



**RESIDENT  
DOCTORS**  
OF BC

# **PULSE** LEADERSHIP & COLLEGIABILITY

september 2015 | issue 27

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2015-2016 Board of  
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# RESIDENT DOCTORS OF BC

The purpose of Resident Doctors of BC is to support residents in fulfilling their education to become well-informed, prepared and professional physicians to enhance patient care.

## MISSION STATEMENT

- To advocate for contractual matters
- To support members' education and encourage excellence in the teaching environment
- To promote its members' professional, personal and financial well-being
- To foster collegiality among its members throughout British Columbia
- To facilitate collaboration with the community and other professional groups

## CONTACT US

Phone 604-876-7636 | 1-888-877-2722  
Email [info@residentdoctorsbc.ca](mailto:info@residentdoctorsbc.ca)

2399 - 650 West Georgia Street  
Vancouver, BC V6B 4N8

[www.residentdoctorsbc.ca](http://www.residentdoctorsbc.ca)

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## A WORD FROM OUR BOARD

“WE HAVE SO MANY CHANCES TO MAKE OUR MARK AT THE PROVINCIAL AND NATIONAL LEVEL THIS YEAR.”

I want to thank my colleagues for the privilege to serve as your President this year. I am honoured to lead and work with such an incredible group of resident doctors at the Board during a very exciting time for the association. We have so many chances to make our mark at the provincial and national level this year.

I can say with certainty that, based on the advocacy efforts I spearheaded last year, Doctors of BC is finally recognizing the importance of residents working in BC. In building stronger ties with Doctors of BC, they have begun to work with us to discuss solutions for several issues, most importantly resident CMPA fees. I believe this will help fortify a positive relationship with them, where we can leverage their resources to advocate for the next generation of physicians training and practicing in this province.

This year, the country (and world) are coming to Vancouver in the form of the Royal College's ICRE (International Conference on Residency Education) in October, and the Canadian Medical Association's General Council Meeting in August 2016. These are exciting times for resident physicians across the province to meet the stakeholders responsible for medical education, administration, policy and governance.

Our engagement will be critical for us to advance our interests over the next year. Our board is eager and keen to do this, and we will keep you updated with our progress. Thanks for your support!

**Dr. Vishal Varshney**  
President 2015-2016







## UPCOMING EVENTS

### September 23

Join Resident Doctors of BC for a Victoria Social at the Sticky Wicket Pub. Drinks, appies and answers included! See pg 14.

### September 30

Learn the ins-and-outs of choosing and using Long Term Disability Insurance from an LTD legal expert. See pg 4.

### September/October

CoPR elections will take place in the coming weeks. See pg 13.

### October 3

Board Training for all new directors. Official Observers are encouraged to attend. Followed by the Handover Dinner.

### October 7

Board of Director meeting at the association office at 6:30pm. To attend, please email [info@residentdoctorsbc.ca](mailto:info@residentdoctorsbc.ca).

### October 22-24

The International Conference on Residency Education (ICRE) will be held in Vancouver. To register visit: [royalcollege.ca/icre](http://royalcollege.ca/icre).

### October/November

Site visit and social in Prince George. Date and details to be confirmed.

## RESIDENT DOCTORS OF BC

### LTD

Long Term Disability

Join LTD expert and legal counsel Kirk Wirsig for information on choosing and using long term disability insurance.



LTD insurance is mandatory for all residents. It is important to choose your insurance plan carefully, as it remains in effect through residency and into practice.

### Tips on LTD Plans “Insuring Your Future” Seminar

**When:** Wednesday, September 30th, 2015  
6:30pm - 8:30pm

**Where:** RDBC Boardroom,  
2399-650 West Georgia, Vancouver BC

**RSVP:** Wednesday, September 23rd , 2015

*Pizza and wine will be served.*

To register, please visit  
[residentdoctorsbc.ca/events-item/ltd-workshop-2/](http://residentdoctorsbc.ca/events-item/ltd-workshop-2/)





# 2015

## The International Resident Leadership Summit

Attend one of Canada's premier resident learning events

### Why attend IRLS 2015?

**Learn**  
about future leadership opportunities across Canada

**Enhance**  
leadership, clinical & management skills

**Appreciate**  
the reach of your influence on programs and clinical care

**Develop**  
a national & international network of like-minded peers

**OCTOBER 23 – 24, 2015  
VANCOUVER, CANADA**



Postgraduate medical education is in transition and as a resident, you play a critical role. IRLS is specifically tailored to develop practical leadership skills that will improve your performance during training and into professional practice.

- All residents are welcome, including junior residents and those in Family Medicine.
- IRLS is held as part of the International Conference on Residency Education.

[www.royalcollege.ca/irls](http://www.royalcollege.ca/irls) | [irls@royalcollege.ca](mailto:irls@royalcollege.ca)   



## IN THE WAITING ROOM (PUBLIC TOWN HALL)



### The International Conference on Residency Education Presents: *In the Waiting Room - a special Public Town Hall event*

If you're a resident who keeps a finger on the pulse of current affairs, you've almost certainly heard the words "doctor shortage", "residency cuts" and "long wait times" in the news, as of late.

We know that providing quality health care to patients is at the core of any good physician's mission, but what happens if misalignment exists between resources and access to care?

Explore this important and timely question in-depth on Friday, October 23, 2015, from 1900-2100, by attending In the Waiting Room – a special Public Town Hall event taking place at the Fairmont Waterfront Hotel, 900 Canada Place, Vancouver.

Held in conjunction with the 2015 International Conference on Residency Education (ICRE), In the Waiting Room invites physicians, medical educators, politicians, policy makers and members of the public to come together and discuss a current Canadian healthcare system paradox: One where the public faces long wait times for medical consultations and surgeries, while specialist physicians continue to experience issues with unemployment.

The factors influencing access to care, practical and policy-based solutions, and international perspectives are all expected to be explored during this interactive and informative event. If you're a resident interested in hearing the latest information and cutting-edge views around employment challenges facing physicians, In the Waiting Room is a can't-miss event.

Don't miss your chance to voice your opinion in this provocative and interactive forum! Visit [royalcollege.ca/events/icre/registration\\_information](http://royalcollege.ca/events/icre/registration_information) to reserve your tickets for In the Waiting Room.

*Taking place October 22-24, 2015 in Vancouver, ICRE is the world's largest conference devoted exclusively to advancing residency education.*

*Held conjointly with ICRE, the International Resident Leadership Summit (IRLS) is dedicated to enhancing resident leadership skills around time management, strategic planning and more, through dynamic plenary sessions, resident-focused workshops and invaluable mentoring/networking opportunities.*

To find out more about both ICRE and IRLS, visit [royalcollege.ca/icre](http://royalcollege.ca/icre).





**Dr. Vishal Varshney, President | R3, Anesthesiology**

This is Vishal's third year being involved with the Board. He completed three years of undergraduate education in biological sciences with a minor in economics at the University of Calgary, followed by his medical education at the University of Calgary. He enjoys Indian music, learning to play his ukulele, and exploring BC.

**Dr. Goldis Mitra, Director of Communications | R1, Family Medicine**

Goldis is pleased to be back for her second year of Board involvement. She has an interest in public health, health policy, and freelance journalism. A Vancouver native, she completed a B.Sc., B.A. and medical school at UBC, and enjoys all of the beautiful weather, running trails and amazing restaurants that the city has to offer.



**Dr. Katie Beadon, Immediate Past President | R5, Neurology**

Katie is a fifth year Neurology resident and is pleased to be starting her fourth year of involvement with the Resident Doctors of BC Board as the Immediate Past President. She looks forward to helping the transition between Boards and supporting the new Executive Team.



**Dr. Clark Funnell, Director | R3, Neurology**

Clark completed his undergraduate and medical degrees at UBC. He has a strong interest in advocacy and finance. He highly recommends "Meditations" by Marcus Aurelius (yes, the Roman emperor) for anyone interested in mindfulness and wellness. This is his first year serving on the Board of Directors.



**Dr. Eda Karacabeyli, Director | R3, Obstetrics & Gynecology**

This is Eda's third year on the Board. She has a keen interest in advocacy, and has represented residents at UBC in other positions such as Class Representative during her graduate studies, and Co-Chief during her R1 year. She looks forward to continuing to gain leadership experience while serving on the Board.



**Dr. Salina Teja, Director | R3, Ophthalmology**

Salina is a third year Ophthalmology resident. She is looking forward to a productive year on the board guided by the opinions and perspectives of Resident Doctors of BC's valuable members. When Salina isn't gazing into other people's eyes she's enjoying long games of volleyball on the beach.



