



Public Health Physicians of Canada

Annual Report

January 2019 to December 2019

Annual General Meeting

April 26, 2019

10:00-10:30 ET / 07:00 – 07:30 PT

Annual General Meeting Minutes - 2019

For Membership Approval

April 28, 2019

Shaw Centre
Ottawa, Ontario

Participants:

Sandra	Allison (President)	Conrad	Tsang
Lindsay	Bowthorpe	Ingrid	Tyler
Catherine	Brown	Sara	Whitehead
Alanna	Fitzgerald-Husek	Annalee	Yassi
Collen	Fuller	Eric	Young
Yipeng	Ge	Ariella	Zbar
Andrew	Gray	Austin	Zygmunt
Jasmine	Hasselback	Gaynor	Watson-Creed
Mustafa	Hirji		
Jia	Hu		
Fareen	Karachiwalla		
Joel	Kettner		
Jong	Kim		
Rakel	Kling	Secretariat Support Staff:	
Julie	Kryzanowski	Leah	Salvage
Odette	Laplante		
Jennifer	LeMessurier		
Jordan	Lerner		
Bendan	Lew		
Dolly	Lin		
Chris	Mackie		
Shannon	McDonald		
Mark	Mckelvie		
David	McKeown		
Kieran	Moore		
Brent	Moloughney		
Cordell	Neudorf		
Jasmine	Pawa		
Thomas	Piggott		
Sudit	Ranade		
David	Salisbury		
Michael	Schwandt		
Susan	Stock		
Yassen	Tcholakov		
David	Torr		
Ethan	Toumishey		

Item 1: Call to Order & Introductions

Meeting was called to order by PHPC President Sandra Allison. She welcomed members to the meeting and introduced the 2017-2019 PHPC Council.

Item 2: Approval of the Agenda

The Agenda was approved as presented.

Motion: Approval of the 2019 AGM Agenda.

Moved: Jia Hu

Second: Jasmine Pawa

Motion Carried.

Item 3: Approval of the 2018 Annual General Meeting Minutes

The minutes were approved as presented.

Motion: Approval of the 2018 AGM minutes.

Moved: Shovita Padhi

Second: Joel Kettner

Motion Carried.

Item 4: President's Update

Sandra Allison thanked everyone who has volunteered with the Public Health Physicians of Canada (PHPC) this past year. She gave a brief history of changes for the organization over the past ten years. The Hot Topics Forums continue to be highly successful and PHPC has recently launched the Research, Education and Practice (REP) Rounds series. The need to align our CPD with advocacy efforts was discussed and Sandra highlighted the success of offering a two-day CPD Symposium. Networking opportunities continue to expand and include the annual society dinner, CPD Symposium, Provincial Liaison Leaders' Network, Rural Remote & Northern Public Health Network and webinars. The organization has also been advocating for the speciality through committees and its relationship with national partners.

Item 5: Treasurer's Report

The Treasurer's Report was attached, and discussion was led by Sandra Allison.

Sandra presented the 2018 Statement of Operations and explained the variances. There was a small decrease in membership revenue due to a technical difficulty with membership renewal associated with changes in payment provider services. The CPD revenue was significantly higher due to an increase in registration and the move to a two-day format; this was accompanied by associated higher event costs however. Advertising revenue increased slightly over 2017. PHPC negotiated a new secretariat support agreement with the Canadian Public Health Association (CPHA) that included additional support time for PHPC as well as an agreement with the Urban Public Health Network (UPHN) to share additional support services.

The 2019 budget projections are on track, although a small deficit is expected due to the postponement of the initiation of a joint needs-assessment conducted with ASMPQ, from 2018 to 2019. Member renewal rates and advertising revenue is on track to meet the budgeted amount. There is a small increase to the travel budget to allow for the President to conduct increased advocacy at the national level.

The 2020 budget is based on the previous budget and anticipates membership revenues to continue to increase.

Motion: 2018 Audited Statements be ratified.

Moved: Helena Swinkels

Second: Shovita Padhi

Motion Carried.

Motion: That the budget for 2020 be accepted as presented.

Moved: Helena Swinkels

Second: Jasmine Hasselback

Motion Carried.

