

Annual Report 2012-2013



North Shore
Division of Family Practice
A GPSC initiative

Letter from the Chair

The North Shore Division of Family Practice has had a remarkable year – progress, transformation, and perhaps the light has finally gone on: when we get Primary Care right, the whole system works better.

The enclosed Reports present details.

We have grown steadily, and our 160 members now comprise essentially all active North Shore GPs.

Our members participate across a wide range of activities:

Board meetings, social events, working groups, focus groups, surveys, clinical initiatives, projects, and educational meetings.

Division activities focus firstly on our GP members: the Supporting Ourselves WG, CME On the Run, CPR updates, Billing evenings, and a stellar Christmas party.

We have also reached out to the community, via public lectures, and through dialogue and early partnership with the NS municipalities, and with the two North Shore First Nations.

Clinical working groups included Mental Health/Addiction, Palliative Care, IT, Healthy Community, High Needs, and GP-Specialist.

Health care partnerships include Coastal HSDA, Vancouver Coastal, GPSC, BCMA, PSP, PITO, Shared Care/Transitions in Care, other Divisions, LGH, BC Children's Hospital, Nurse Practitioners, Specialist colleagues, and the Physician Data Collaborative, Integrated Primary and Community Care, and a host of practitioners and support people from many disciplines.

Along the way, we're bringing change. Our members helped establish a successful Psychiatric Consultation Service, and a very promising Orthopedic Referral process. In June, a High Needs Service will open, and our Division will also consider a Community Attachment Initiative.

Our success stories always share two features: strong Primary Care involvement, and robust collaboration with health care partners.

The coming year will see our Division take an expanded active role in several areas, including PITO and IT, the High Needs service, and the Community Attachment Initiative. Undoubtedly more opportunities will come our way.

Above all, the NS Division is about people, and I want to mention some of them here.

Our Coordinator, Margaret English, came to us a year ago, immersed herself in a sea of work, and quickly grew into the role, with a range of skills. Katharine Knowles, Administrative Assistant, is a key member of the team. Bethina Abrahams, our Shared Care coordinator, guides



us smoothly through uncharted and challenging waters. Joanne Wall, Accountant, is essential to our success.

I also want to thank our Health Authority partners who work closely with us, in ways that simply wouldn't happen ten years ago. Wendy Hansson, Sandra Edelman, Laurie Leith, and Carole Gillam are 'main players', who lead the growing collaboration between our Division and VCH.

Our Board includes Juanita Anderson, Christine Florakas, Lisa Gaede, Jim Hayward, Genevieve Lauzon, Francis Vala, and Amy Weber. Our meetings are cordial, focused, funny, productive, task-oriented, occasionally diet-obsessed, and always a pleasure. This is an exceptional bunch, and they work very hard on our behalf.

Lastly, I thank our members –your support for the Division, your participation, and the fine clinical work you do every day - that's why we exist, and that's what makes it worthwhile.

I'm honored to work with all of you.

Dean Brown, MD, Chair, North Shore Division of Family Practice

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Board of Directors

Dr. Dean Brown, Chair

Dr. Genevieve Lauzon, Vice-Chair

Dr. Lisa Gaede, Treasurer

Dr. Juanita Anderson

Dr. Christine Florakas

Dr. Jim Hayward

Dr. Francis Vala

Dr. Amy Weber

Society's Purpose

- Provide leadership, guidance and support to family physicians in order to enhance care
- Provide a forum for family physicians to represent their expertise relating to issues of community and patient health
- Provide a forum for innovative and collaborative approaches to healthcare with other stakeholders
- Participate in planning of improvements, research, and evaluation in relation to patient care
- Develop and administer programs related to physician health

Collaborative Services Committee

The North Shore Division, Coastal Health, BCMA, GPSC and MoH together comprise the North Shore Collaborative Services Committee (CSC), the main forum for addressing system issues and changing primary care.