**Dr. Paxton Bach, Vice President | R3, Internal Medicine**

Paxton is serving his second term on the Board of Directors. Originally from BC, he completed medical school in Ontario before returning to Vancouver for residency. He is pursuing a career in GIM and has a particular interest in emphasizing social accountability within the activities of the organization.



**Dr. François Pomerleau, Director of Finance | R4, Anesthesiology**

François is serving his fourth year on the Board of Directors. He completed his undergraduate and medical education at the University of Ottawa. He is the current Treasurer for Resident Doctors of Canada. During his free time, he travels the world in search of the perfect piece of paradise!



**Dr. Angela Babuk, Director | R3, Internal Medicine**

This is Angela's first year on the Board. She is passionate about addressing resident issues and representing her community. Her previous leadership experience includes leading a peer group of volunteers, developing a strategic plan, managing competing interests and collaborating with multiple stakeholders.



**Dr. Arun Jagdeo, Director | R5, Psychiatry**

Arun is passionate about advocating for resident representation, wellbeing and enhancing medical education. He has been recognized for excellence in resident advocacy by the Royal College of Physicians and Surgeons of Canada, Doctors of BC and the BC Psychiatric Association. This is his fifth year of Board involvement.



**Dr. Mary Masotti, Director | R4, Obstetrics & Gynecology**

Mary is serving her fourth year on the Resident Doctors of BC Board of Directors. She is a pioneer in her family; first generation Canadian, first to live on the West Coast and the first to become a physician. Mary is passionate about her work both in women's health and at Resident Doctors of BC.



**Dr. Kateryna Vostretsova, Director | R2, Internal Medicine**

This is Kateryna's second year being involved with the Board of Directors. Last year she was an Official Observer and the Chair of the Distributed Medical Education Committee. Her motto is: "Don't put off until tomorrow what you can do today."





The Executive Director and the Medical Undergraduate Society (MUS) Representative are ex-officio non-voting members of the Board of Directors. The official observers attend all board meetings and are active participants on many internal committees. They also represent resident interests on local and national committees.



Left to right, top to bottom: **Ms. Pria Sandhu**, Executive Director; **Mr. Kignsley Shih**, MUS Representative; **Dr. Vik Ahluwalia**, R1 Family Medicine; **Dr. Tina Allibhai**, R3 Psychiatry; **Dr. Jesse Kancir**, R1 Public Health & Preventative Medicine; **Dr. Aida Moghadam**, R1 Family Medicine; **Dr. Kelli O'Reilly**, R2 Anesthesiology; **Dr. Robin Patyal**, R2 Family Medicine; **Dr. Gunpreet Singh**, R3 Psychiatry; **Dr. Michael Suen**, R5 Obstetrics & Gynecology; **Dr. Magda Szumilas**, R2 Psychiatry - Research; **Dr. Nazlee Tabarsi**, R1 Internal Medicine



# Annual General Meeting Report

2014/2015

**Content Includes:**

Board of Directors 2014-2015  
Letter from the President  
Internal Committee Updates  
Letter from the Vice President  
Letter from the Director of Communication  
Overview of Events for the Past Year  
Pulse Newsletter  
Plan Your Own Social  
Rebranding PAR-BC to Resident Doctors of BC  
Letter from the Director of Finance  
Letter from the Executive Director  
Student Tax Credit Case  
Awards of Excellence 2014

The Resident Doctors of BC Annual General Meeting was held on September 16th at the association office, with 20-22 members in attendance. The yearly financials were presented, and some changes were made to the Constitution & By-Laws. The new Board of Directors was introduced, and the Executive were elected.

A copy of the AGM Report can be found in the member section of Resident Doctors of BC website ([residentdoctorsbc.ca/members/board-of-directors-materials/annual-general-meeting-documents/](http://residentdoctorsbc.ca/members/board-of-directors-materials/annual-general-meeting-documents/)), and a record of the meeting minutes will be posted following their review at the October Board Meeting.

## CAFFEINATE A RESIDENT



The Medical Undergraduate Society (MUS) wants your wisdom, and pays in coffee and gratitude! Fill out this form [<http://goo.gl/s3QB2D>] to be matched with a medical student for a 15 minute coffee break in your hospital cafeteria to chat about your specialty! If you have any questions, contact the MUS Representative Kingsley Shih at: [kingsley.shih@alumni.ubc.ca](mailto:kingsley.shih@alumni.ubc.ca)





Committees play a major role in the association's projects and initiatives. We encourage you to get involved, be heard, and join a committee. The following committees are open to the general membership at the discretion of the Chair; if you are interested in joining a committee please email [info@residentdoctorsbc.ca](mailto:info@residentdoctorsbc.ca) for more information.

### ADVOCACY COMMITTEE

Advocates for residents externally to stakeholders and the public, and seeks to equip residents for independent advocacy.



### COMMUNICATIONS COMMITTEE

Develops internal and external communications. Promotes the association, residents, events and initiatives. Anyone with an interest in resident issues and health policy, or experience in writing and public relations is encouraged to join.



### COUNCIL OF PROGRAM REPRESENTATIVES

Members represent their individual programs and act as liaisons between the association and the program members. Also see page 13 for details.



### DISTRIBUTED MEDICAL EDUCATION COMMITTEE

Support residents at distributed sites and address their unique needs by raising awareness and clarifying the language of distributed medical education.



### HEALTH & WELLNESS COMMITTEE

Encourage resident health and well-being by facilitating events and negotiating discounts of interest to the membership.



## LEADERSHIP THROUGH ACHIEVEMENTS

### LEADING BY EXAMPLE FOR THE FUTURE OF HEALTHCARE

Residents are incredibly hardworking people, putting in their regular shifts, plus overnight and weekend call shifts, and let's not forget about the research and exams that are required in order to successfully complete residency. But in addition to all this, there are those who go one step further, by organizing volunteer initiatives in the community, advocating for their fellow residents, setting up wellness programs, participating in healthcare projects beyond the minimum requirements, and lots more.



These residents inspire those they work with, and in doing so are unconsciously leading others to reach just a little further. Resident Doctors of BC wants to acknowledge these residents for their exemplary passion, commitment and hardwork, and so we have created a section on our new website dedicated to showcasing residents' achievements and accomplishments: [residentdoctorsbc.ca/achievements/](http://residentdoctorsbc.ca/achievements/)

Share your (or your friend's) story with us by emailing [info@residentdoctorsbc.ca](mailto:info@residentdoctorsbc.ca) and we'll add it to the website.



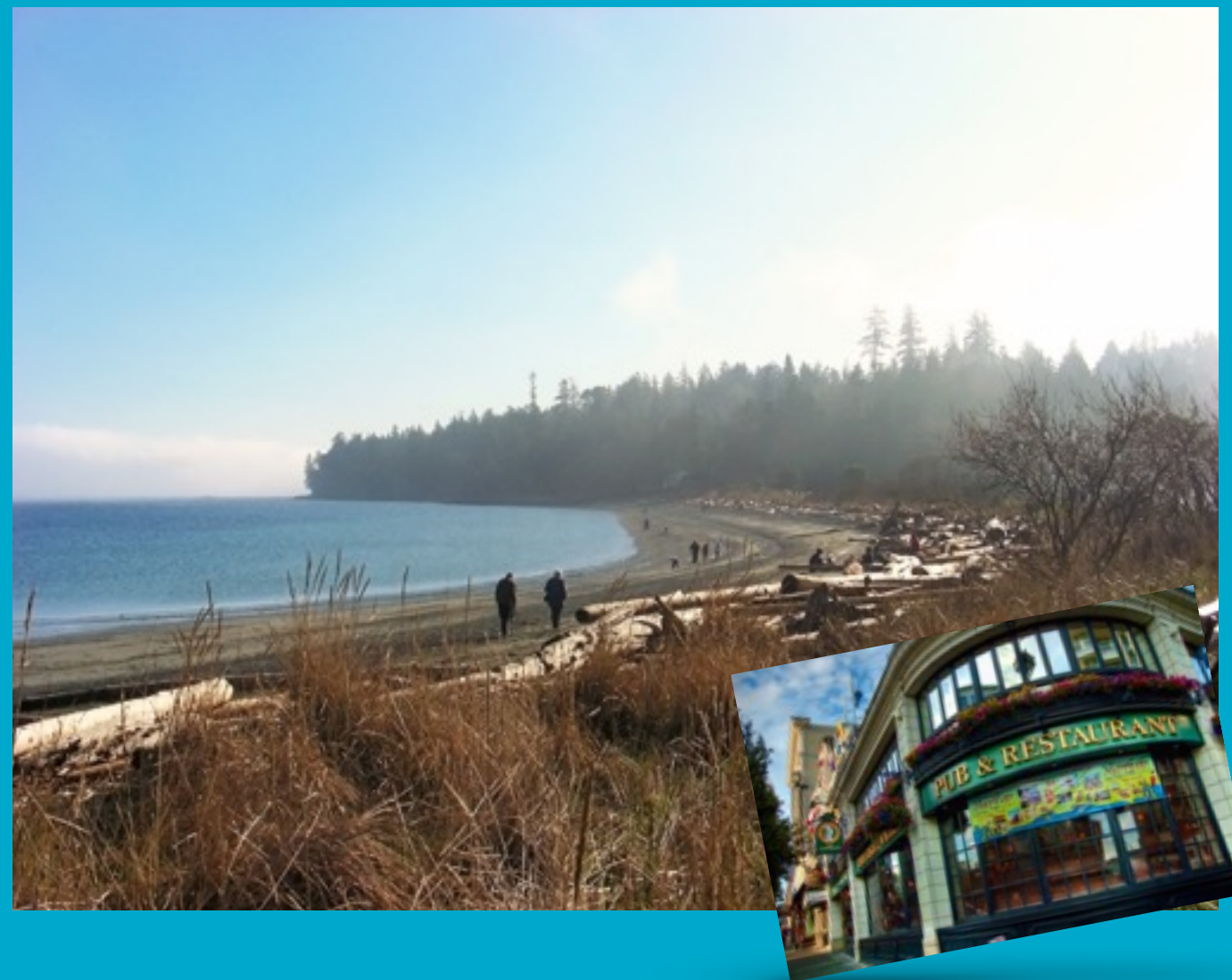
## JOIN THE COUNCIL OF PROGRAM REPRESENTATIVES!

