

6- VANESSA YOUNG



Briefly describe why you are interested in a Director position with the SIDFP:

Ongoing curiosity and optimism in primary care reform.

Briefly describe any ability and/or skills you can contribute to the governance of the SIDFP:

6 years SIDFP Board experience. GPSC experience as an Island Division representative for 1 year.

Biography:

It is with ongoing curiosity and, surprisingly, optimism, that I'm putting my name forward again to be a Board member/Director, for the South Island Division of Family Practice. Now that the Primary Care Network work is moving into implementation (after an admittedly agonizing 2 year planning phase) I feel the SIDFP can regain focus on you, our members. I wish to see us focus on physician wellness; safe social connection despite the pandemic; abundant educational opportunities for cultural safety and anti-racism dialogue; and direct clinic IT support and solutions.

Now is an exciting time in community primary care, with an alternate funding model about to be available, for the first time, which has the potential to decrease the current inequity which many of us feel.

Please support me, to support you. Thank you for your support over the past 6 years.

DECLARATION OF COMPETING INTERESTS

Please answer the following questions:

1. Do you currently accept or have you in the past five years accepted funding from a Pharmaceutical company, Information Technology company, Medical Supply company or community based medical organization for any of the following:

Funding Type:**Organization:**

A fee for speaking?

No

A fee for organizing education?

other than med student teaching, no

Funds for research?

NO

Financial support for a member of your staff?

No

Fees for Consulting?

not other than from MSP for

sport medicine consulting

Purchase of or maintenance of IT equipment

NO

2. Do you hold any stocks or shares in any organization that may in any way gain or lose financially from your work with the Division?

YES: _____ NO: ✓

3. Do you hold a University appointment?

YES: ✓ NO: _____

4. Do you sit on any boards of health care organizations or community organizations or societies that may gain or lose financially from your work with the Division?

YES: _____ NO: ✓ IF YES, PLEASE SPECIFY: _____

DECLARATION OF INTERESTS FORM

4. Do you hold any leadership positions in any health care organization or community organization or agencies that may gain or lose from your work with the Chapter?
YES _____ NO ✓ IF YES, PLEASE SPECIFY _____

5. Do you have any other competing financial interests?
YES _____ NO ✓ IF YES, PLEASE SPECIFY _____

I, Wendy Davis have read the above questions, understood them, and hereby certify that my answers are true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of any facts, will render this pledge void.

SIGNATURE: [Signature]

WITNESS NAME: Shirley

WITNESS SIGNATURE: [Signature]

DATE: 10 Aug 10