Aims

- Co-determine community health priorities and co-design solutions
- Improve patient care and system efficiencies within sphere of influence
- Support an innovative approach to population health
- Enhance Division-Coastal working relationships

Accomplishments

- Most of our clinically-oriented work is discussed and vetted at this table
- Enhanced working relationships among the stakeholders
- GPs now have a 'voice at the table'

Members

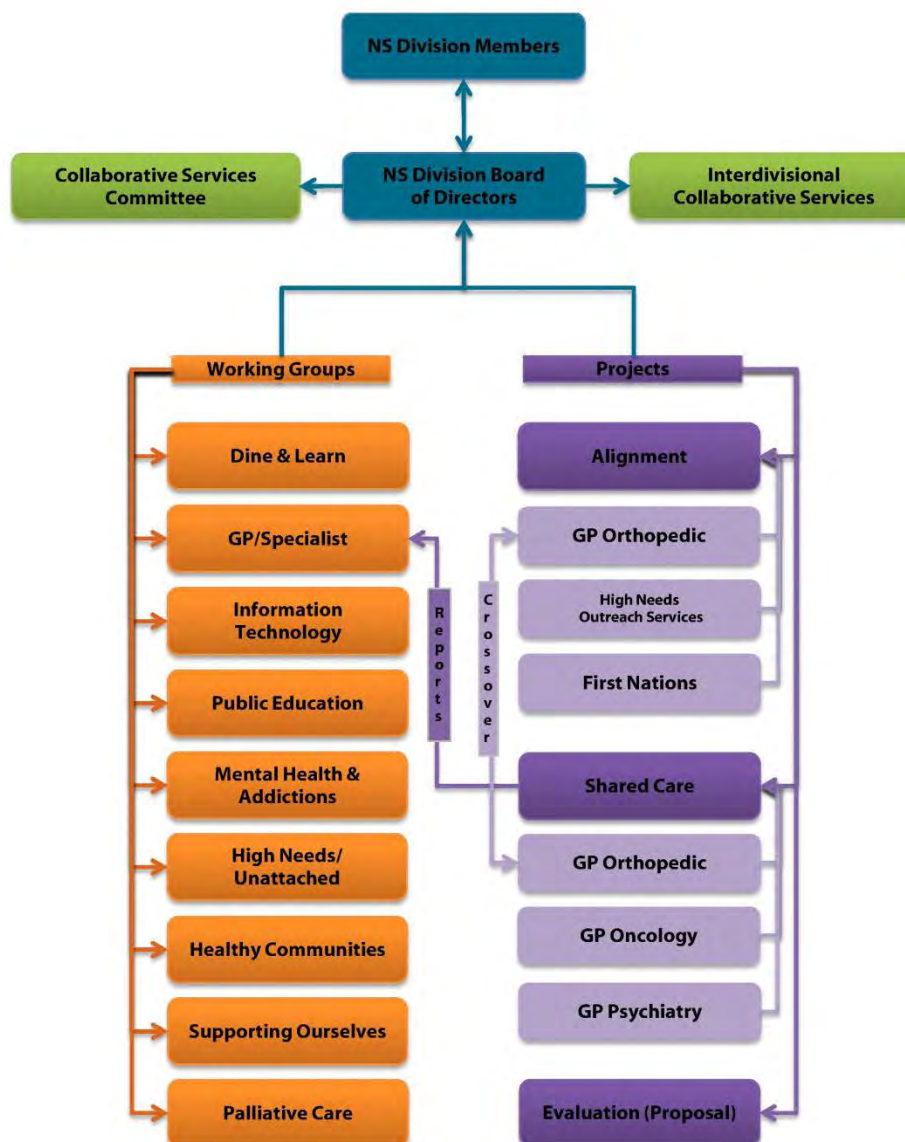
- **Division:** Doctors Lisa Gaede, Dean Brown, Genevieve Lauzon ; and Margaret English, Coordinator; Provincial Division office – Afsaneh Moradi, Physician Engagement Lead;
Coastal Health: Wendy Hansson, COO; Laurie Leith, Director of Community Health; Carole Gillam, ED Primary Care; and Sandra Edleman, Manager of Chronic Disease;
BCMA/GPSC/MoH: Dr. Garey Mazowita

Interdivisional Regional Council

All Divisions in Vancouver Coastal Health send representatives who meet quarterly with VCH leaders, to address regional health issues.

Working Groups

The following describes the aims, accomplishments and membership of the various North Shore Division working or discussion groups. Most involve collaboration with other stakeholders, e.g., Coastal, GPSC, Specialists, etc., while some include Division members only. These groups are a mainstay of Division activity.



