977	Dr. Eric J. Murray		

* Deceased



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