The Council meets two to three times a year, with additional meetings at the request of the Chair. As a program representative, you would be responsible for sharing information with your colleagues from Resident

Doctors of BC and relaying any issues and concerns to us. Council members are also encouraged (but not required) to participate on internal committees and to facilitate cross-program collaboration.

Elections will be held in the coming weeks. If you are interested, please be sure to submit your nomination when the form is distributed.

# VICTORIA



*Join us for dinner & drinks and the chance to socialize with your fellow Victoria Residents! Resident Doctors of BC Executive Director, Ms. Pria Sandhu, and President, Dr. Katie Beadon, will be in attendance to answer any questions you have about residency, the Collective Agreement and call stipends. Dinner and drinks will be paid for by Resident Doctors of BC.*

Where: The Sticky Wicket Pub

When: September 23rd, 6:30pm

RSVP: [info@residentdoctorsbc.ca](mailto:info@residentdoctorsbc.ca)



September 18, 2015

Attn: Medical Residents

**Re: Education and Textbook Tax Credits**

Dear Medical Residents,

The University of British Columbia ("UBC") has now indicated they will be reissuing corrected T2202A forms for medical residents from 2005 onwards, which allow those of you who were enrolled in the program access to the education and textbook tax credits (the "Credits").

**What This Means**

In effect this means that Resident Doctors of BC has won its case without having to go to trial on the matter. This is because the Department of Justice has indicated that where medical residents are able to provide T2202A forms indicating they were full time students, the Canada Revenue Agency (the "CRA") will allow their claims for the Credits. Going forward medical residents at UBC should be able to file their tax returns and claim the Credits on the basis of the T2202A forms issued by UBC.

However, as UBC is issuing the corrected T2202A forms for prior years there remain administrative hoops for medical residents to jump through for to access the credits for the prior years.

**Next Steps**

If you were enrolled as a medical resident at UBC for a year in which you did not claim the credits please send me an email at [dgilmour@moodysgartner.com](mailto:dgilmour@moodysgartner.com) and our firm will file an objection or taxpayer relief application on your behalf as required (see discussion below). Please indicate what years you were enrolled in the program and any year for which you have already claimed the Credits. Please attach to the email:

1. The revised T2202A forms in PDF format (available from the UBC online student service centre (<https://ssc.adm.ubc.ca>) for the years you were enrolled as a resident at UBC; and
2. A T1013 form authorizing our firm to represent you with the CRA (available on the Resident Doctors of BC Website at <http://residentdoctorsbc.ca/wp-content/uploads/2015/04/Moody's-Gartner-Tax-Law-LLP-T1013.pdf>). Please fill out just the highlighted sections of the form.

**Example Email:**

To: [dgilmour@moodysgartner.com](mailto:dgilmour@moodysgartner.com)

Subject: John Doe – Education and Textbook Tax Credits

Please see my attached T2202A forms and T1013 form authorizing your firm to claim the education and textbook tax credits from the CRA on my behalf. I began my residency at UBC in 2011 and anticipate completing the program in 2016. I have not claimed the credits for 2013 and 2014.

**Education and Textbook Tax Credits**

September 18, 2015

**Claiming The Credits**

The manner in which you are required to claim the Credits will depend on which taxation years you are looking to claim them for, whether you had any tax payable in a particular year, and whether your file has previously been handled by our firm. There are three options for claiming the credits for previous years: 1. Object to the assessment issued by the CRA in respect of a taxation year in which you did not claim the credit; 2. Request an adjustment to your tax return; 3. Request the Credits through taxpayer relief. We will be assisting individual medical residents by filing objection and taxpayer relief requests on their behalf

**1. Objecting**

As of right you may object to your 2014 assessment until April 30, 2016. You may seek an extension of time to object for your 2013 taxation year until April 30, 2016. Objections are a legal process legislated under the Income Tax Act (the "Act") that requires the CRA to reconsider your filing position based on the content of the objection. If you previously objected as part of the process in seeking the credits you will note that it took substantial time as we were required to wait for UBC to reissue the relevant T2202A forms. However, because these objections would be filed with the corrected T2202A forms attached we would anticipate an expedited process.

While we are happy to organize and submit your objections and extensions of time to object for the 2013 and 2014 taxation years we note that there has been some interest in people filing their objections themselves or in having their accountants file them on their behalf. If you or your accountant wishes to file objections to your 2013 or 2014 taxation years yourselves you are free to do so, however because of the large number of objections we are processing we are able to bring economies of scale to the process and complete the process efficiently.

**2. Adjustment Requests**

In the alternative to objecting your prior assessments you or your accountant may file a request with the CRA to adjust your returns for prior years. Generally, the Act allows the CRA, in its discretion, to issue a reassessment for up to three years after having issued an assessment. By filing an adjustment request you request that the CRA exercise its discretion to reassess you for the relevant periods (subject to the CRA's limitations under the Act). Since the form for filing an adjustment request requires information from the relevant tax returns, and this information is generally not available to our office we will not be filing adjustment requests on behalf of residents. Please note should you choose to file an adjustment request to a year in which you are entitled to object you are choosing to rely on the discretion of the CRA to process your request rather than exercising your legal right to have them reconsider your request.

**3. Taxpayer Relief Application**

For taxation years back to and including 2005 which are not open for objection a taxpayer relief request may be filed to seek to have the CRA make the required adjustments to your returns. Similar to an adjustment requests, taxpayer relief requests are discretionary on the part of the CRA. However because taxpayer relief requests do not require reference to individual lines of the applicants tax returns we are able to file them on behalf of the medical residents. Should the CRA deny the relief requests we believe that they would be unreasonable to do so in this situation and would be able to apply to the Federal Court for a judicial review of the CRA's denial of the taxpayer relief requests.

Thank you kindly,

**Moody's Gartner Tax Law LLP**



## QUALITIES OF A GOOD LEADER

Often, the terms “leadership” and “management” are used interchangeably. However, while they are complimentary terms, there is a poignant difference: Leaders inspire and motivate those who follow them, whereas managers organize and coordinate those who work for them. This is not to say that a manager does not inspire or motivate, nor that a leader does not organize and coordinate, as both leadership and management go hand in hand; it is the equilibrium between the two that promotes success. In the words of David Thomas, a professor at Harvard Business School, “the people who are the most effective are those who essentially are both managers and leaders.”

There are many qualities that can be named when thinking of what makes a good leader, however, in this article we will focus on four key qualities.

### 1. HONESTY

Honesty is an important virtue in any relationship, and that does not exclude the roles in leadership, as it indicates your moral character. Honesty creates a transparent and positive environment where characteristics such as integrity, reliability, truthfulness and directedness are born. All this ensures an open and trusting relationship between the leader and his/her followers and subordinates.

A leader who is honest even in difficult times will build trust and credibility that will help maintain the commitment of his/her followers and in turn will create a reciprocal climate of trust. How do you create an atmosphere of honesty? First and foremost, you need to set an example by holding yourself to a high moral standard, encouraging your subordinates to voice concerns and offering suggestions without fear of consequences, stressing the importance of handling mistakes promptly and addressing them with understanding and acknowledging those who demonstrate honesty.