High Needs/Unattached Patients

Aims

- Define the NS high needs/unattached population
- Meet the needs of these patients by providing care outside of ER for patients without a GP through a multi-disciplinary team approach
- Attach patients to primary care provider where possible
- Improve the patient and provider experience through a sustainable system

Accomplishments

- HealthConnection clinic to be launched July 2, 2013 – a high needs, multidisciplinary clinic; outreach services; with the goal of attaching patients to a primary care physician where possible
- Defined NS high needs/unattached population: 3,000 to 4,000 frequently using LGH ER and acute care services
- Developed online and laminated one-stop resource list noting key community and health care services
- Developing iPhone App that is scalable across BC
- Decrease this population's use of ER/acute

Members

- **Division** - Doctors Francis Vala and Dean Brown; and Margaret English, Coordinator;
Coastal Health - Sandra Edelman, Chronic Disease Manager; and, Ann Sarte, Team Leader, Chronic Disease Management



Mental Health and Addictions

Aims

- Improve access to MHA patient care and information
- Improve the consult process and decrease wait time for patients needing speciality care
- Appropriate use of Psychiatrist and Family Physician expertise
- Work towards a cleaner, clearer communication process for physicians and patients
- Improve the patient and provider experience through a sustainable system



Accomplishments

- CSC working group formed to explore and implement system changes
- Implementation of one-time consult service with Dr. Chinedu Iro
- Psychiatrist list developed for private, community and acute with wait times and sub-specialties
- Shared Care funding to support working group initiatives

Members

- **Division** - Doctors Dean Brown, Genevieve Lauzon, Aileen Moric; and Margaret English, Coordinator; **Psychiatrist** - Dr. Lance Patrick; **Coastal Health** - Elizabeth Stanger, Director of MHA; and, Ira Roness, Manager of MHA

Palliative Care

Aims

- Decrease unnecessary ER visits by palliative care patients
- Use community GP resources appropriately
- Improve the patient and provider experience through a sustainable system

Accomplishments

- Formed Division working group of NS Family Physicians and Palliative Care On Call Physicians
- Formed 24/7 call group for palliative care patients under the care of 10 community GPs who welcome new members.
- Provided dedicated on-call telephone line for on call group. Patients have access to a GP knowledgeable in Palliative Care within 2 hours of call



Members

- Doctors Juanita Anderson, Chair, Lucy McShane, Dean Brown, Jim Hayward, Dorothy Janzen, Wayne Smith, Sandra Wiebe, Susan Chow, and Paul Sugar

Supporting Ourselves

Aims

- Improve physician job satisfaction and health/well-being
- Facilitate collegiality among NS Family Physicians
- Promote education for Division members
- Improve the provider experience through a sustainable system
- Enhance short and long-term physician recruitment and retention

Accomplishments

- Presented billing talk to over 100 physicians & MOAs to enhance use of new billing codes
- Created awareness of physician health program at Division Dine & Learn
- CPR retraining and certification
- *CME on the Run* availability at Lions Gate Hospital
- Preferred purchase programs for office and medical supplies
- Social gatherings – Summer BBQ held 2012, Holiday Cocktail party
- Obtained NS community resources for GPs for seniors and parents/children patients
- Enhanced sense of community for NS physicians
- Developing a locum-friendly community to attract GP vacation relief and long-term recruitment through: advertising; past sponsorship of a UBC round table discussion between NS GPs and locums at the annual UBC *Practice Skills* conference; locum survey; website feature
- YouTube video criteria for presentations to GPs that are under 10 minutes in length

Members

- Doctors Juanita Anderson, Dean Brown, Christine Florakas, Amy Weber, Barbara Hejdankova, Ken Satake; and Margaret English, Coordinator



GP/Specialist Relations and Shared Care

Aims

- Improve access to patient care and information
- Cleaner, clearer communication and consult process with a reduced wait time for patients needing speciality care
- Develop a more tight-knit community between GPs and Specialists
- Improve the patient and provider experience through a sustainable system



Accomplishments

- Shared Care funding received to support projects related to GP/Orthopedics, GP Oncology and GP Mental Health along with Bethina Abrahams (from PSP) who has acted as project manager for all the Shared Care projects
- GP/Ortho group has developed a new centralized referral process for patients, a referral acknowledgement process and a telephone advice line that have been introduced
- GP/Mental Health has developed a rapid access Psychiatry consult service for a one time consult.
- The group is exploring future project possibilities at present with radiology and with hospitalists
- Hope to expand the referral acknowledgement process to other specialists