Motion: Approval of OUSELEY HANVEY CLIPSHAM DEEP LLP Canada as Auditor for 2019.

Moved: Helena Swinkels

Second: Sandra Allison

Motion Carried.

Item 6: Location and timing of the 2019 Annual General Meeting

The 2020 AGM is planned for **Sunday, April 26, 2020** (tentative) in Winnipeg, MB.

President's Report

April 26, 2020

I know these are strange and challenging times in many ways. I'd like to acknowledge the incredible effort public health physicians and the teams we work with are putting into the COVID-19 response, as well as continuing other public health work, across the country. I'm inspired by the dedication, professionalism, kindness and thoughtfulness I've seen in colleagues working in public health.

PHPC has continued to grow and build on its work in its key areas of focus:

- Education and Continuing Professional Development
- Advocacy and Current Issues
- National Specialty Society Organization and Governance
- Public Health Specialist Supports
- Networking and Mentorship

We continue these activities mindful of the importance of avoiding duplication with the work of other organizations and with an approach that is constructive and supportive of colleagues working locally, regionally, provincially/territorially, and nationally.

Recent examples have including increased CPD offerings; increased connections with the Canadian Task Force on Preventive Health Care; and strengthened partnerships with national organizations such as the Royal College of Physicians and Surgeons of Canada and other national specialty societies. We have been working closely with the Urban Public Health Network, as well as rural and remote physicians, to strengthen the collective voice of public health physicians.

We know there will continue to be a great deal of work and challenges ahead. We can try as much as we feel able to meet fear/anxiety/anger with empathy & compassion. And throughout hopefully find some time and space to take care of ourselves and others.

Please don't hesitate to reach out if you have comments, questions, thoughts. Thank you for everything that you are doing.

Dr. Jasmine Pawa

President, Public Health Physicians of Canada

Treasurer's Report

Introduction

This report summarizes the 2019 financial statements, reviews the 2020 budget to date and presents the 2021 budget of PHPC for approval.

2019 Financial Statements

The 2019 approved budget and year end actuals show significant differences. Membership revenue was slightly lower than budgeted, but this was offset by an increase in website advertising revenue. The CPD event revenue was significantly higher than budgeted due to an increase in registration. This revenue was offset somewhat with the associated higher costs of the event. PHPC negotiated a new secretariat support agreement with the Canadian Public Health Association (CPHA) that included additional support time for PHPC as well as an agreement with the Urban Public Health Network (UPHN) to share additional support services. Increased expenditures were largely due to increased secretariat support through CPHA, as well as expenses related to a new CPD project, creating online modules from the Queen's University National Review Course.

Financial Position

The PHPC financial position is strong with net assets of \$87,455. Investment amounts show a \$26K increase in comparison to 2018 year end results due to an increase in investments as a result of timing differences between matured and re-invested GICs. Total liabilities increased by \$8K from 2018 mainly due to contractual obligations with CPHA.

Income Statement - Revenues

The December 31, 2019 financial statements show revenues of \$114,164, an increase from \$94,733 in 2018. This reflects an increase in membership dues amounting to \$63,160 (increased from \$53,152 in 2018), an increase in web-site advertising fees to \$12,000 (from \$9,600 in 2018), but decreased from peak of \$14,400 in 2015) and \$14,563 additional revenue from the shared secretariat support agreement with UPHN. Interest income was slightly higher than budgeted in 2019.

Income Statement - Expenses

Total 2019 expenditures amounted to \$113,430, with \$72,779 being CPHA administrative and financial support costs. The CPHA costs are an increase of \$23,963 over the 2019 budget due to a contract for renewed and increased support effective November 1, 2018. Miscellaneous expenses were higher in 2019 by \$816 than budgeted due to an increase in membership fees for the Canadian Coalition for Public Health in the 21st Century. Consultant expenses increased due to the video recording and editing costs for the CPD project to develop online learning modules from the Queen's University National Review Course.

Net Revenue

The 2019 net revenue is \$734, \$7,860 short of that budgeted, mainly due to higher CPHA support costs..