### 2. DECISIVENESS

On a daily basis we make many decisions unconsciously. An effective leader must be able to make conscious decisions, sometimes instantaneously. Although the ability to make a calculated decision on the spot is a valuable skill for those in leadership positions, a good leader must realize that some decisions need time and sound judgement. In other words, if the presented facts are not sufficient to make an informed decision, the best course of action is to reserve your conclusions until further research is completed. Mistakes are inevitable; however, if misjudgement is made, then you should admit and learn from your shortcomings. You will be respected more for admitting your mistakes rather than masking them, and risk damaging your legitimacy. Decision-making can often times feel overwhelming, especially when the consequences are high and others may depend on your judgement. To gain clarity in moments of stressful decision-making, take time to back your decision with research, ask questions, take a break and step back to help gain a new perspective. To help you make decisions quicker, practise making fast decisions often, and give yourself a deadline. In your free time, for example, choose what to make for dinner or what to do on your day off as fast as you can; this kind of quick thinking practice will help you become faster at making decisions.

### 3. CONSCIENTIOUSNESS

To be organized, thoughtful, responsible, forward thinking, punctual, reliable, and determined are all traits of a conscientious character. Possessing these attributes and working to better them is what develops you into a great leader. People that have a high degree of conscientiousness apply standards of discipline, morals and ethics, and are highly goal-oriented. This personality trait can be improved and developed by creating good habits that will assist in being prepared and persistent. For example, to be more organized you may want to make a checklist, set reminders, and de-clutter; for help with self-confidence you may want to set aside a time to recharge and take time for yourself; to be more thoughtful, simply listening and understanding someone else’s opinion will go a long way.

### 4. PASSION

All great leaders, from musicians, to motivational speakers, to CEOs of big companies, have a passion for their roles in the industry they are part of. Steve Jobs said, “people with passion can change the world,” and he believed that

*“Management is doing things right; Leadership is doing the right things.”  
- Peter Drucker*



this is the most important advice he could give. Passion is one of the most mentioned qualities that people want to see in their leader. Passionate leaders genuinely believe in the cause, engage and inspire others. However, this genuine commitment must be more than just words, you have to “walk the talk” and include others so that people you are leading feel like they are part of something important. How do you sustain passion at work? It can be as simple as creating a positive environment by having team meetings, celebrating success, engaging in fun activities, and just smiling. This is crucial especially in times of adversity and setbacks; a passionate leader won’t back down when difficulties arise, but instead will face them as

challenges to overcome.

Although there are many other great leadership attributes not mentioned here, let these serve as a starting point for you to think about the kind of leader you want to be, and how you want to lead your staff, co-workers, volunteers, and others. Great leaders consider the needs of others, so inspire your subordinates to accomplish something bigger than you, that benefits the greater good. And becoming a more honest, decisive, conscientious and passionate person can have more effects than just your success as a leader; it has been shown to positively affect one’s wellbeing, personal relationships and health.



## BC FALL FESTIVITIES

Here are just a few of the autumn, harvest and Halloween events happening around the province this fall. To find more, check out your local city's tourism website.

### VANCOUVER

**Vancouver International Film Festival**  
Sept 24-Oct 9, 2015  
[www.viff.org](http://www.viff.org)

**MetamorFest 2015**  
Sept 26, 2015  
[www.mpnh.org/metamorfest](http://www.mpnh.org/metamorfest)

**PumpkinFest 2015**  
Oct 3, 2015  
[www.westvanpumpkinfest.ca](http://www.westvanpumpkinfest.ca)

**Fright Nights at Playland**  
Oct 7-Nov 1, 2015  
[www.frightnights.ca](http://www.frightnights.ca)

**Ghost Train at Stanley Park**  
Oct 9-Nov 1, 2015  
[www.ghosttrain.ca](http://www.ghosttrain.ca)

**Taste of Yaletown**  
Oct 15-Oct 29, 2015  
[www.yaletowninfo.com](http://www.yaletowninfo.com)

### VICTORIA

**Victoria Wine Festival**  
Sept 25-26, 2015  
[www.viwf.com](http://www.viwf.com)

**Slaughter House Extreme**  
Oct 9-Oct 31, 2015  
[www.evillacres.com](http://www.evillacres.com)

**Ghostly Walks of Victoria**  
Oct 16-Nov 1, 2015  
[www.discoverthepast.com](http://www.discoverthepast.com)

**Victoria Zombie Walk**  
Oct 17, 2015  
[www.tourismvictoria.com](http://www.tourismvictoria.com)

**The Rocky Horror Show: Live**  
Oct 22-Oct 31, 2015  
[www.rkoproductions.com](http://www.rkoproductions.com)

**Haunted Night Zipline Tours**  
Oct 30-Nov 1, 2015  
[www.adrenalinezip.com](http://www.adrenalinezip.com)

### PRINCE GEORGE

**Harvest Celebration at Kakwa**  
Sept 26, 2015  
<https://www.facebook.com/events/885813704839628/>

**Alban Classical Free Concerts**  
Sept 25-27, 2015  
[www.albanclassical.org/index.php/concerts/9-3-free-culture-days-concerts](http://www.albanclassical.org/index.php/concerts/9-3-free-culture-days-concerts)

**Artisans of the North Fair**  
Oct 24-25, 2015  
[www.unbc.ca/conference/artisans-north-fair](http://www.unbc.ca/conference/artisans-north-fair)

**Halloween Fairy Tale**  
Oct 24, 2015  
[pgrfm.bc.ca/calendar/45/83-Halloween-Fairy-Tale](http://pgrfm.bc.ca/calendar/45/83-Halloween-Fairy-Tale)

**Farmers Market**  
Every Saturday  
[www.farmersmarketpg.ca](http://www.farmersmarketpg.ca)

### NANAIMO

**Summer's End Wine Steam Train**  
Sept 24, 2015  
[www.alberniheritage.com](http://www.alberniheritage.com)

**Culture Days**  
Sept 25-27, 2015  
[www.culturedays.ca](http://www.culturedays.ca)

**Feastival (Food Festival)**  
Sept 26, 2015  
[www.feastival.ca](http://www.feastival.ca)

**Fringe Flights Fall Season**  
Sept 27-Nov 30, 2015  
[www.theaterone.org](http://www.theaterone.org)

**Pumpkin Carving Contest**  
Oct 1-31, 2015  
[www.alberni.ca/events](http://www.alberni.ca/events)

**Fall Home Show**  
Oct 2-4, 2015  
[www.homeshowtime.com](http://www.homeshowtime.com)

### KELOWNA

**Hopscotch Festival**  
Sept 25-26, 2015  
[www.hopscotchfestival.com/](http://www.hopscotchfestival.com/)

**Fall Okanagan Wine Festival**  
Oct 1-11, 2015  
[www.thewinefestivals.com/events/festival\\_extended/3](http://www.thewinefestivals.com/events/festival_extended/3)

**Autumn Rush Trail Race**  
October 10, 2015  
[ultrasignup.com/register.aspx?did=31268](http://ultrasignup.com/register.aspx?did=31268)

**Apple / Pumpkin Festival**  
Sept - Oct, 2015 (weekends)  
[www.davisonorchards.ca](http://www.davisonorchards.ca)

**Scarecrow Festival**  
Oct 4, 2015  
[www.ourrutland.ca](http://www.ourrutland.ca)

**Wellness Festival**  
Oct 24-25, 2015  
[www.bodyandsoulwellnessfair.com/kelowna](http://www.bodyandsoulwellnessfair.com/kelowna)



# TRANSITION TUESDAYS

## PLANNING FOR LIFE AFTER RESIDENCY: INTRODUCING TRANSITION TUESDAYS

No matter where you are in your residency, you're likely thinking about (and worrying about) your move to independent practice. Doctors of BC, the UBC PGME Transition into Practice Program, and MD Financial Management have just introduced the Transition Tuesdays Seminar Series – which started earlier this month – to help you stop worrying and start planning.

These free 1-hour seminars are held the first Tuesday of every month in the Paetzold Multi-purpose Room, Jim Pattison Pavilion, VGH from 6 pm to 7 pm. The talks focus on the practical skills you need to be successful in your future medical practice: from leadership, tax and insurance planning, negotiating, incorporation, and billing and fees, this roster of speakers will help you start your career on solid ground.

Residents in all levels are welcome to attend; please register in advance to help organizers determine catering needs – a light supper is provided at 5:30 pm.