Members

- **GP/Psychiatry: Division** - Doctors Genevieve Lauzon, Dean Brown, Aileen Moric; and Margaret English, Coordinator; **Psychiatrists** - Dr. Chinedu Iro, Dr. Paul Termansen; **Coastal Health** - Susan Thack, VCH, North Shore Adult Community Mental Health
- **GP/Orthopedics: Division** - Doctors Lisa Gaede, Ruth Campling; and Margaret English, Coordinator; **Orthopedic surgeons** - Doctors Alan Baggoo, Victor Jando, Peter Zarkadis, and Paul Thompson
- **GP/Oncology: Division** - Doctors Dean Brown, Amy Weber; and Margaret English, Coordinator; **PCOC** - Dr. Peter Edmunds; **Oncologists** – Doctors Purneet Bains, Sasha Smiljanic; **Coastal Health** - Laurie Leith, Director Community Health

Information Technology

Aims

- Assist members in adoption of EMRs
- Work with PITO to provide resources for optimizing EMRs
- Enhance communication with specialist colleagues; support e-referral processes
- Enhance communication with the Health Authority; encourage timely transfer of information from hospital to members

Accomplishments

- June 2012 event for NS Specialists and Family Physicians; discussions regarding effective use of technology and EMRs on the North Shore
- Formation of the Oscar and Wolf User Groups
- Formation of the North Shore Multi-Vendor Community of Practice; working with PITO to secure direct funding to Divisions to support local IT projects
- Meeting with Health Authority to discuss Cerner implementation and the importance of linking to primary care
- Planning IT related Dine and Learn for fall 2013

Members

- **Division:** Doctors Krystine Sambor, Chair, Dean Brown, Dianne Barnett, Bryce Kelpin, and Peter Richards; **PITO:** Stan Shaw, Regional Lead



Dine and Learn

Aims

- Provide Family Physicians with educational opportunities about their role within the system and the health system's role within their practices
- Provide Family Physicians and Coastal with opportunities to dialogue about health care system changes
- Enhance sense of community among NS physicians
- Improve the patient and provider experience through a sustainable system

Accomplishments

- Division working group formed that guides work towards meeting the above
- Dine and Learn events held thus far: Asthma, COPD & Sleep Apnea, Addiction Management, Physician Organizations, Pediatrics, Geriatrics, Mental Health, Orthopedics, Palliative Care, Pediatrics, Population Health and Radiology
- Turnout is 30-55 family doctors, Goal is 4 events per year
- Dialogue at events has led to collaborative efforts in making health care system changes
- Enhanced relationships among GPs, Specialists and Coastal
- Increased sense of community among NS GPs

Members

- Doctors Lisa Gaede, Chair, Dean Brown, Juanita Anderson, Genevieve Lauzon; and Margaret English, Coordinator



Healthy Communities

Mission

- To improve the health of the North Shore community and to optimize the social determinants of health

Aims

- Relationship building with key stakeholders on the North Shore including municipal government leaders, school boards, first nations health leaders and public health
- Public education and advocacy toward building healthy communities
- Advocacy for improving social determinants of health including housing and food security

Accomplishments

- Presentation of the concept/mission of the Division of Family Practice to the City of North Vancouver City Council
- Upcoming presentations planned for the District of North Vancouver and the District of West Vancouver
- Family physician feedback provided to CNV re: using a health lens to review the Official Community Plan
- Met with CNV Mayor and Councillors to discuss areas of collaboration
- Met with DWV representatives to discuss areas of collaboration
- Process for accessing NS recreational centres for low income patients provided to NS GPs
- Organization of the first NS Division of Family Practice *Walk with Your Doc* event



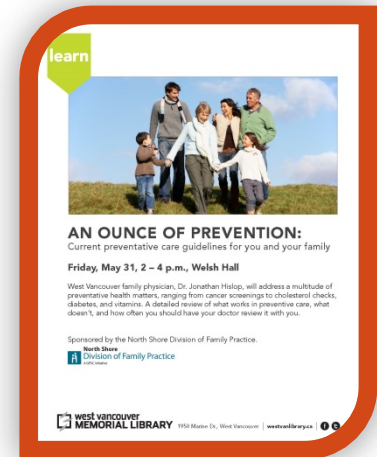
Members

- **Division:** Doctors Dean Brown, Amy Weber, Francis Vala; and Margaret English, Coordinator; **Coastal Health:** Dr. Brian O'Connor, Medical Health Officer