Proposed Motion: That the PHPC membership ratify the 2019 Audited statements

2020 Budget Review

As of April 1, 2020, membership revenue is \$53,020, significantly lower than \$61,645 in revenue on the same date last year. This is likely due to the COVID-19 crisis. Membership renewal reminders have been paused in acknowledgement of the increase in workload for many members and will resume as the crisis eases. PHPC is hosting a virtual symposium that will generate approximately \$4,400 in new revenue. The new agreement to share secretariat support with UPHN provides added annual revenue of \$14,563.

PHPC is currently planning to hold a one-day symposium in conjunction with Public Health 2020, in Winnipeg, on October 13, 2020. This will depend on current public health measures and the stage of the public health response to the pandemic. The in-person symposium and society dinner are organized to be revenue neutral for the organization.

Consultant fees are higher than budgeted due to PHPC undertaking a new online CPD project creating online modules from the Queen's University National Review Course.

Due to the investment in online CPD modules and revenue from the virtual symposium, the net projection is for a slightly larger deficit of \$3,10600.

2021 Budget Approval

The 2020 budget is presented for approval by the membership. Proposed 2021 membership revenue remains the same at \$65,000. Both revenues and expenses for the CPD Event are similar to the 2020 budget with the continuation of the two-day format. There is a slight increase in UPHN support revenue due to an annual increase of 2%.

Overall expenses for 2021 are budgeted to increase compared to the 2020 budget mostly due to contractual increases in CPHA costs reflective of the new MOU signed November 1, 2018.

Proposed Motion: That the PHPC membership approves the proposed 2021 budget as presented.

Auditor Selection

The auditor proposed for the 2020 audit is same as last year, Ouseley Hanvey Clipsham Deep, LLP.

Proposed Motion: That PHPC membership approves the contract with Ouseley Hanvey Clipsham Deep, LLP for the 2020 audit.

Dr. Jia Hu
Treasurer, Public Health Physicians of Canada

PUBLIC HEALTH PHYSICIANS OF CANADA

FINANCIAL STATEMENTS
DECEMBER 31, 2019

INDEPENDENT AUDITOR'S REPORT

To the Members,
Public Health Physicians of Canada:

Opinion

We have audited the financial statements of Public Health Physicians of Canada ("the Entity"), which comprise the statement of financial position as at December 31, 2019, and the statements of changes in net assets, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity, or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

OUSELEY HANVEY CLIPSHAM DEEP LLP

Licensed Public Accountants

Ottawa, Ontario

DATE TBD

PUBLIC HEALTH PHYSICIANS OF CANADA

STATEMENT OF FINANCIAL POSITION AS AT DECEMBER 31, 2019

	2019	2018
CURRENT ASSETS		
Cash	\$ 24,248	\$ 41,667
Short-term investments (note 4)	92,246	30,602
Accounts receivable	800	954
Prepaid expenses	642	501
	117,936	73,724
INVESTMENTS (note 4)		35,541
	\$ 117,936	\$ 109,265
CURRENT LIABILITIES		
Accounts payable and accrued liabilities (note 5)	\$ 28,051	\$ 20,083
Deferred membership revenue	2,430	2,461
	30,481	22,544
FUND BALANCES		
Founding Memberships Endowment	5,929	5,821
Unrestricted	81,526	80,900
	87,455	86,721
	\$ 117,936	\$ 109,265

Approved on behalf of the Board:

Director

Director

PUBLIC HEALTH PHYSICIANS OF CANADA

STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2019

	Unrestricted	Founding Memberships Endowment	2019	2018
Balance, beginning of year	\$ 80,900	\$ 5,821	\$ 86,721	\$ 91,553
Net revenue (expense) for the year	626	108	734	(4,832)
Balance, end of year	\$ 81,526	\$ 5,929	\$ 87,455	\$ 86,721