DATE	SPEAKER	TOPIC
October 6, 2015	Daniel Skarlicki	The critical role of values in leadership development
November 3, 2015	Daniel Skarlicki	Conflict management
December 1, 2015	Daniel Skarlicki	Leadership: The science of influence
January 5, 2016	Julie Kwan	Insurance planning
February 2, 2016	Accountant	Tax planning
March 1, 2016	Greg Lee Son	Investing 101
April 5, 2016	Ben Brzezynski	The art of negotiation
May 3, 2016	Greg Lee Son	Introduction to incorporation
June 7, 2016	Juanita Grant	Fees, audits, and billing

**Registration:**  
[postgrad.med.ubc.ca/transition-into-practice/events/](http://postgrad.med.ubc.ca/transition-into-practice/events/)

**Further info:**  
[Tessa.Feuchuk@ubc.ca](mailto:Tessa.Feuchuk@ubc.ca)

# TRANSITION TUESDAYS: A FOCUS ON LEADERSHIP

The next three sessions will focus on physician leadership, led by Daniel Skarlicki, academic director of the Sauder School of Business Physician Leadership Program.

- ♦ The critical role of values in leadership development. Leaders need to understand and define their own values and vision. Values are an antidote for mindlessness, which can erode the energy and engagement the physicians need to survive and thrive. Values form a foundation for effective decision-making and for inspiring others to follow. In this interactive session participants will learn what is meant by values, why values are important, and will engage in exercises designed to build a personal leadership vision.
- ♦ Conflict management. Interpersonal conflict can take up a large amount of leader's day. Handled poorly, conflict can be a source of negative emotion, frustration, and anxiety, and result in poor outcomes and relationships. Participants will learn about their own personal conflict-management styles, and learn some key principles of effective conflict management.
- ♦ Leadership: The science of influence. Among the many skills that physician leaders need to effectively create change, few are as important as the ability to persuade others, particularly in regard to large-scale decisions. In this interactive session, we aim to expand participants' understanding of influence principles beyond the existing power relationships. Rather than focus on top-down power, we explore how influence occurs among relative peers.



## Your Voice Counts – Shaping the Future of our Association Together

As our Doctors of Tomorrow, you are not only the future of our profession, you are the future of our Association – which is why your voice should be heard to help shape its future. We expect the profession to face both changes and challenges in the years ahead that will require Doctors of BC to act quickly and with certainty. To ensure we're ready we are making a change in how the Association is governed, and we want to hear from you.

To help guide the process, Doctors of BC has released a consultation paper entitled *Every Voice Counts: Shaping the Future of our Association Together*, which outlines two possible options to our current single large Board: a single, smaller Board or a smaller Board paired with a Representative Assembly, with each option containing several different models. Released along with the consultation paper is a short summary paper and accompanying consultation questions for you to easily provide us with your views. We recognize that many will find governance to be as exciting as watching paint dry, and as residents you may think the topic doesn't directly affect you. However, the Association's governance structures are critical to our success in delivering value to you, and just as important, they define how your voice as a member is heard – therefore your views must be reflected in any changes moving forward.

Doctors of BC is your Association – you should be involved in shaping its future. Let's co-create a model – one that reflects your views and ensures your Association remains relevant.

Visit [www.doctorsofbc.ca/news/your-voice-counts-taking-our-association-future-together](http://www.doctorsofbc.ca/news/your-voice-counts-taking-our-association-future-together) to access both the consultation paper and the short summary paper which includes the accompanying consultation questions. The consultation process is open to Doctors of BC members only, and closes at midnight on September 30, 2015.

What you have to say matters and we value your feedback. Have your voice heard because every voice really does count.



## FINANCIAL LITERACY FOR RESIDENTS PROGRAM

### SHOULD I BEGIN PAYING OFF MY DEBTS DURING OR AFTER RESIDENCY?

Obtaining a medical degree is one of the most expensive degrees to attain in Canada and according to Doctors of BC in 2011, \$158,000\* is the average amount of debt Canadian medical residents find themselves having to repay. It comes to no surprise, that residents we counsel often ask us when should I pay off my debt? Our response is we encourage every resident to begin paying off debts during residency.

In this article, we will present the two leading reasons why we encourage residents to begin paying off medical school debts as well as testimony from a practicing physician, Dr Ruchika Shukla. We will close with highlights of the continuum of financial care available to residents through The Resident Doctors of BC Financial Literacy Program, which is provided in collaboration with VCH EFAP and Financial Literacy Counsel.

#### Reason #1: PAYING DOWN DEBT DEVELOPS DISCIPLINE

Our team of accountants, lawyers and financial planners receive recurring questions from practicing physicians about how to solve their various financial challenges. A common question is, “how do I pay off mounting housing and lifestyle debts?” There’s also, “why am I not able to save despite having a high income?” More recently, we received, “how can I be earning over \$450,000 a year but my cheques are bouncing and my spouse gets nervous when using our joint debit card at Starbucks?”

After we conduct a comprehensive financial checkup which includes tough questions to arrive at the core of their spending habits, one common theme we’ve uncovered is that physicians we speak

to express that one of the root problems stem from putting off developing the discipline to learn about money and taking the steps necessary to get their financial house in order early on in their medical training.

As a result, they continue to live on IF-come rather than income because they had to play catch up in terms of increasing their financial literacy rate at a time when they were also rushing to get incorporated as well as all the financial commitments that come with buying a home in Vancouver, tying the knot and starting a family.

The lesson for residents in all this is to take the time to learn the ABC’s of money and getting your financial house in order. This begins with the discipline of building a strong foundation of working towards living within your means. Residency is the ideal time for honest and intentional personal and family cashflow and expense planning.

If you owe money in the form of federal/ provincial student loans or lines of credit from banks fight the urge of sticking your head in the sand until the end of residency, it is in your best interest to find out what your options are.

During a financial literacy consult this past July with an R1 resident who had \$160,000 owing after consolidating her federal & provincial student loans with her current line of credit, the light bulb went on when she realized the \$4,400 of yearly interest she will be paying is more than her current one month’s salary. This realization motivated her to begin working with us to coach her on how to make progress in paying down what she owes. The reality is, her five year residency will net her about \$225,000 after taxes and based on her specific circumstances she committed to the discipline of paying off \$1,000 per month back in July. The discipline of \$1000 a month multiplied by 60 months gave her the peace of mind that she would

be committing \$60,000 towards line of credit repayment by the end of her 5 year residency. She chuckled when she received a letter in the mail that her bank increased her available limit to \$275,000. Committing \$1000/ month towards her debts has also had crossover effects as she has now become more intentional about learning about money and asking us about how to increase her after tax income so she can begin the discipline to save using the TFSA (tax free savings account) program.

Developing financial discipline is not always simple but it is very rewarding because it is a gift you give to yourself as well as to others as you learn how to manage money wisely.

#### Reason #2: THE BORROWER CAN BECOME A SLAVE TO THE LENDER

Let’s face it, we live in a consumer culture fueled by the availability of credit and it gives us the illusion of prosperity and the feeling of power especially when we convince ourselves to believe that we can handle the minimum monthly payment or that one day we will be earning the big bucks so what’s the big deal if I splurge now.

The use of credit is a fast and easy way to buy what we want today and take advantage of opportunities that would otherwise be lost. Used wisely, credit is an effective financial management tool but using credit without restraint and proper boundaries can spell disaster for a young physician, thus making them a slave to the lender from the standpoint of anxiety, worry and stress around finances which not only affect mental and physical wellbeing but can also influence life, career and patient care decisions based on financial circumstances.

As a physician in training you need to understand that banks are in the business to help you complete your training through providing a source

of financing for your studies. However, they are currently lending you money based on anticipated earnings and the fact their underwriters are still fairly confident about your future income potential as a practicing physician. In fact the upper limit effective Summer 2015 at some institutions is now up to \$275,000 at prime interest rate. That will not always be the case because at some point in your career they will start to base their lending practices on your actual income and your faithfulness to repay the amount of money you borrowed in the past.

Making a commitment to begin repaying your medical school debts while in residency is a step towards taking ownership and control of your personal finances. The habits you develop by making an intentional effort to pay off your debts will also serve you well as you become a self-employed practicing physician and face more and more financial responsibilities.

#### Our Case Study: Dr Ruchika Shukla MD

In our 12 years of experience serving medical students and residents, we’ve learned that there are two prevailing schools of thought around paying off loans.

The first camp consists of residents who are committed to paying off loans as soon as possible. The difficulties lie in the lack of personal time residents have overall and the absence of a “go to” person to coach them through the debt repayment process. Repayment of six-figure debt is no easy task. It involves the creation of a comprehensive repayment plan that prioritizes living on a budget and the maximization of tax credits, deductions and refunds in order to make lump sum payments towards loans.

A live example of an individual who we coached



FINANCIAL LITERACY  
COUNSEL INC.