Public Education

Aims

- Provide reliable and scientific health information to the public free of charge, to raise awareness regarding a variety of health issues on the North Shore
- Create an opportunity for the public to ask questions and discuss concerns as a group in a time-permissive environment
- Create an opportunity to identify topics of interest to the public



Accomplishments

- Five successful presentations by several GP's on the NS with positive feedback and funding available for more
- Support from GPSC regarding possibility of ongoing funding for this project
- Support from VCH regarding venues and advertisement
- Interest from municipalities regarding venues (CNV)
- Interest from NS News (interviewed and posted)

Members

- Doctors Francis Vala, Genevieve Lauzon, and Hayley Broker

Integrated Practice Support Initiative (Alignment)

Aims

- Develop a model for delivery of enhanced services to Family Physicians
- Establish collaboration between the Division of Family Practice, the Physician Information Technology Office (PITO) and the Practice Support Program (PSP)
- Explore needs, issues and opportunities that could benefit from collaboration and implement appropriate joint initiatives



Accomplishments

- Establish a collaborative framework for the Division, PITO & PSP to work together to support Division initiatives
- Support the development of Health Connection, a clinic for high needs, unattached patients
- Develop a complexity scoring tool, intake criteria and triaging system for patients of Health Connection clinic
- Evaluate and select an EMR to support the Health Connection clinic and Outreach program
- Develop Orthopedic referral and acknowledgement processes and related forms and embed them in EMRs
- Educate and support Family Physicians, Orthopedic Specialists and their office staff on the new referral process

Members

- **Division** - Dr. Dean Brown and Margaret English, Coordinator; **Shared Care** - Bethina Abrahams; **PITO** - Stan Shaw, Costa Gavaris; **PSP** - Jo Kontogiannis, Swati Thakkar

North Shore Division of Family Practice
Preliminary Internal Statement of Financial Position
As of March 31, 2013

	Mar 31, 13	Mar 31, 12	\$ Change
ASSETS			
Current Assets			
Chequing/Savings			
1000 · Chequing	153,981.65	119,529.23	34,452.42
1010 · TelPay Clearing	10,927.81	0.00	10,927.81
1015 · Restricted Cash	211,598.68	134,309.46	77,289.22
	376,508.14	253,838.69	122,669.45
1200 · Accounts Receivable	119,883.26	6,270.62	113,612.64
1300 · Prepaid Expenses	6,535.00	11,400.00	-4,865.00
Total Current Assets	502,926.40	271,509.31	231,417.09
Fixed Assets			
1510 · Computer Equipment	1,161.08	978.45	182.63
1520 · Computer Software	718.44	0.00	718.44
1540 · Equipment	370.68	529.54	-158.86
Total Fixed Assets	2,250.20	1,507.99	742.21
TOTAL ASSETS	505,176.60	273,017.30	232,159.30
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
2000 · Accounts Payable	40,683.68	26,191.08	14,492.60
2100 · AMEX Credit Card	98.56	1,288.48	-1,189.92
2400 · Previously deferred MoH	58,677.77	105,301.37	-46,623.60
2410 · Currently deferred MOH	71,019.84	124,436.65	-53,416.81
2420 · Care Facility	100,000.00	0.00	100,000.00
2425 · Shared Care (TiC) - Restricted	201,138.94	-2,400.91	203,539.85
Total Current Liabilities	471,618.79	254,816.67	216,802.12
Equity			
3900 · Unrestricted Net Assets	18,200.63	7,789.27	10,411.36
Net Income	15,357.18	10,411.36	4,945.82
Total Equity	33,557.81	18,200.63	15,357.18
TOTAL LIABILITIES & EQUITY	505,176.60	273,017.30	232,159.30

Audited Financial Report 2011-2012 is attached.

North Shore Division of Family Practice

LGH

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The Divisions of Family Practice initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and the BC Medical Association.

www.divisionsbc.ca/northshore



**NORTH SHORE DIVISION OF
FAMILY PRACTICE SOCIETY**

**Financial Statements
March 31, 2012**

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INDEPENDENT AUDITORS' REPORT

TO THE MEMBERS OF NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY

Report on the Financial Statements

We have audited the accompanying financial statements of North Shore Division of Family Practice Society, which comprise the statement of financial position as at March 31, 2012, and the statements of operations and changes in net assets for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of North Shore Division of Family Practice Society at March 31, 2012, and the results of its operations and changes in its net assets for the year then ended in accordance with Canadian generally accepted accounting principles.

