

# Minutes of the CMA Annual General Meeting 2023

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# Reports and updates

## Welcome and meeting outline

1. The 156th Annual General Meeting (AGM) of the Canadian Medical Association (CMA) was held on Aug. 16, 2023. Dr. Melanie Bechard chaired the meeting; Dr. André Bernard was the vice chair. Dr. Bechard introduced Mr. Dave Bennett, a professional registered parliamentarian and meeting support specialist, to assist with meeting rules and processes.
2. Dr. Bechard confirmed quorum of and called the meeting to order.
3. Dr. Bechard began by highlighting the CMA journey to reconciliation. She noted that she is chairing the meeting from Ottawa, and shared the words beautifully written by Elders of this territory for the recently unveiled land acknowledgement plaque at the CMA office: *The CMA acknowledges that our head office in Ottawa, Ontario, is located on the never surrendered homeland of the Anishinabe Algonquin Nation, a land of spirit and purity, of healing plants and sacred waters, provided to the People by Creator since time immemorial. With great humility, we offer gratitude for the commitment that the Anishinabe Algonquin have always held in keeping the 'Song of a Healthy Nation' alive for all people of this beautiful land. The request we make to the People of the Host Nation is that they bless our efforts here, in the heart of their territory, to become an inextinguishable light in the field of health and wellness.* She noted the responsibility of Canadians to understand the history of the land on which they live, and to acknowledge that the Indigenous Peoples who have called that place home since time immemorial have had their systems and structures disrupted by colonialism. She invited participants to reflect on the territory where they are.
4. Dr. Bernard provided detailed technical instructions regarding the AGM platform site and meeting rules of engagement. Dr. Bechard then outlined the procedural and meeting management aspect of the AGM with three goals: (1) to engage members in debate, (2) to manage time effectively and (3) to maintain order/civility, respect and a safe meeting environment.

## Remarks from CMA leadership

### **Chair of the board of directors address**

5. Dr. Suzanne Strasberg, CMA board chair, noted that the CMA's Impact 2040 strategy was developed through an 18-month consultation to drive change in health care systems, working environments and health services access in Canada. To fully focus on these strategic priorities within a challenging economic environment, difficult decisions were undertaken on the suite of programs and tools offered to physicians. She highlighted that the CMA's consultative approach is central to prioritizing what matters most to physicians: pan-Canadian licensure; seeking perspectives on the role of the private sector in the public health care system; and a newly created administrative burden working group. In addition, the CMA has

committed to a path of reconciliation and anti-racism and will apply these lenses to its work. In closing, she thanked the CMA leadership for their dedication to bringing the strategy to life on this important journey that requires sustained commitment to change, strategic vision and collective effort.

### ***President address***

6. Dr. Alika Lafontaine addressed the membership and reflected on his presidency. He noted that the CMA was the first national medical organization to declare a building crisis and imminent collapse of Canada's health care systems. Widespread staff shortages in primary care have led patients to seek care in emergency departments and elsewhere in health services. Years of underfunding and cuts to primary care, uncoordinated health human resource planning, outdated regulatory structures and deteriorating work environments are driving care providers away from where they are most needed.
7. He highlighted the CMA's relentless message that more resources are needed and must be invested and rebuilt differently to achieve patient access to health services, and healthy working environments for providers. The messages have yielded results including the largest federal government budget investment since 2000, shifts in licensure and a national conversation on physician health. He also stressed that there is more to do in many areas, including moving forward with an apology process related to the historical treatment of Indigenous patients. He said that it may seem like change does not happen for a long time, and then it suddenly does; whether governments and health systems follow through or revert to status quos will be the difference between the stabilization of health care or its continued decline.
8. In closing, he said it had been an honour to serve as president, to travel to many parts of this beautiful country. He hoped his voice brought Canadian health care closer to what we wished it could be. He also thanked his family for lending him to the CMA this year and hoped he had made them proud. He provided Dr. Kathleen Ross the same advice he received when he became president: the best way to make things better, is together.

