Governance and Nominating Committee Report

The purpose of the Governance and Nominating Committee is to provide a focus on board governance that will enhance Doctors Manitoba’s performance by assessing and making recommendations regarding board effectiveness, the recruitment of board members, and the selection of the President of the Board of Directors, Board Officers and the Board Chair.

The Governance and Nominating Committee is proposing an amendment to the Constitution and Bylaws, that will allow additional rights for affiliates (a physician who chooses not to pay CMA dues) as follows:

- Permit Affiliates to vote on the Master Agreement and all other Doctors Manitoba matters including District Medical Society elections;
- Permit Affiliates to participate in all Doctors Manitoba activities including committees and bloc meetings;
- Permit Affiliates to be elected as District Medical Society representatives to the Board;
- Adopt a policy that in order to serve on the Doctors Manitoba Executive you must be a member of the CMA.

The Chair of the Governance & Nominating Committee will propose acceptance of the Constitution and By-laws amendment at the May 14, 2014, Annual General Business Meeting. In the event that a quorum is not achieved, a mail-out ballot will be conducted.
Key activities of the Governance and Nominating Committee:

- Board Composition – Succession Planning
- Board Recruitment and Needs Assessment
- Board Representation on Operational Committees
- Nominations/Appointments for Doctors Manitoba Executive
- Nominations/Appointments for CMA Committees
- Board Self-Evaluation Process

Members of the Governance and Nominating Committee:

- Dr. Darcy Johnson, Chair
- Dr. David Cram
- Dr. Barbara Kelleher
- Dr. Albert Chudley
- Dr. Brian Rumbolt
- Mr. Scott Baldwin
- Dr. Maurice Roy (ex-officio)
- Mr. Robert Cram (ex-officio)
Finance and Audit Committee Report

The purpose of the Finance and Audit Committee is to coordinate the Board of Directors financial oversight responsibilities by recommending policy to the Board and monitoring its implementation. The Committee also provides board oversight of Doctors Manitoba's annual financial audit.

Key activities of the Finance and Audit Committee:

- Review Annual Audit Plan
- Receive and review audit presentation from Auditor
- Review Quarterly Financial Statements
- Review Annual Budgets
- Reviewed financial reporting protocols and timelines
- Review and recommend investment for Doctors Manitoba reserve funds

Audited Financial Statement

We are pleased to report that Doctors Manitoba continued its strong financial position in 2013, recording a surplus of $284,269 (2012 - $441,255) and net assets of $7,143,525, an increase of 4.1% (2012 - $6,859,256).

At August 31, 2013, Doctors Manitoba net assets consisted of $3,053,897 in Capital Assets (building), $4,089,628 in Unrestricted Net Assets (in the form of cash and investments).

Overall revenue in 2013 ($3,820,672) increased by 2.4% from 2012 ($3,732,467), mainly due to a $63,921 increase in Memberships Fees and Dues (2013 - $2,909,215 vs. 2012- $2,845,000) and a $28,305 (2013 - $398,046 vs. 2012 - $369,741) increase in interest earned on reserves held by Insurers and insurance administration allowances.

Note that approximately 75% of the Association's revenue is derived from Membership Fees and Dues (2013 - $2,909,215) and that another 10% is derived from Benefit Program Administration Fees (2013 - $350,000). These steady and predictable revenues provide the Association with a consistent cash flow year to year.
Two initiatives introduced in 2013, per our Strategic Plan, contributed to the increased expenses - the creation of a Physician Health & Wellness committee ($77,944) and the development of the Doctors Care TV series ($130,750).

As a result of the continued financial strength of Doctors Manitoba, membership dues will remain unchanged for 2014-15. Doctors Manitoba membership fees have not been raised since 2007. A full-time member will continue to pay $1,145.

Members of the Finance and Audit Committee:

- Dr. David Cram (Chair)
- Dr. Robert Kippen
- Dr. Aaron Chiu
- Dr. George Skelly
- Mr. Harold Dueck
- Dr. Maurice Roy (ex-officio)
- Mr. Robert Cram (ex-officio)

Membership Report

The trend of an increasing membership in Doctors Manitoba continued last year. At December 31, 2013 there were 4,075 physicians registered in Manitoba, which is a net gain of 2% over the previous year. In the last ten years there has been a net gain of 902 physicians (a 28% increase).