Other Matter

The figures reported on the financial statements as at March 31, 2011 and for the year then ended were prepared by another accounting firm and have not been audited, reviewed or otherwise verified for accuracy or completeness, therefore, we express no assurance on the comparative figures.

Report on Other Legal and Regulatory Requirements

As required by the *Society Act* (British Columbia), we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

SmytheRatcliffe LLP

Chartered Accountants

Vancouver, British Columbia
June 26, 2012

NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY
Statement of Financial Position
March 31

	2012	2011
		(unaudited)
Assets		
Current		
Cash	\$ 253,839	\$ 229,871
Amounts receivable	8,834	1,427
Prepaid expenses	11,400	1,000
	274,073	232,298
Capital Assets (note 5)	1,508	2,386
	\$ 275,581	\$ 234,684
Liabilities		
Current		
Accounts payable and accrued liabilities (note 6)	\$ 27,412	\$ 11,282
Amount due to BCMA (note 7)	105,301	42,130
Deferred revenue (note 7)	124,437	173,484
	257,150	226,896
Net Assets		
Unrestricted net assets	16,923	5,402
Investment in capital assets	1,508	2,386
	18,431	7,788
	\$ 275,581	\$ 234,684

Approved on behalf of the Board:

..... Director

..... Director

NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY
Statement of Operations
Year Ended March 31

	2012	2011
		(unaudited)
Revenues		
Government funding	\$ 271,879	\$ 144,386
GST/HST rebate	6,200	1,427
Interest	4,415	2,976
	282,494	148,789
Expenses		
Administration (schedule)	181,190	105,141
Event expenses	32,311	22,634
Physicians Data Collaborative	18,000	0
Professional fees	14,195	3,390
Non-recoverable GST/HST	11,464	2,649
Food and beverage	5,850	1,444
Travel	4,579	105
Office supplies	3,384	5,026
Amortization	878	612
	271,851	141,001
Excess of Revenues over Expenses for Year	\$ 10,643	\$ 7,788

NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY
Statement of Changes in Net Assets
Year Ended March 31

	Unrestricted	Invested in Capital Assets	2012	2011 (unaudited)
Balance, Beginning of Year	\$ 5,402	\$ 2,386	\$ 7,788	\$ 0
Excess of Revenues over Expenses	10,643	0	10,643	7,788
Amortization of Capital Assets	878	(878)	0	0
Balance, End of Year	\$ 16,923	\$ 1,508	\$ 18,431	\$ 7,788

NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY

Notes to Financial Statements

Year Ended March 31, 2012

1. PURPOSE AND STATUS

The North Shore Division of Family Practice (the "Society") is a not-for-profit organization incorporated under the *Society Act* (British Columbia) and is a community-based organization consisting of family physicians. The purpose of the Society is for member physicians to address common health care goals and improve patient care in the North Vancouver area.

2. ECONOMIC DEPENDENCE

The Society is dependent on the British Columbia Ministry of Health (the "Ministry") with respect to revenues. The Ministry funding represents approximately 95% of revenues for the year ended March 31, 2012. The funding is provided on a contract basis for a one-year term.

3. SIGNIFICANT ACCOUNTING POLICIES

(a) Revenue recognition

The Society follows the deferral method of accounting for contributions. Restricted contributions to cover the Society's expenses are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Investment income earned on contributions is recognized as revenue when earned.

(b) Capital assets

Amortization of capital assets is calculated on the declining-balance basis at the following annual rates:

Computer equipment	- 30%
Office equipment	- 30%
Computer software	- 100%

(c) Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Estimates include the useful life of assets for purposes of amortization and accruals. Management believes these estimates are reasonable; however, actual results could differ from those estimates and could impact future results of operations and cash flows.

NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY

Notes to Financial Statements

Year Ended March 31, 2012

3. SIGNIFICANT ACCOUNTING POLICIES (Continued)

(d) Financial instruments

All financial instruments are classified into one of these five categories: held-for-trading, held-to-maturity, loans and receivables, available-for-sale financial assets or other financial liabilities. All financial instruments are measured in the statement of financial position at fair value, except for loans and receivables, held-to-maturity investments and other financial liabilities, which are measured at amortized cost. Any financial instrument may be designated as held-for-trading upon initial recognition.