PUBLIC HEALTH PHYSICIANS OF CANADA

STATEMENT OF OPERATIONS AND FUND BALANCES FOR THE YEAR ENDED DECEMBER 31, 2019

	2019	2018
REVENUE		
Secretariat support	\$ 14,563	2,427
Membership dues	63,160	53,152
Advertising	12,000	9,600
Meetings and conventions	22,675	28,450
Investment income	1,766	1,104
	114,164	94,733
EXPENSE		
Management fees (note 5)	72,779	52,012
Meetings and conventions	21,182	29,763
Professional fees	3,334	3,277
Contractors and consultants	4,435	-
Bank charges	1,751	1,475
Miscellaneous	3,136	3,818
Website	2,429	2,084
Travel	740	2,777
Translation	3,605	4,326
Postage, courier and telephone	39	33
	113,430	99,565
NET REVENUE (EXPENSE) FOR THE YEAR	\$ 734	\$ (4,832)

PUBLIC HEALTH PHYSICIANS OF CANADA

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2019

	2019	2018
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CASH PROVIDED BY (USED FOR)		
OPERATING ACTIVITIES		
Net revenue (expense) for the year	\$ 734	\$ (4,832)
Change in non-cash working capital items:		
Accounts receivable	154	646
Prepaid expenses	(142)	(221)
Accounts payable and accrued liabilities	7,969	4,505
Deferred revenue	(31)	(12,011)
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FUNDS PROVIDED (USED) BY OPERATING ACTIVITIES	8,684	(11,913)
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INVESTING AND FINANCING ACTIVITIES		
Decrease (increase) in investments	(26,103)	14,561
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INCREASE (DECREASE) IN CASH	(17,419)	2,648
Cash beginning of year	41,667	39,019
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CASH END OF YEAR	\$ 24,248	\$ 41,667
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PUBLIC HEALTH PHYSICIANS OF CANADA

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2019

1. PURPOSE OF ORGANIZATION

The Public Health Physicians of Canada seeks to promote the educational and scientific advancement of the broad discipline of public health and preventive medicine. The principal source of revenue for the organization is derived from annual dues charged to its members. The organization is incorporated without share capital under the Canada Not-for-profit Corporations Act. The organization is a not-for-profit organization under the Income Tax Act and, as such, is exempt from income taxes

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Revenues from projects and national office revenues are recognized based on the funding bodies' reporting requirements which are generally related directly to project expenses. Funds received from the funding bodies are recorded as deferred revenues until the revenue is recognized. The disbursement of project revenue is generally subject to audit by the funding body. Based on experience the Association believes costs ultimately disallowed, if any, would be immaterial to the financial statements. Adjustments to prior years' contributions are recorded in the year in which the funding body requests the adjustment.

Membership dues are recognized as revenue over the year to which they relate. Meetings and conventions revenues are recognized in the year during which the event occurs. Advertising revenues are recognized at the time services are rendered to the customer.

(b) Financial instruments

Investments in equity instruments quoted in an active market are initially recognized at fair value and are subsequently measured at the year-end fair value. Other financial instruments are initially recognized at fair value and are subsequently measured at cost, amortized cost or cost less appropriate allowances for impairment.

Financial assets measured at amortized cost include cash, investments and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

(c) Use of estimates

The preparation of these financial statements in conformity with Canadian accounting standards for not-for-profit organizations 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. Actual results could differ from those estimates. These estimates are reviewed annually and as adjustments become necessary, they are recorded in the financial statements in the period in which they become known.

(d) Contributed services

The organization relies on contributed goods and services of which the value has not been recorded in these financial statements because of the difficulty in determining their fair values.

3. FINANCIAL INSTRUMENTS

The organization is exposed to currency, interest rate and market risks through its investments. The organization follows investment policies and practices to control the amount of risk to which it is exposed. The maximum investment risk is represented by the fair value of investments. It is management's opinion that the carrying amounts of the financial instruments approximate their fair value.

PUBLIC HEALTH PHYSICIANS OF CANADA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019

4. INVESTMENTS

Investments consist of Guaranteed Income Certificates (GIC's) maturing in 2020 with interest rates between 1.9% and 2.3%.

5. CONTRACTUAL OBLIGATION

The organization has a multi-year agreement with the Canadian Public Health Association (CPHA) for management services. This agreement has no specified end date but can be terminated with 90 days written notice by either party. The annual payments related to this agreement are \$72,779, subject to an annual inflationary increase of 2% commencing January 1, 2020.