### ***President-elect address***

9. Dr. Kathleen Ross, the CMA's president-elect, shared her personal journey through leadership and medicine, grounded by her family and their own health care struggles. She noted her medical career has varied from researcher to clinician, rural to urban, acute to community, and local to global. She highlighted that cracks in the system affect patient care and detract from the experience of medicine; to achieve different results, physicians must speak up and share experience and knowledge to drive improvement. She noted we must consider the role of social determinants of health including food security, income, housing, education, racism and discrimination. We must acknowledge the unacceptable barriers to health faced by First Nations, Inuit and Métis Peoples and commit as a profession to do better as we walk the path toward reconciliation.
10. In closing, she committed to supporting the CMA's Impact 2040 strategy, reducing administrative burdens, improving access to team-based care, implementing pan-Canadian licensure, exploring public and private health care and addressing the systemic causes of physician burnout. She noted everyone can do their part to lead health system change for generations to come, and to speak up, lean in and be the light shining through the cracks.

### ***Francophone spokesperson address***

11. Dr. Jean-Joseph Condé, the CMA's Francophone spokesperson, spoke about the CMA's impact in French-speaking Canada and areas where the CMA is investing to propose solutions to halt the health system collapse while protecting its staff. At the CMA's behest, health was on the Council of the Federation's agenda and premiers committed to promoting labour mobility. In addition, the CMA's media strategy provides maximum impact on decision-makers and the public and resonates with Francophone audiences.
12. He noted that the CMA continues to collaborate with the Collège des médecins du Québec, the Fédération des médecins spécialistes du Québec and the Fédération des médecins omnipraticiens du Québec. Initiatives included a joint letter to provincial, territorial and federal governments urging them to build a better health care system; the CMA is also closely following Bill 15 in Quebec, which aims to reform the governance of the health care system.
13. He also highlighted joint offerings with other organizations including training on leadership for medical residents, managers of family medicine groups, and an upcoming program for medical specialists. The CMA also partnered on physician workshops on quality of life, work climate and burnout, and it will present the 7<sup>th</sup> Canadian Conference on Physician Health (CCPH) in November. Finally, he noted the digital and print publication of the *Canadian Medical Association Journal* in French.

### ***Board chair and CEO annual report and strategy update***

14. Dr. Strasberg noted that CMA Impact 2040 strategy focuses on health, the health care system and the health workforce as a starting point. As progress is made in one area, resources will shift to new priorities including emerging issues that warrant action. To maintain this focus and discipline, an issue intake process has been introduced to assess whether emerging issues align with the CMA's mandate, strategy and principles of equity, diversity, transparency, accountability and impact. She highlighted progress made in several provinces on the issue of pan-Canadian licensure. In addition, she noted the Indigenous Guiding Circle meetings and fireside chats held to talk about how to move forward together on reconciliation including the CMA's commitment to an apology for the harms caused to Indigenous Peoples in health care.
15. Mr. Tim Smith, CEO of the CMA Group of Companies, highlighted other strategic initiatives including eight health human resource recommendations to the federal government, many of which were reflected in the House of Commons Standing Committee on Health report. He also noted the establishment of an administrative burden working group to bring forward recommendations to improve physician wellness; the CMA policy on Environmentally Sustainable Health Systems in Canada; the Bold Choices in Health Care summit series; and the launch of CMA Media to improve the quality and quantity of health system news in Canada.
16. Mr. Smith also outlined important philanthropic initiatives including the CMA Foundation funding of community-based and Indigenous-led wellness initiatives in First Nations, Inuit and Métis communities; and on COVID-19 research and vaccine equity. He also noted programs, delivered in partnership by the CMA, Scotiabank and MD Financial Management Inc. through the Affinity relationship, including a 10-year commitment of \$115 million to physician wellness and cultural issues in medicine; and \$10 million in flexible

funding through the launch of a new grant program to measurably reduce the administrative burden facing physicians.

17. Dr. Strasberg, in closing, highlighted how members could get involved and provide input including the Health Summit; the physician leaders virtual symposium; the Canadian Conference on Physician Health; town halls on public/private health care; engagement sessions on physical, psychological and cultural safety; consultation on administrative burden; and a governance engagement community.