<table>
<thead>
<tr>
<th></th>
<th>DEC31-2013</th>
<th>DEC31-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member</td>
<td>Affiliate</td>
</tr>
<tr>
<td>Full-Time</td>
<td>2,121</td>
<td>122</td>
</tr>
<tr>
<td>Temp. Inactive</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Resident</td>
<td>541</td>
<td>19</td>
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<tr>
<td>Retired</td>
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</tr>
<tr>
<td>Part-Time</td>
<td>89</td>
<td>10</td>
</tr>
<tr>
<td>Non-Resident</td>
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<tr>
<td>Student</td>
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<td>-</td>
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<tr>
<td>Honorary</td>
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<td>-</td>
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<tr>
<td>Special Consideration</td>
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<td>9</td>
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<tr>
<td>Exempt</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Salaried</td>
<td>187</td>
<td>41</td>
</tr>
<tr>
<td>Pending</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3605</td>
<td>470</td>
</tr>
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Provincial/Territorial Medical Association Membership Dues Comparison (JAN-2014)

<table>
<thead>
<tr>
<th>Association</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>***Quebec - SP</td>
<td>$2,915</td>
</tr>
<tr>
<td>*P.E.I.</td>
<td>$2,700</td>
</tr>
<tr>
<td>***Quebec - GP</td>
<td>$2,515</td>
</tr>
<tr>
<td>*Ontario</td>
<td>$1,970</td>
</tr>
<tr>
<td>*Saskatchewan</td>
<td>$1,885</td>
</tr>
<tr>
<td>**Alberta</td>
<td>$1,739</td>
</tr>
<tr>
<td>*Northwest Territories</td>
<td>$1,700</td>
</tr>
<tr>
<td>*New Brunswick</td>
<td>$1,625</td>
</tr>
<tr>
<td>*Newfoundland</td>
<td>$1,600</td>
</tr>
<tr>
<td>**British Columbia</td>
<td>$1,540</td>
</tr>
<tr>
<td>Yukon</td>
<td>$1,455</td>
</tr>
<tr>
<td>*Nova Scotia</td>
<td>$1,350</td>
</tr>
<tr>
<td>*Manitoba</td>
<td>$1,145</td>
</tr>
</tbody>
</table>

Note: All provincial dues are represented in the Canadian Medical Association Fee Schedule. CMA dues are an additional $495 for a Full-Time Ordinary Member for 2014.

* Payment of provincial dues is compulsory by law
** Physicians must either be members or pay an administrative fee to receive benefits.
*** Quebec physicians pay dues on a compulsory basis to either the General Practitioners Federation or the Specialists Federation at the rates shown. The Federations represent Quebec physicians in fee negotiations with the province, not the QMA. The rates shown also include non-compulsory dues of $315 to the QMA.

Doctors Manitoba Dues were last increased effective September 1, 2007 from $945 to $1145.
Health and Wellness Committee Report

Doctors Manitoba established a Physician Health and Wellness Committee in December 2012. The Committee’s main goal is to provide assistance and guidance to all Manitoba physicians for wellness activities.

Physician health has traditionally been centered on stress and burnout, but the emphasis is now shifting to how to get doctors healthy and encouraging them to look after their long-term health. As such, the Committee has been working on developing a master plan that provides a broad range of assistance and training to its members for wellness activities.

The Committee first set out the terms of reference for the Committee that included the following:

- Develop Education/ Workshops for MB physicians
- Develop an EAP program for MB physicians
- Develop a Wellness program for MB physicians
- Develop a physician connection line for MB physicians to access a Family Physician
- Complete a Survey of MB Doctors

In late April 2013, the Physician Health and Wellness committee decided that its work in developing a new health and wellness program would be aided by conducting a survey of Manitoba physicians. The survey offered physicians the opportunity for input into possible directions for the Physician Health and Wellness program. The research findings told the committee a story about our members. We heard their concerns and identified a need for improved services to help with work-life balance.