The Society has classified its cash as held-for-trading; accounts receivable, as loans and receivables; and accounts payable and accrued liabilities, as other liabilities.

The Society has chosen to continue to follow the Canadian Institute of Chartered Accountants' ("CICA") accounting standard *Financial Instruments – Disclosure and Presentation*, and not adopt revised standards as permitted for not-for-profit organizations.

4. FINANCIAL INSTRUMENTS

(a) Fair value

The carrying values of cash, accounts receivable, and accounts payable and accrued liabilities approximate their fair values due to the short-term maturity of these financial instruments.

(b) Credit risk

The Society is not exposed to credit risk as it does not have a significant amount of accounts receivable as at March 31, 2012. Credit risk with respect to cash is minimized as the cash is held with a major Canadian financial institution.

(c) Interest rate risk

The Society is not exposed to significant interest rate risk due to the short-term maturity of its monetary assets and liabilities.

(d) Currency risk

The Society is not exposed to significant currency risk as all of its cash is denominated in Canadian dollars.

NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY

Notes to Financial Statements

Year Ended March 31, 2012

5. CAPITAL ASSETS

		2012		2011	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value	
					(unaudited)
Computer equipment	\$ 1,644	\$ 666	\$ 978	\$ 1,398	
Equipment	890	360	530	756	
Computer software	464	464	0	232	
	\$ 2,998	\$ 1,490	\$ 1,508	\$ 2,386	

6. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

Included in accounts payable and accrued liabilities is \$8,279 due to directors of the Society. These liabilities arose from transactions that were in the Society's normal course of operations.

7. DEFERRED REVENUE

	2012	2011
		(unaudited)
Ministry of Health funding	\$ 124,437	\$ 173,484

During the year, the Society received funding from the Ministry of \$325,000 (2011 - \$360,000). As of March 31, 2012, all of the funds had not been spent by the Society and a proposal was presented to the Ministry to carry-over the funding to the 2013 fiscal year. This proposal was approved by the Ministry.

The funds received from the Ministry for the fiscal 2011 year were carried over into the fiscal 2012 year. As at March 31, 2012, \$105,301 (2011 - \$42,130) remained unspent. In accordance with the funding agreement, the Society will repay this balance to the Ministry during the fiscal 2013 year.

8. STATEMENT OF CASH FLOWS

No statement of cash flows has been presented since principal operating and investing activities may be readily apparent from the other financial statements, and presenting such a statement would provide no additional information.

9. RESERVE MANAGEMENT

The Society's objective when managing its capital is to safeguard the Society's ability to continue as a going concern so that it can continue to provide benefits for its members. The Society plans to achieve this objective by focusing on cost control and budgeting of government funding to fund operations.

NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY
Notes to Financial Statements
Year Ended March 31, 2012

10. FUTURE ACCOUNTING CHANGE

In December 2010, the CICA, in conjunction with the Accounting Standards Board, issued Part III – Accounting Standards for Not-for-Profit Organizations of the CICA Handbook. For fiscal years beginning on or after January 1, 2012, not-for-profit entities will be required to report under these new standards. This will affect the Society's annual financial statements for the March 31, 2013 fiscal year, and may require restatement of the Society's March 31, 2012 figures for comparative purposes. Significant changes to the Society's financial statements are not anticipated.

11. COMPARATIVE FIGURES

Certain of the comparative figures previously reported have been reclassified to conform to the current year's presentation.

NORTH SHORE DIVISION OF FAMILY PRACTICE SOCIETY
Schedule of Administrative Expenses
Year Ended March 31

	2012	2011
		(unaudited)
Expenses		
Coordinator	\$ 39,484	\$ 20,945
Society administration	36,540	22,550
Board	27,965	26,144
Professional development	20,310	3,128
Members	19,231	11,362
Conference attendance	816	0
	144,346	84,129
Committees		
Standing Working Groups ¹	19,771	14,722
CSC Working Groups ²	12,820	4,870
Project Working Groups ³	2,971	1,420
Discussion Groups ⁴	1,282	0
	36,844	21,012
	\$ 181,190	\$ 105,141

¹ Palliative Care, Supporting Ourselves

² Collaborative Care, GP/Specialist Relationship, Mental Health and Addictions

³ GP/Specialist Relationship, IT/EMR

⁴ Social Housing