## Strategy Q&A with president, board chair and Francophone spokesperson

18. Dr. Bernard moderated a question-and-answer session with CMA leadership. Topics included: measures to immediately increase the number of physicians; recruitment of international medical graduates; mitigating the poaching of health care workers; deteriorating access to care in rural areas; team-based care; primary care; artificial intelligence in health care; the possibility of reopening the issue of income-splitting in medical corporations; national strategies to influence provincial and territorial health care; and CMA neutrality in working with political parties.

## Audit and Finance Committee report

19. Dr. David Cram, chair of the CMA Audit and Finance Committee, directed members to the 2022 CMA audited nonconsolidated financial statements and highlighted that the association simplified its corporate structure by combining three separate entities into one: CMA Impact Inc. He noted a tumultuous financial market and the CMA focus on system-level change led to decisions to wind down the clinical tools program and the practice management curriculum. The CMA also plans to refine its Physician Leadership Institute program offerings. He also noted that the editor-in-chief and the publisher of *CMAJ* decided to sunset *CMAJ Open*. Finally, he shared that the 2024 CMA membership fee remains at \$195 for practising physicians; the fee continues to be waived for students, residents and retired doctors.
20. Dr. Bernard moderated a question-and-answer session on the Audit and Finance Committee report. Topics included: the cost of clinical tools, rationale for discontinuation and the effect on physicians; past and future trends in CMA membership numbers; the rationale for and impact of decreased *CMAJ* funding; new initiatives to engage with the profession; the CMA's move from member focused to profession focused; and the CMA pension plans (i.e., a closed defined benefit plan and a current defined contribution plan).
21. It was moved and seconded:

***The Canadian Medical Association hereby appoints Ernst & Young LLP as external auditors of the association, to hold office as auditors to the association until the next annual meeting of the association or until their successors are appointed.***

**Resolution AGM 23-1**

**Carried**

## Governance Committee report and engagement session

22. Dr. Carl Nohr, chair of the CMA Governance Committee, provided an overview of the committee's role and composition, outlined the newly formed governance engagement community and shared the results of a recent governance survey.
23. Dr. Bechard moderated a question-and-answer session. Topics included: the CMA's role, responsiveness and accountability to members (i.e., guiding vs. representing members or the profession); the impact of CMA's financial independence from members; the status of conjoint membership with provincial/territorial medical associations and their ability to influence strategic direction; the fiduciary duty of the board of directors and its composition (i.e., possible inclusion of more non-physicians); the loss of products and services (i.e., the ethical and legal framework for the cancellation of clinical tools); and engagement opportunities since the move away from General Council to other mechanisms (i.e., surveys).
24. Dr. Nohr then outlined governance elements of the presidency currently under review: the president-elect candidate pool, electorate and ratification; and the roles of the past president. It was noted that the work completed to date included internal stakeholder surveys, benchmarking research, a member survey and a governance engagement community session.
25. Dr. Bechard moderated members' feedback on these governance concepts during a question-and-answer session. A range of views were expressed on the advantages and disadvantages of various candidate pool and electorate options (e.g., national, provincial/territorial or larger regional zones). Feedback included: a perceived need for a national organization to also have a national electorate; a concern that smaller provinces/territories may lose opportunities given their smaller communities and resources within a national electorate; the need for mechanisms to ensure equitable access to candidates; the cost of and interest in the president role and other CMA leadership roles; and the resources required to support the large nominations workload.
26. Participants were then informally polled to inform further governance consultation in the following areas: president-elect candidate pool; president-elect electorate; ratification of a provincial/territorial nominee; and the role of the past president on the Nominations Committee.
  - President-elect candidate pool: 45% status quo (alphabetical rotation of provinces/territories); 31% candidates from anywhere in Canada; 20% another option; and 4% didn't know.
  - CMA president-elect electorate: 32% status quo (province or territory); 62% any member in Canada; and 7% another option.
  - Ratification of provincial/territorial nominee: 27% status quo (by General Council delegates); 34% by all members; 35% found no ratification necessary; and 4% don't know.
  - Past president's role on the Nominations Committee: 58% status quo (i.e., the past president continues to serve as chair); 30% a committee member but not the chair; 8% said not involved in the committee; 2% another option; and 3% didn't know.
  - Role of chair the Nominations Committee: 52% said status quo (the past president continues to chair); 5% said a CMA board member other than the past president; 30% said a member of the Nominations

Committee other than the past president, chosen by the committee; 10% said a member at large; 1% said another option; and 2% didn't know.