After the survey was completed and the results tabulated, the Physician Health and Wellness Committee identified some strategic initiatives for possible immediate action. These initiatives included:

- Organize a wellness (time management) seminar in November 2013.
- Plan for a physician for physicians’ connection line with potential launch of program in spring 2014.
- Begin the development of a Doctors Manitoba webpage for Health and Wellness
• Organize a session designed to improve skills when caring for physician colleagues at the College of Family Practice Annual Scientific Assembly

By the end of May 2014, the Physician Health and Wellness Committee will have finalized the design of a comprehensive Doctors Manitoba Health and Wellness program.

The first initiative listed above was completed on schedule. A Time Management seminar was organized for Thursday November 28, 2013 at the Doctors Manitoba office building. Dr. Derek Puddester - psychiatrist-author-health ambassador - was the key speaker for the seminar and presented an interactive seminar aimed at helping physicians to use their time more efficiently whether dealing with paperwork, email inbox or meetings. Nearly 30 physicians attended the seminar and spent two hours discussing time management issues and identifying tips and strategies for planning a time-efficient office that allows for increased and improved personal life.

**Members of the Health & Wellness Committee:**

- Dr. Flordeliz Osler (Chair)
- Dr. Terry Babick
- Dr. Ryan Chard
- Dr. Kshitij Chawla
- Dr. Philippe Erhard
- Dr. Derek Fewer
- Dr. Jarrett Lobley
- Dr. Ann Loewen
- Dr. P.G. Mehta
- Dr. Mark Prober
- Dr. Cornelia Van Ineveld
- Mr. Maurice Roy (ex-officio)
Negotiated Benefits Program Update

Continuing Medical Education Program (CME)

Paid CME claims for year ended December 31, 2013 were 1,502, totaling $3,843,245. Total claims for the year increased by 2.5% over the previous year (1,502 vs. 1,465 in 2012). The maximum benefit of $3,500 was claimed by 41% of physicians. The year-end cash position of the fund at December 31, 2013 was $6,389,485.

Professional Liability Insurance Fund (PLIF)

PLIF Program rebates for year ended May 31, 2013 totaled $3,992,094. The 2013 year-end surplus amount is $923,562. The full surplus amount of $923,562 was transferred to the Doctors Manitoba Continuing Medical Education (CME) Fund.

Maternity/Paternity Benefit Program

Paid maternity/paternity claims for the year ended December 31, 2013 totaled $1,215,526. Claims included 77 new claims plus 14 claims that began in 2012 and carried over into 2013. The year-end cash position of the fund is $16,953.

Physician Retention Program

Physician Retention payments for the year ended March 31, 2013 totaled $30,098,380. This amount was paid to the physicians who reached their five-year milestone during the year plus death and disability benefits during that year. The audited fund balance at March 31, 2013 was $5,576,959.
Insurance Program Update

The insurance plans administered by Doctors Manitoba continue to provide members with well-priced coverage while providing continued financial stability. Programs are currently operating with fully funded reserves. Additionally, trust accounts have been established to guard against negative experience in future years.

Disability Income Plan

For the year ended May 31, 2013 the Disability Income Plan generated a surplus of $1,920,564. The Disability Trust Account balance at January 1, 2014 was $993,362 of which $713,759 (40% of the 2012/13 experience rated premium) was refunded to members (1,301) participating in the plan for 2014/2015. The balance in the Disability Trust Account at May 31, 2014 will be approximately $2,210,000. This reserve will be used to provide future rebates and to ensure stable rates in future plan years with a negative experience.

Office Overhead Expense Plan

For the year ended May 31, 2013 the Office Overhead Expense Insurance Plan generated a surplus of $76,681, allowing for a 70% refund of the 2012/2013 experience-rated premium ($64,383) to members (151) participating in the plan for 2014/2015. The balance in the Office Overhead Expense Account at May 31, 2014 will be approximately $90,000. This reserve will be used to provide future rebates and to ensure stable rates in future plan years with a negative experience.

Term Life Plan

For the year ended December 31, 2012 the Term Life Insurance Plan generated a deficit of $578,905. The Term Surplus Account at December 31, 2013 was $2,231,232 of which $602,816 was transferred to the Insurer (Great West Life) to fully funds reserves and $277,638 (20% of the 2012 experience rated premium) was refunded to members (1,651) participating in the plan in 2014.
**Extended Health Care Plan**

For the year ended June 30, 2013 the Extended Health Care Plan generated a surplus of $129,914. A portion of the surplus was directed to the Rate Stabilization Reserve while the balance remains on deposit with Blue Cross to subsidize future rate increases or to fund benefit enhancements. Premiums in 2014 remained the same as in 2013 for plan participants (442).