# FINANCIAL LITERACY FOR RESIDENTS PROGRAM (cont'd)

through debt repayment is Dr. Ruchika Shukla. We first met her in 2004 when she was a first-year medical student attending the UBC Medical tax preparation clinics. These were launched in partnership with the UBC Medical Undergraduate Financial Aid office. In addition to filing her taxes and maximizing her refunds throughout medical school, Dr. Shukla gave us permission to coach her through paying off student debt during residency. When she was able to demonstrate a commitment to pay off debt every month from her paycheck as a resident, we navigated her through a debt consolidation process. We advised that she consolidate her Ontario government student loans with a financial institution's line of credit that was offering a more favorable interest rate. This was beneficial in her instance and is not always the case for all residents. Student loan consolidation should be addressed carefully and on a case by case basis.

According to Dr. Shukla, “ I graduated from medical school with debt much higher than I expected...the cost of electives and travel to CaRMS interviews added up...I felt overwhelmed and was at a loss for where and how to start paying it all off.” By developing the financial discipline in residency to begin slowly paying down her debt from every pay cheque, she was able to pay off over \$140,000 of loans by her 2<sup>nd</sup> year in family practice. Today, she tells her medical students and residents, “there is no excuse to not pay down your debts when you are earning over \$50,000 a year in residency.” Furthermore, she emphasizes that “residency is a perfect time to learn about budgeting and how to exercise financial discipline...learners must spend borrowed money wisely, should be aware of financial industries driven by sales and must aim to increase their financial literacy with the help of resources available to them from Resident Doctors of BC, VCH EFAP and the Financial Literacy Counsel.”

The second camp is comprised of residents who are likely aware that paying down debts should be among their personal priorities, yet they choose to do little about it and end up leaving it as an afterthought. Think of it as the popular Spanish saying, “mañana” which means “not today or I will get to it later”. Like many upwardly mobile Canadians, they assume they will earn more in the

future and as such spend their precious spare time enjoying expensive hobbies, upgrading their car or attending conferences in exotic destinations. They justify these expensive decisions with comments like “you deserve it”, “why not borrow just a little bit more and get the things you’ve always wanted”, and often subconsciously follow their colleagues and staff attendings who are in a different financial position. Unfortunately, these residents end up finishing their training with the same amount of debt they started with as an R1 and end up owing far more.

Statistics from the 2013 National Physician Survey (NPS) and an article titled “Off To Work I Owe!” illustrate the burden of debt that medical students and residents face across Canada. According to Linda Buske, on completion of their training:

- Only 18% expect to have no education related debt
- 33% expect to still have over \$100,000
- 19% expect to still have over \$160,000

Linda Buske concludes, that “the increasing debt among medical students and residents is a concerning trend.” Moreover, the face of healthcare and medicine is changing in Canada and unfortunately residents are entering into uncharted territory as established doctors are retiring later and the government is experiencing a shrinking tax base as baby boomers enter their retirement years. According to Bobby Ning CFP and Jason Nakano CPA CA, “some of the toughest consults we do as financial and tax planners are the ones where residents who still have over \$100,000 of student debts are struggling to find work after residency in their chosen specialties. Our best advice to residents is to make a minimum commitment of 10% of your annual income towards paying off your debts.”

### What does it take to be debt free?

Here are two best practices to consider as first steps to becoming debt free or increase your financial knowledge as a resident:

## 1. DEVELOP THE DISCIPLINE TO LIVE ON A BUDGET

Budgeting is all about developing the discipline of establishing spending boundaries. These boundaries are in the form of suggested spending ratios that we encourage you to consider in order to develop the discipline necessary to pay off your debts.

To help you on your way, here is a chart that we use as a baseline with residents. From there we can compare your current spending habits and determine which course of action would be best for you.

R1 Resident total debt owing: \$100,000  
R1 Resident net after tax earnings: \$3,469/ month

Spending Category	Suggested % of your income	NET INCOME OF \$3,469 & Suggested monthly spending
Charity	Up to 10%	\$0-\$347
Savings	10%	\$347
Shelter	25-36%	\$867.50-\$1,248
Insurance	1-3%	\$34.69-\$104.07
Food	8-12%	\$277.52-\$416
Transport	3-12%	\$104.07-\$416
<b>DEBT</b>	<b>Minimum 10% of gross</b>	<b>\$458</b>
Healthcare	1-3%	\$34.69-\$104.07
Clothing	1-3%	\$34.69-\$104.07
Misc. (IE vacations)	0-12%	\$0-\$416

### Option A: Pay down your debt by at least 10% of your gross income (\$55,000/ 12 = \$4,583 X .10 = \$458)

Based on the above scenario, if you are a resident who owes \$100,000 @ 3% and commit to paying off \$458 per month throughout a five year/ 60 month residency you will have paid down your debts by \$27,480. You will have a balance owing of \$86,553 due to the fact that the 3% interest rate on what you originally borrowed as interest compounding was at work but at least you have made some headway towards paying off debts. Bear in mind that over the course of residency your income does increase so if you continue to pay down your debts using this strategy, you will be far better off.

## Option B: Commit to having living expenses of \$2,500 per month so you can commit more towards paying off your loans:

One strategy we recommend residents having a monthly living budget of \$2,500 a month and commit the rest of your income towards paying off your student debt. Using the above example of earning \$3,469 per month after taxes, that would give you the ability to pay down your debts by \$969 every month. By the end of a 5 year/ 60 month residency, your balance owing will be approximately \$53,519 thus having paid down your debt by about \$46,481

There are other options available, the above are just two simple ones that you can consider. Upon completion of residency there are also some creative ways to pay down your debts whether you choose to be an unincorporated medical professional or if you choose to become an incorporated medical professional.

## 2. CHOOSE YOUR FINANCIAL ADVISORY TEAM CAREFULLY

In order to get out of debt, you will also need a team of dedicated experts who work together to coach you and keep you on track in order to reach your debt elimination goals, similar to hiring a qualified personal trainer to reach your health goals. Unfortunately, physicians still experience a piecemeal approach to their planning wherein they go to 3-4 separate financial, tax and legal professionals who seldom work together in order to develop an integrated approach for the best interest of the physician.

Dr. Stacy Sprague is the Executive Director of the Employee and Family Assistance Program (EFAP) and she writes, “in my 30 years counseling physicians and surgeons, I’ve come to realize that there is tremendous correlation between getting paid an above average income and getting burned by sales professionals focused on capturing profit for themselves rather than adding real value in the lives of the doctors they serve.” Unfortunately, there are many financial, accounting and legal professionals out there who are pressured by their employers to sell their services and financial products and older doctors are paying the price by not being retirement ready through needless loss in their investments, missed tax planning opportunities or poor legal advice. The key is to have your advisors working together in a holistic and accountable manner so that you receive the



# FINANCIAL LITERACY FOR RESIDENTS PROGRAM (cont'd)

best advice possible that is tailored to your unique personal and family circumstances.

In an effort to give residents a continuum of financial care and to increase their financial literacy rates, Resident Doctors of BC, Vancouver Coastal Health's EFAP and Financial Literacy Counsel are working in partnership and are committed to providing the resources residents need in order to pay off their debts during residency and develop the discipline necessary to get their financial houses in order.

In 2011, Dr. Stacy Sprague contracted the Financial Literacy Counsel which is led by Alphil Guilaran and Bobby Ning to provide over 70 financial education workshops in hospitals and distributed health sites per year and private consultations for healthcare professionals at VCH, Fraser Health Authority and Providence Health. In 2013, these services were extended to medical residents free of charge and for 2015 included the tax preparation clinics which were pioneered at UBC Medicine in 2004.

In conclusion, you can begin developing the discipline and habits to take control of your finances and pay off debts. Through The Resident Doctors of BC Financial Literacy Program powered by VCH EFAP and The Financial Literacy Counsel, every resident has access to workshops, the annual tax preparation clinic which takes place March 2016 and financial coaching which consists of three hours per year throughout residency. Through the consultations residents will receive a holistic financial, tax and legal prescription to assist them in getting their financial houses in order and helping them eliminate student debt.

Last but not least, as a resident you can also request customized workshops on specific financial, tax and legal topics for academic half days or non-clinical retreats. Simply contact Dr Stacy Sprague at [stacy.sprague@efap.ca](mailto:stacy.sprague@efap.ca) or you can also contact Bobby Ning directly at [bobby.ning@flci.ca](mailto:bobby.ning@flci.ca) and we look forward to getting to know and serve you.

