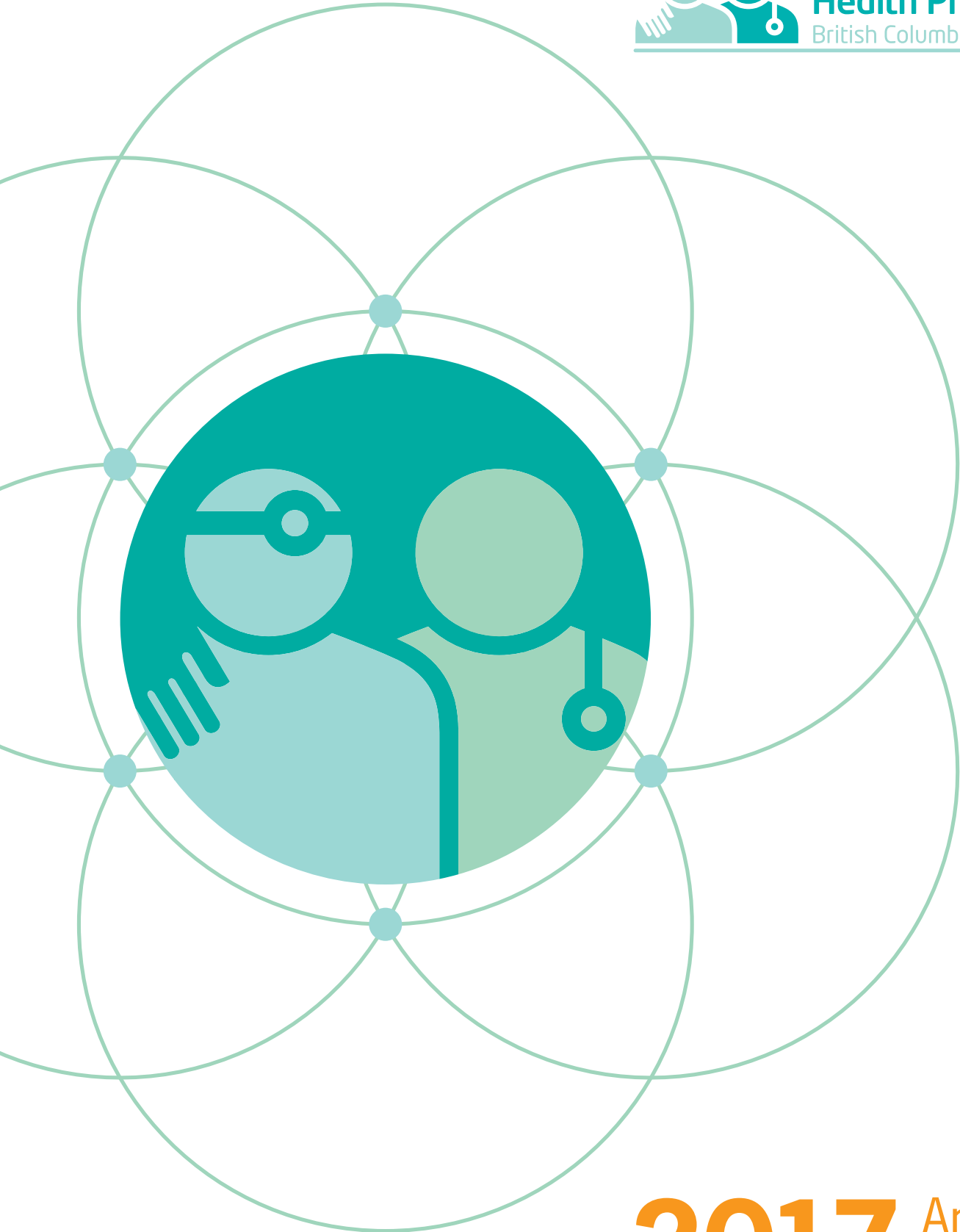




**Physician
Health Program**
British Columbia



2017 Annual
Report



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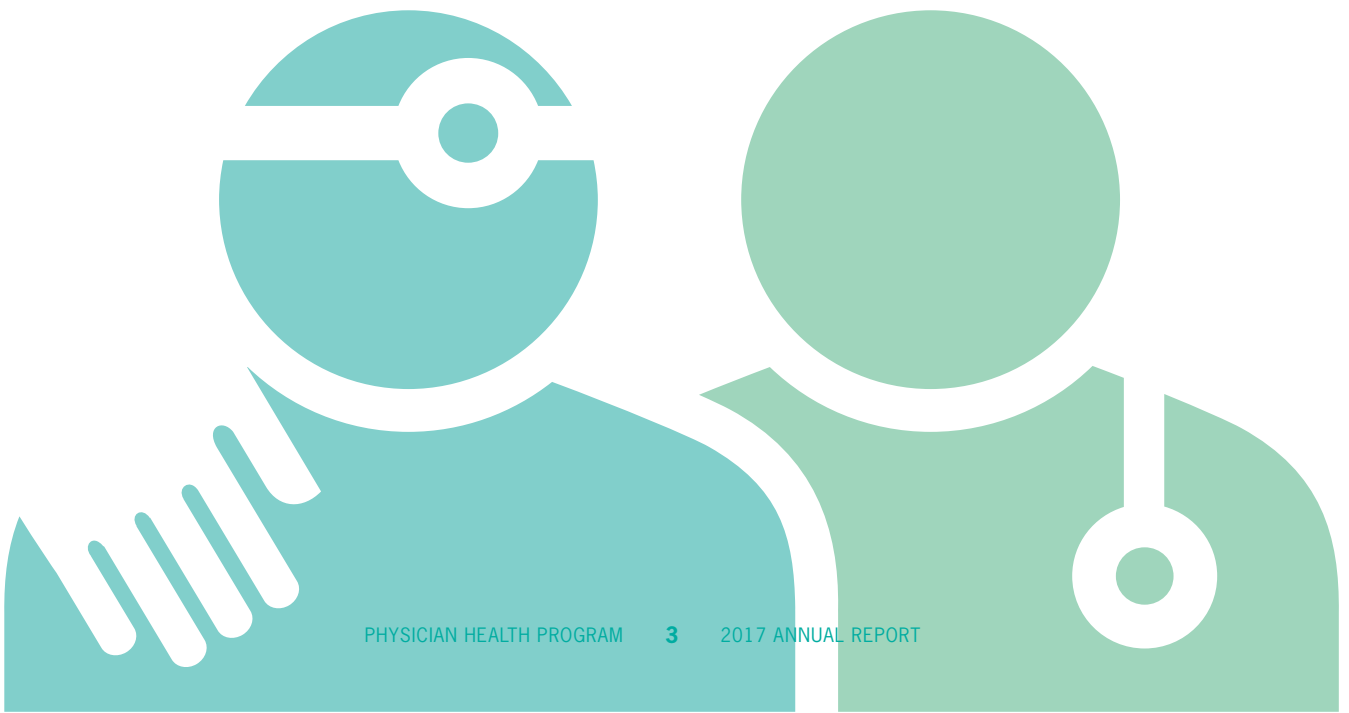


Mandate

The Physician Health Program of BC helps physicians and their families by:

- Fostering an environment of health and wellness;
- Offering prompt personalized assistance with a variety of issues, including
 - Physical health,
 - Mental health and addictions,
 - Difficult relationships;
- Advocating for the individual and collective health of physicians.

The Program provides a range of services, including: clinical counselling, assistance with attachment to a family physician, and occupational health assessments. Program staff also provide outreach by presenting at formal and informal learning events, and by facilitating small group experiences.





Governance Structure and Funding

The Physician Master Agreement (PMA) is negotiated periodically between the Government of BC and the Doctors of BC. The Program's funding is currently described under Article 6.9 of the 2014 Benefits Subsidiary Agreement, which is part of the PMA. The Government and the Doctors of BC sign a separate Letter of Expectations, which serves as the terms of reference for the Physician Health Program Steering Committee. The Steering Committee governs the Program in a manner consistent with the oversight of other collaborations between the Government and the Doctors of BC.

The Steering Committee is tasked with producing a multi-year strategic plan for the Program that aligns with the priorities of the two funders. It must also approve annually a work plan and budget for the upcoming year, and a report of the previous year's activities, along with policies that serve as decision-making guides for staff in the day-to-day operation of the Program.

The Government and the Doctors of BC sign a separate Letter of Expectations, which serves as the terms of reference for the Physician Health Program Steering Committee.

Committee members

Charuka Maheswaran

Doctors of BC Co-Chair

Doug Blackie

Ministry of Health Co-Chair

Yusuf Bawa

Doctors of BC Representative

Ashok Krishnamoorthy

Doctors of BC Representative

Selena Lawrie

Ministry of Health Representative

Dorothy Williams

Ministry of Health Representative

Program Staff

(As of December 2017)

Executive Director:

Andrew Clarke

Program Physicians:

Kathleen McGarvey, Doug McGhee, Peter Gibson, Maureen Mayhew

Clinical Coordinators:

Carol Faris, Lucy McCullough, Roxanne Joyce, Deanna Wilson

Senior Administrative Assistant:

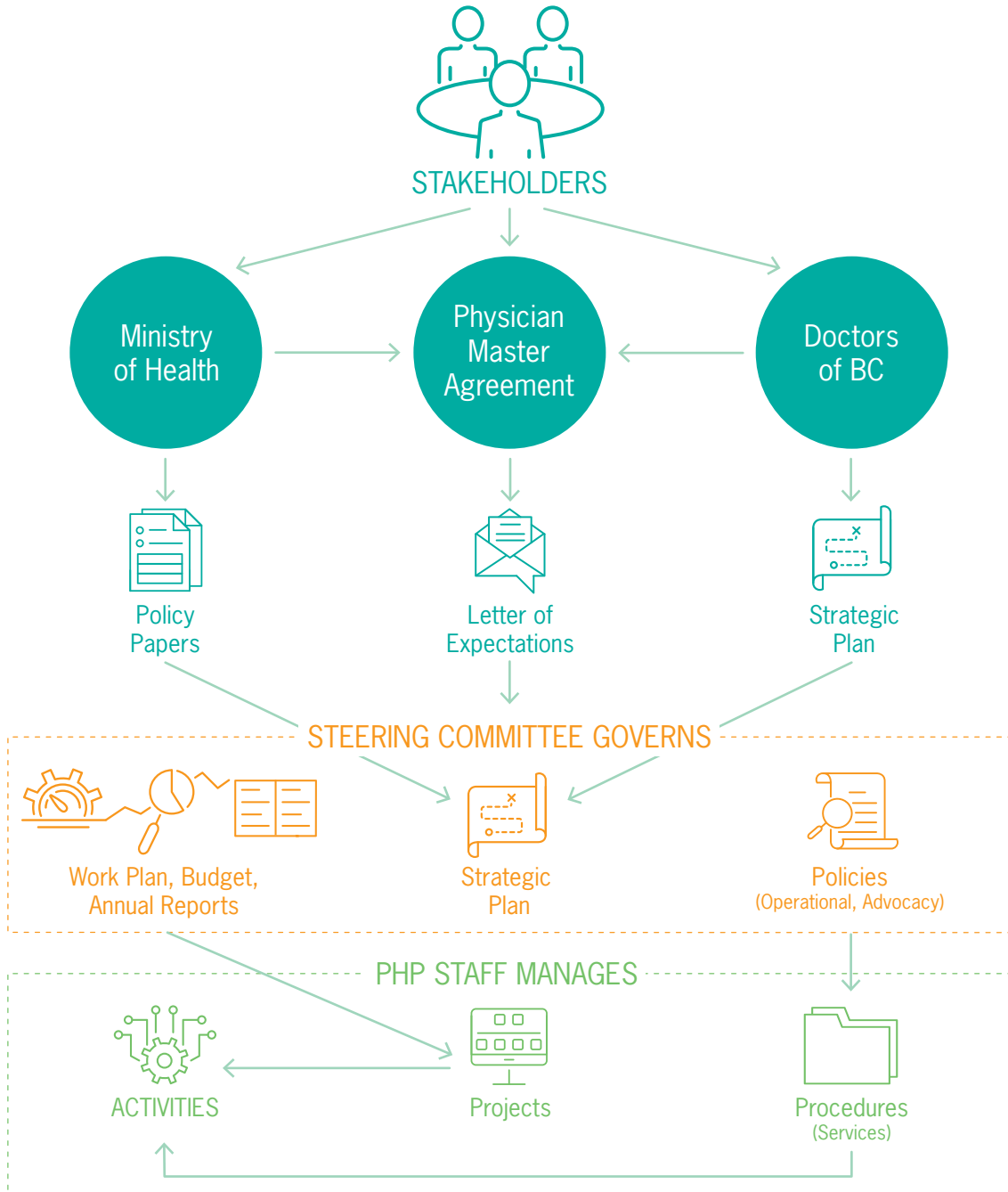
Karen McNaught

Operations Analyst

Rohan Vora



Governance Map





Report on Activities

Planned Work

The 2017 Work Plan for the Physician Health Program included: continuing to provide the current range of clinical and outreach services; pilot testing an external clinical review panel; working toward accreditation of the Program; planning to increase awareness of the Program, and intention to use the Program; assessing opportunities for expansion of service provision both to other provinces with less well-developed Physician Health Programs, and to other health professions in BC.

Services Provided

Demand for services provided by the Program continued to grow at a steady pace in 2017. Clinical services continue to consume the majority of the Program's resources. The following tables show the services provided, broken down along a number of dimensions.