**NEGOTIATIONS UPDATE**

**The Master Agreement**

It has been another busy year for negotiations at Doctors Manitoba as we entered into the final year of the 2011-15 Master Agreement and began preparations for a new round of bargaining.

Under the 2011 Master Agreement work continued. In particular, Doctors Manitoba oversaw the implementation of Physician’s Manual amendments, increases to a variety of fee-for-service rates and to alternatively funded payments that took effect April 1, 2013 and again in April 1, 2014.

Increasingly however, this year Doctors Manitoba has turned its attention to the negotiation of a new Master Agreement for 2015.

Doctors Manitoba has had a good deal of success over the past number of years negotiating physician remuneration packages for physicians. The 2011 Master Agreement was one such example. It is anticipated however, that this next round of bargaining will be a difficult one. The Province continues to forecast a deficit and across the country Physicians and Medical Associations are seeing governments take a hard line at the bargaining table.
One of the keys to Doctors Manitoba’s success in bargaining has always been the extensive preparation process. Much of this year has been dedicated to that process.

Doctors Manitoba staff have spent much of this year engaging in comprehensive consultations with members. Issues were solicited from our membership. Fee-for-service Bloc and Working Group meetings have been held with all blocs of practice and meetings with alternate funded physicians and groups or physicians throughout the province have been an ongoing priority.

These consultations have and will be key in preparing and presenting our proposals to government in the coming year. Additionally, substantial work has been completed on OPA assessments and researching exceptional issues.

These consultations and research are an essential component of preparation for negotiations. Preliminary, exploratory meetings with Government have already commenced to discuss OPA assessments and begin discussion on complex priority issues for the parties.

Work continues on drafting and finalizing bargaining proposals. It is anticipated that the Board shall endorse formal bargaining proposals in June. These in turn will be tabled with Manitoba Health in the Fall of 2014.

**Other Negotiations**

Doctors Manitoba continued to negotiate new funding for a wide range of Physician’s Manual amendments and new fee tariffs over this past year. It also continued to address billing disputes with Manitoba Health and provides both negotiations services and advice to individual and groups of doctors with regard to their relationships and contracts with various RHAs and agencies.

**Medical Staff By-Laws**

Doctors Manitoba was also involved in the negotiation of new Medical Staff By-Laws. These By-Laws are to replace those enacted in June of 2012, after the amalgamation of RHAs. In
February of this year these By-Laws were overwhelmingly accepted in a vote of members who maintained privileges in public facilities. These By-Laws mark a substantive improvement from the previous version.

**Academic Clinicians**

This has been another year of engagement by Doctors Manitoba with academic clinicians (GFTs).

In the past year Doctors Manitoba participated in a wide variety of advocacy on behalf of GFTs. These included:

- Participation on the new GFT Liaison Committee designed to increase consultation and discussion between GFTs and the University of Manitoba, Faculty of Medicine.
- Engaging the Department of Paediatrics in the creation of its GFT Finance Committee.
- Addressing issues arising out of performance management policies and the Faculty of Medicine Procedural Fairness Document.

In addition Doctors Manitoba continues to provide representation and advice to multiple individuals and groups of physicians with regard to their particular contracts and arrangements with the University of Manitoba.

**AUDITS**

Doctors Manitoba continues to represent both specialists and family physicians that are undergoing audits by Manitoba Health. Manitoba Health reviewed a wide variety of practices and tariffs including visit tariffs, psychiatric care, phone call tariffs and monthly monitoring tariffs. Where it was determined that a physician had been in violation of the Physician’s Manual, settlements were negotiated by Doctors Manitoba which generally include an undertaking by the physician to alter that billing practice and may have involved a monetary repayment. In other cases where, after investigation there appeared to be no wrongdoing on the part of the physician, Doctors Manitoba vigorously defended them against any claim for repayment made
by Manitoba Health. In a number of these cases the Audit lead to broader policy discussion about physician payment in particular areas and changes to the Physician’s Manual.

NEGOTIATIONS STAFF

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