*\*Source: "The Cost of Becoming a Doctor", August 5, 2011. <https://www.doctorsofbc.ca/news/facts-cost-becoming-doctor>*



By:

Bobby Ning CFP, Managing Director (Financial Literacy Counsel)  
Ivy Woo-John MBA, Financial Counselor (Financial Literacy Counsel)  
Dr Stacy Sprague, Executive Director (VCH EFAP)  
Dr Ruchika Shukla MD



KEEPING BC  
RESIDENTS  
UPTODATE

## DIVISIONS OF FAMILY PRACTICE KEEPS BC STUDENTS AND RESIDENTS UPTODATE



More than 1100 future doctors have registered for the online clinical resource UpToDate through the provincial Divisions of Family Practice office. Through funding from the General Practice Services Committee (GPSC), the provincial Divisions office provides BC students and residents no-cost access to UpToDate. First offered in June 2014, this no-cost access continues for the term of the subscription, which ends May 31, 2016. (The possibility of a subsequent provincial contract will be explored this fiscal year.)

"In my view there is no better resource that could have been offered to residents by the Divisions of Family Practice. Well done!" says Doctors of BC President Dr Charles Webb. "UpToDate makes it easier and faster to make the right choices thereby expediting patient care and improving patient outcomes. It's an invaluable tool for any resident."

In spring 2012, the provincial Divisions office signed a contract with the point-of-care clinical resource UpToDate to give division members access through their local division at no cost to the individual physician. This award-winning resource provides unbiased, evidence-based medical information and graded recommendations as well as drug information, 135 medical calculators, and access to more than 1500 patient articles.

"Providing this access to students and residents achieves two very important goals," says GPSC Co-chair Dr Shelley Ross. "It gives them access to the information they need to provide quality patient care and it demonstrates the GPSC's commitment to supporting doctors and enhancing primary care in general."

Divisions of family practice are community-based groups of family physicians working together to achieve common health care goals. There are currently 35 divisions of family practice in BC that encompass more than 230 communities. Empowering primary care providers to influence and lead change in health care delivery in their communities, the Divisions of Family Practice initiative is the first of its kind in Canada. Local divisions are funded by the GPSC ([www.gpsc.bc.ca](http://www.gpsc.bc.ca)), a joint committee of the provincial government and Doctors of BC. To learn more about getting involved with your local division of family practice, visit [www.divisionsbc.ca](http://www.divisionsbc.ca).

Students and residents can register for UpToDate on the provincial Divisions of Family Practice website at [www.divisionsbc.ca/studentresident](http://www.divisionsbc.ca/studentresident).



## FAMILY PRACTICE SPEAKS UP

**Your Voice. Your Future.**  
Speak up about how you want to practice.

### FAMILY PRACTICE RESIDENTS ARE INVITED TO SPEAK UP ABOUT THE FUTURE OF PRIMARY CARE PRACTICE

An innovator in designing programs to help improve patient care and increase job satisfaction for family doctors, the General Practice Services Committee (GPSC) has underlined its leadership reputation by initiating a visioning engagement process that asks GPs how they want to practice and care for their patients in the future.

The GPSC's province-wide visioning process enables family physicians to add their voices to creating a GP-led vision for the future of primary care by joining conversations online at [www.gpscvisioning.ca](http://www.gpscvisioning.ca) and/or attending in-person meetings.

What the GPSC hears will help it to influence policy, set priorities and allocate its \$208 million budget for the next three to five years. The decisions made will impact GPs, their practices and their patients.

Here are all the ways that Resident members of Doctors of BC can participate between now and September 30, when the visioning engagement process ends:

1. Local divisions of family practice and the Visioning Steering Committee are co-hosting in-person visioning meetings ([gpscvisioning.ca/content/person-meetings](http://gpscvisioning.ca/content/person-meetings)) across the province.
2. If you are unable to attend an in-person meeting near you, participate in a virtual in-person meeting ([gpscvisioning.ca/content/virtual-person-meeting](http://gpscvisioning.ca/content/virtual-person-meeting)) where you can give your opinions on the same questions discussed in the face-to-face meetings.
3. Join online discussions ([gpscvisioning.ca/engagement-initiatives/participation-options](http://gpscvisioning.ca/engagement-initiatives/participation-options)) with other BC Residents and GPs about a range of different topics that matter to family physicians. You can voice your views about all of the identified topics, see what others are saying, and discuss those views on this discussion platform until the end of September. New topics are added weekly and include funding models, the role of family doctors in hospitals, walk-in clinics, maternity care, team-based care, and primary care in urban and rural centres, among others.

4. Identify other topics ([gpscvisioning.ca/content/what-else-do-you-want-talk-about](http://gpscvisioning.ca/content/what-else-do-you-want-talk-about)) that are important to you. This information will be used to guide future discussion topics.

So far, the 10-week visioning engagement process has drawn an enthusiastic and provocative response with more than 1,500 GPs participating online and at face-to-face meetings.

Now is the time to have your say about how you want to practice and care for your patients. Resident members of Doctors of BC can visit [gpscvisioning.ca](http://gpscvisioning.ca) to register and participate online. Join the conversation -- open only until September 30.

It's your future.

Your voice. Your future.

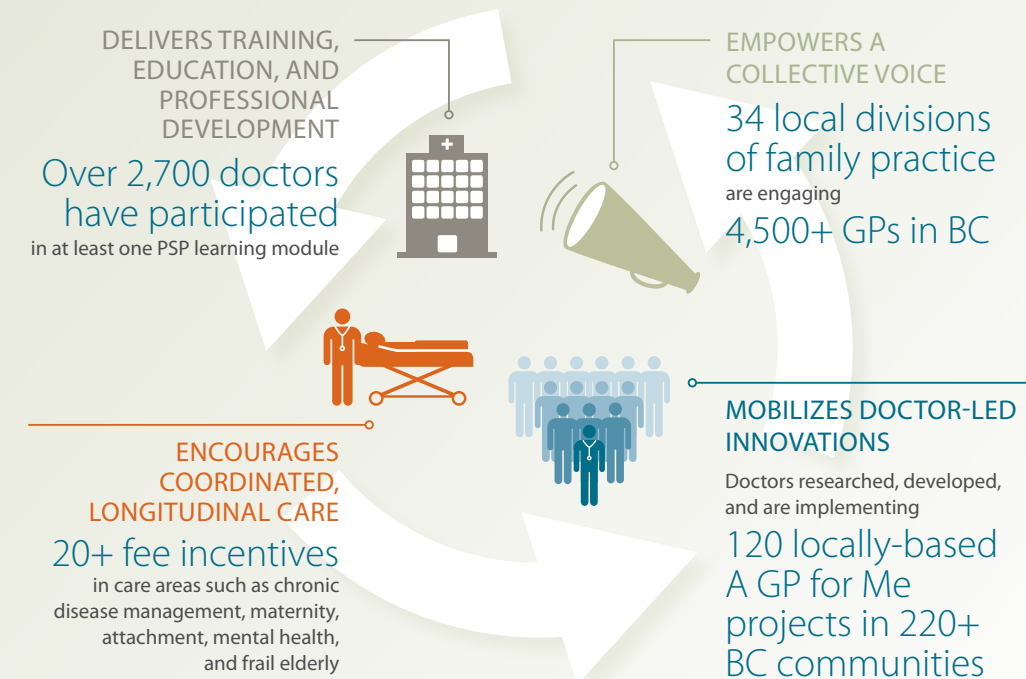
[www.gpsc.bc.ca](http://www.gpsc.bc.ca)



The GPSC's innovative programs and initiatives are co-designed with **doctors for doctors**

The General Practice Services Committee (GPSC) supports doctors to take leadership and influence the delivery of primary care in BC by:

- enriching doctor and patient experiences,
- empowering doctors to enhance patient care, and
- contributing to a sustainable health care system.



A partnership of the Government of BC and Doctors of BC, the GPSC works on behalf of doctors to strengthen full-service family practice and patient care in BC.

The GPSC has representation from doctors, Ministry of Health, Doctors of BC, the Society of General Practitioners of BC, and health authorities.

**85%** of family doctors using GPSC programs and fees report improved overall professional satisfaction.

**2015** Residential Care Initiative

**2013** In-patient Initiative  
A GP for Me Initiative

**2011** Leadership and Management Development Program

**2008** Maternity Care for BC Divisions of Family Practice

**2007** Practice Support Program

**2003** Family Practice Incentive Program

**2002** GPSC established





## Dr. Eric Webber, President, '93 - '94

### What have you been up to since residency?

I have practiced as a pediatric surgeon at BC Children's Hospital since 1996. It is a wonderful place to practice as well as teach medical students, residents and fellows. I was the residency program director for General Surgery at UBC for nine years, and I spent several years as Assistant Dean for Postgraduate Medical Education at UBC. I have also been very involved with the Royal College of Physicians and Surgeons of Canada where I have served on the Accreditation Committee and the Credentials Committee; currently I chair the Specialty Committee in General Surgery, which oversees the training and examinations for this specialty.