PRINCIPAL SERVICE PROVIDED

Number of cases	CALENDAR YEAR				
	2017	2016	2015	2014	2013
Counselling	405	359	330	312	342
Family Doctor Connection	185	186	161	183	136
Occupational Health Assessment	62	79	83	60	60
Peer Support	32	33	37	19	30
Assistance Approaching a Colleague	25	27	28	21	10
Workplace Relationship Improvement	11	6	3	9	23
Assistance Returning to Work	23	12	16	11	6
TOTAL	743	702	658	615	607

PRINCIPAL ISSUE AT INTAKE¹

Proportion of cases²	2017	2016	2015	2014	2013
Individual Mental Health ³	53%	55%	54%	51%	48%
Family & Non-Occupational Relationships	23%	28%	24%	23%	26%
Occupational Issues	17%	12%	15%	19%	18%
Physical Health Issues	5%	4%	3%	2%	4%
Other Issues	2%	2%	3%	4%	2%

1. Excludes cases where the principal service provided was connection to a family physician.
2. Proportions may not sum to 100% because of rounding for presentation.
3. Including substance use.



CAREER STAGE OF ELIGIBLE PERSON

<i>Proportion of cases</i>	CALENDAR YEAR				
	2017	2016	2015	2014	2013
Practicing physician	62%	56%	59%	54%	61%
Resident/Fellow	19%	23%	22%	28%	25%
Medical student	17%	19%	17%	16%	13%
Retired	1%	3%	2%	1%	1%

RELATIONSHIP TO ELIGIBLE PERSON

<i>Proportion of cases</i>	CALENDAR YEAR				
	2017	2016	2015	2014	2013
Physician or Trainee	90%	90%	92%	89%	87%
Spouse	7%	7%	6%	7%	9%
Child	2%	2%	1%	2%	3%
Other relationship	1%	1%	0%	1%	1%



Overall case volume increased by approximately six percent.

Distribution of cases by principal service provided, principal problem presented, and relationship to eligible person all remained approximately constant. The proportion of postgraduate trainees seeking service declined slightly. This may be because we are now encouraging residents and fellows to seek counselling services through the Resident Wellness Office when their needs are not complex.



Service Policy Documentation

The steering committee adopted a template for the documentation of policies regarding provision of services. Several draft policies were reviewed, and will be finalized in a new format in 2018.

External Clinical Review

A pilot project to have complex cases reviewed anonymously by a panel of external experts was completed. The Forum of Canadian Physician Health Programs (FCPHP) consists of leaders from all provinces and territories where physician health programs are in operation. Program staff selected five of the most complex and controversial cases handled in the recent past. These cases were anonymized and presented to the FCPHP members for input. In all cases, the review panel confirmed the management of the case as described by Program Staff. Valuable lessons were learned about the efficient operation of such a review panel. The FCPHP continues to discuss how this might become a regular feature of future meetings.

The Forum of Canadian Physician Health Programs (FCPHP) consists of leaders from all provinces and territories where physician health programs are in operation.

Increasing Awareness of the Program

In the first quarter of 2017, a redesigned and simplified website was launched. The new website better readable from mobile browsers, and more prominently displays simplified descriptions of the services that the Program provides.

Achieve Sustainability Through Expansion

The Steering Committee decided to explore the possibility of providing services to both physicians in other provinces, and other professions within BC. Exploratory discussions were held with the BC Dental Association, and with the Medical Society of Prince Edward Island. As a result of these, a proposal to begin providing services to physicians and trainees in PEI was approved by the committee in November 2017. The Program will begin providing services to PEI in April 2018.

Working Toward Accreditation

A preliminary scan of possible avenues for accreditation was completed. All of these are quite complex and resource intensive. Further work on this was deferred, and instead efforts were concentrated on ensuring that the launch of service provision to PEI was successful.



Financial Results

Revenue

\$1,668,537

Excess



	Twelve months ending 2017-12-31	*Twelve months ending 2016-12-31	*Nine months ending 2015-12-31	Twelve months ending 2015-03-31	Twelve months ending 2014-03-31
Revenue	1,668,537	1,436,618	909,393	1,214,488	1,214,117
Expenses					
Clinical Services	1,196,222	1,036,500	661,146	736,375	601,645
Outreach Services	0	0	111,161	204,025	195,525
Administration	394,069	446,615	236,610	262,018	314,730
Excess (deficiency)	78,246	(46,497)	(99,524)	12,070	102,217
Net assets, beginning of period	375,026	421,523	521,047	508,977	406,760
Net assets, end of period	453,272	375,026	421,523	521,047	508,977

Copies of the auditors' report and full audited financial statements are available upon request.

As per Article 6.9 of the Benefits Subsidiary Agreement (part of the Physician Master Agreement, 2014), the Program's funding increased during 2017 from a total of 1.5 million per year, to 1.7 million per year (for the period of April 1, 2017 to March 31, 2018).

* During the year, it was determined that there was an error relating to sales tax amounts owing from the Program to Doctors of BC. This error has been corrected on a retroactive basis by restating the comparative balances.



Physician Health Program

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