2020 Budget with Projections and Proposed 2021 Budget

2021 Budget for Membership Approval

PUBLIC HEALTH PHYSICIANS OF CANADA 2021 BUDGET

	BUDGET 2020	PROJECTIONS 2020	DRAFT BUDGET 2021
REVENUE:			
Interest Income	1,200.00	1,360.00	1,200.00
Membership Dues	65,500.00	65,000.00	65,000.00
Members' Dinner	4,500.00	4,500.00	4,500.00
Conference Symposium Registration	11,800.00	12,900.00	14,000.00
Web-site Advertisement	9,600.00	9,600.00	10,000.00
UPHN Secretariat Support	14,854.00	14,563.00	15,151.00
Total revenues	107,454.00	107,923.00	109,851.00
EXPENDITURE:			
Contractor Services		4,435.00	
Miscellaneous	1,520.00	1,520.00	1,120.00
Bank Charges	1,600.00	1,600.00	1,800.00
Postage/Courier	50.00	50.00	50.00
Telephone/Fax	350.00	350.00	350.00
Photo/Print/Office supplies	1,000.00	1,000.00	1,000.00
Translation	5,000.00	5,000.00	4,000.00
Travel	2,000.00	2,000.00	3,000.00
Membership & Financial Admin.	74,234.00	74,234.00	75,719.00
Annual Meeting	500.00	500.00	500.00
Members' Dinner	4,500.00	4,500.00	4,500.00
Conference Symposium	11,800.00	8,000.00	11,800.00
Professional Fees	3,390.00	3,390.00	3,447.00
Website	3,400.00	3,400.00	2,600.00
Awards	1,050.00	1,050.00	1,050.00
Total expenses	110,394.00	111,029.00	110,936.00
NET REVENUE (EXPENDITURE)	(2,940.00)	(3,106.00)	(1,085.00)

Membership Report

April 26, 2020

According to the Royal College of Physicians and Surgeons of Canada (RCPSC) website's Directory of Fellows, the total number of PHPM specialists across Canada in 2019 is estimated to be 545. In addition, the RCPSC Directory of Fellows listed 10 PHPM Fellows located outside of Canada in 2019. This number does not account for other physicians working in public health, which further increases number of potential PHPC members.

PHPC has approximately 350 members with an additional 100 resident members.

In 2017, PHPC signed an 18-month conjoint membership agreement with the Association des Spécialistes en Médecine Préventive du Québec (ASMPQ), which allowed for full ASMPQ members to become PHPC members, with approximately 190 potential new members. This agreement originally included a positive enrollment process for ASMPQ members to join PHPC. This membership agreement has been renewed annually and now includes an opt-out enrollment process for all ASMPQ members moving forward. In total, PHPC saw an increase of 120 full members in 2019. PHPC welcomes all of our new members!

PHPC is working to increase membership by focusing on engaging current members and building awareness of the Association. The Provincial/Regional Liaison Leaders program continues to raise awareness of the Association throughout Canada. PHPC Council has reviewed the strategic priorities for the Association and is actively working to ensure that PHPC offers relevant and high quality programs and supports to members.

Public Health Physicians of Canada
Annual General Meeting – Sunday, April 26, 2020

Membership by year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total Resident Members	35	85	81	85	92	112	71	81	106	109	115	106
New Graduate Members	7	5	6	4	9	4	3	15	9	13	17	12
New Full Members	2	2	2	2	2	11	3	5	23	14	9	2
Full/Active Members	115	133	114	135	116	105	102	94	118	128	130	133
ASMPQ Conjoint Members										37	71	191
New Associate Members	1	1	0	0	3	0	1					
Associate Members	1	3	4	3	1	3	1					
Corresponding Members	4	3	2	5	2	7	4	4	4	5	4	4
Emeritus Members	3	3	2	5	5	5	3	4	5	5	9	11
Honorary Members	2	1	1	1	1	1	1	1	1	1	1	1
Total Full Members	128	143	124	146	129	127	112	122	160	203	241	354
Number of FRCPC PHPM physicians registered with the RCPC	421	428	414	420	424	440	445	455	468	480	523	545