### What are some highlights from your presidency?

#### What were some challenges you faced?

I was president of PARI-BC (the predecessor of PAR-BC, now Resident Doctors of BC) from 1993 to 1994 – it seems hard to believe that it is more than twenty years ago, a time when most of the current residents were in elementary school. I recall it as a very busy year, between the activities as president and my “day job” as a senior resident in General Surgery. My experience taught me many valuable lessons and introduced me to a wide range of wonderful medical educators across Canada, many of whom I continue to work with.

There are two major issues I recall from my year as president. The first was the disappearance of the rotating internship. Residents today have likely heard of the internship, which was entered through a match following graduation from medical school. Indeed, CaRMS arose from CIMS – the Canadian Intern Matching Service – when the internships were terminated. However, the rotating internship existed longer in BC than elsewhere, so those completing their internships in BC in 1994 found themselves ineligible for the new residency match, but in need of a second year of post-MD training in order to be licensed. Fortunately these interns were ultimately granted a second year of postgraduate training, and some were able to complete residencies.

The other major issue was the “balkanization” of medicine in Canada. At the time there was some concern about oversupply of physicians, particularly as most provinces had placed caps on total physician billing, thus providing an incentive for the medical organizations to limit the entry of new doctors. In the fall of 1993 the Ontario government with the support of the OMA passed legislation allowing new physicians not trained in Ontario to bill at only 50% of the fee code. Similar legislation was proposed in BC, but fortunately it never passed.

Overall the highlight was getting to know a wide range of interns and residents, as well as some very dedicated and supportive faculty, who I have aspired to emulate in the subsequent years.

### What advice would you give to residents?

Advice – which I dispense with caution! Try to enjoy your residency and learn from it as much as you can. At times it may seem long, but like medical school it will pass quickly. Residents are both “students” and employees, but it is important in this relatively short period of time to take advantage of the many educational opportunities that arise.

The changing world of medicine offers both challenges and opportunities. Try not to be discouraged by what may seem to be a past that was somehow better for physicians. Probably every generation of physicians has felt this way, but the possibilities that await you over the next thirty or forty years are almost beyond imagination.

### Who inspires you in your medical career?

I am continually inspired by the patients and families with whom I work. Their grace and courage, often through very trying circumstances, serve as constant reminders of the privilege it is to serve as a physician. I am also inspired by my surgical colleagues, who are not only outstanding clinicians but also are academic leaders at UBC, nationally, and internationally.

## Rural MedEd: Learn new skills and have an adventure!

### The Rural Emergency Continuum of Care (RECC) conference is heading north!

June 9 + 10, 2016

Prince George | Quesnel | Vanderhoof

- hands-on skills workshops, pre- and post-conference courses
- rural faculty development
- networking with rural healthcare practitioners
- emergency medicine, rural nursing, wilderness medicine, and more!

For more information, email [conference@rccbc.ca](mailto:conference@rccbc.ca)



[www.rccbc.ca](http://www.rccbc.ca)

### 2016 Rural Locum Forum

February 25-27, 2016

Vancouver Island Convention Centre, Nanaimo, BC

learn hands-on skills | discuss rural health services | network with other rural locums

Email Kathryn Young at [kyoung@rccbc.ca](mailto:kyoung@rccbc.ca) for more info



This year's forum is co-hosted by the  
Rural and Remote Division of Family Practice and  
the Rural Coordination Centre of BC, in partnership  
with UBC Continuing Professional Development



**Rural Coordination Centre of BC**  
Enhancing rural health through education and advocacy  
Linking community needs and policy development with the JSC



**Really Rural Surgery** is an educational medical podcast series hosted by Dr. Bret Batchelor, an Enhanced Surgical Skills (ESS) Family Practitioner in Vanderhoof, BC.

Each month, Dr. Batchelor analyzes relevant surgical studies in a rural and remote context. Episodes feature guests, lively discussions, and real-life really rural surgery stories.

[podcast.rccbc.ca](http://podcast.rccbc.ca)





New Westminister was settled during the British Columbia gold rush, and in 1859 it became the capital of the Colony of British Columbia. The city was originally named Queensborough, however Queen Victoria was not impressed by this choice and renamed it New Westminister, a decision that gave it the “Royal City” nickname. (Queensborough is now the name for the portion of the city located on the eastern-most point of Lulu Island). When the colonies of British Columbia and Vancouver Island were united as British Columbia, the representative for the Royal City was undermined in his efforts to secure the title of BC capital for the city, and Victoria won that status.

#### HISTORICAL SITES:

- **The British Columbia Penitentiary**, now the location of various offices and a pub, housed maximum-security prisoners for over a hundred years, between 1878 and 1980.
- **Columbia Street and Front Street** were major commercial areas for all of the Lower Mainland, hosting major department stores and the city’s original Chinatown, respectively. Fire, and the construction of the freeway and new suburban malls, contributed to the decline of New Westminister’s downtown. Only in this century has the area begun to revive with the construction of many new commercial and residential buildings.
- **Fraser Cemetery** in Sapperton rivals Victoria’s Ross Bay Cemetery for the number of historically significant graves and monuments.
- **The New Westminister Armoury** is the only wooden drill hall in Canada, and in 1991, the Armoury was recognized as a Federal Heritage building on the Register of the Government of Canada Heritage Buildings.
- **Irving House** was built in 1865 in the city’s first residential district as the home of Captain William Irving. It still stands today with all it’s antique furnishings as a museum.

#### THINGS TO DO:

- New Westminister Museum & Archives at the Anvil Centre
- Shop Columbia Street, Uptown New Westminister or the River Market
- Watch a movie at Landmark Cinemas
- Enjoy one of the city’s many parks, such as Queen’s Park, Pier Park, or Moody Park

**Still settling in after moving for residency? In a new community for a rotation?**  
Check out Resident Doctors of BC’s resident resource: “Living in BC”

*Living in BC is a guide featuring many cities throughout the province. These guides seek to ease transition to a new city by providing information about transit, local restaurants, shopping districts, dry cleaning services, parks and attractions, and more.*

To access the Living in BC guide, visit the Resident Doctors of BC website at [www.residentdoctorsbc.ca/resources/living-in-bc/](http://www.residentdoctorsbc.ca/resources/living-in-bc/)

- Take a stroll down the boardwalk at the Quay, or along the paths of Sapperton Landing Park
- See a comedy show at The Columbia
- See a performance at Massey Theatre
- Visit Starlight Casino and try your hand at slots or cards, or just enjoy a bite and pint at its restaurants and pub

#### RECREATION:

- Go skating and play hockey at Moody Park Arena
- Play floor hockey and lacrosse at Queen’s Park Arena
- Go for a swim, or use the gym at Canada Games Pool
- Take a fitness lesson, dance class, or do yoga and judo at either Centennial Community Centre or Queensborough Community Centre
- Play tennis at the New Westminister Tennis Club, or one of the city’s many free outdoor courts
- Bike the city’s crosstown greenway

#### POPULAR PLACES TO EAT:

- Hub Restaurant at New Westminister Station
- Ki Sushi across from New Westminister Station
- Longtail Kitchen at the River Market
- Stefano’s Lounge & Restaurant on Columbia St
- The Castle Neighbourhood Grill in Sapperton
- The Paddlewheeler Pub at the Quay
- Thai New West in Sapperton
- Wild Rice Market Bistro at River Market

New Westminister hosts many events throughout the year. RiverFest is the next big event, taking place at the New Westminister Quay on September 24 – 26 to celebrate World Rivers Day. To find out what other events are happening, visit the event calendars at [www.newwestcity.ca](http://www.newwestcity.ca) and [www.tourismnewwestminister.com](http://www.tourismnewwestminister.com). Other annual events to check out if you will be in the city for a while include Easter In The Park, May Day Celebration, Heritage Homes Tour & Tea (May), Sapperton Days Festival (June),

To find out more about New Westminister, visit the tourism website at: [www.tourismnewwestminister.com](http://www.tourismnewwestminister.com). You can also download one of their travel guides. For information about recreation, view the Active Living Guide at [www.newwestpcr.ca/recreation/active-living-guide-and-brochures](http://www.newwestpcr.ca/recreation/active-living-guide-and-brochures).





# PULSE

The Pulse newsletter is always looking for submissions from residents like you! If you have article ideas, announcements, or other interesting insights about life as a resident doctor, please contact us at: [pulse@residentdoctorsbc.ca](mailto:pulse@residentdoctorsbc.ca)

## IMPORTANT PHONE NUMBERS

HSSBC Benefits &  
Payroll  
1-866-875-5306

Physician Health  
Program  
1-800-663-6729

Employee Family  
Assistance Program  
1-800-505-4929