27. Dr. Nohr ended the session by outlining next steps in the consultation process including fall 2023 engagement leading to any proposed bylaw changes at the May 2024 AGM.

## Q&A with CMA leadership

28. Dr. Bernard moderated a final question-and-answer session. Questions addressed included: the legal basis for board changes to products offered (i.e., discontinuation of clinical tools) and whether alternatives could be considered (e.g., partnering with medical journals); the CMA Foundation granting process and accountabilities; the CMA value proposition and ability to engage and represent members; the composition of AGM attendees (i.e., CMA leadership vs. general members); the roles of the provincial/territorial medical associations and the CMA; membership models (i.e., paid vs. free); leadership diversity; medical school enrolment and demographics; supports to international medical graduates; the catalyst for the CMA's public-private strategy; efforts to reduce the administrative burden; the crisis in family medicine; and how best to make primary care appealing again. In addition, a range of suggestions brought forward included: seeking to transition physicians to federal employees with national mobility to address system crisis; exploring a national physician income equity strategy; developing national electronic medical records standards; and initiatives on AI tools and technical assistance.
29. In closing, Dr. Bechard thanked members for their questions and provided further detail on how to bring forward any additional questions following the AGM.
30. The AGM concluded at 3:24 pm Eastern Time.

## Nominations Committee report and General Council ratification

31. Dr. Bechard confirmed quorum and called the General Council meeting to order. She invited Dr. Katharine Smart, chair of the CMA Nominations Committee, to present her report. Dr. Smart chaired this portion of the meeting and reminded delegates about the rules of engagement for the meeting and how to vote and raise procedural motions.
32. Dr. Smart began by recognizing the CMA board directors and committee members whose terms are ending. She noted that the Nominations Committee is guided by the CMA Bylaws and Operating Rules and Procedures to ensure a fair, transparent and effective process. She said that following a broad call for expressions of interest, applicants were invited to complete a self-assessment on skills specific to the position for which they were applying and optionally to self-identify with respect to diversity attributes. An additional call was issued in July, owing to an unexpected vacancy for the resident director on the board of directors.
33. Dr. Smart highlighted that working groups of the Nominations Committee review applications, may choose to interview candidates, and recommend one candidate per vacancy to the full Nominations Committee.



The Nominations Committee then considers these and brings forward a slate of nominees to General Council for ratification. The Nominations Committee report was provided to members on Aug. 1; the addendum was provided on Aug. 9 and added to the report.

34. Dr. Smart highlighted that, as no eligible candidates came forward, the following Nominations Committee vacancies will be filled in 2024: Manitoba member, Northwest Territories member, Quebec member and resident member.
35. Dr. Smart noted that the president-elect nominee is chosen through an election at the provincial or territorial level. This year, the president-elect nominee is from Manitoba where the electorate comprised Doctors Manitoba members who are also CMA members.
36. It was moved and seconded:

***General Council delegates ratify en bloc all board and committee positions as presented in the CMA Nominations Committee report and addendum, and as projected during the meeting of General Council delegates on Aug. 16, 2023.***

**Resolution GC24-01**

**Carried**

## **President-elect**

37. Dr. Joss Reimer was ratified as president-elect for the 2023–24 association year.

## **Board of directors**

38. The following individuals were appointed/reappointed to the board of directors for a three-year term, starting on Aug. 16, 2023:
  - Dr. Amanda Brisebois (AB – 1st term)
  - Dr. Aaron Chiu (MB – 1st term)
  - Dr. Gerard MacDonald (NS – 2nd term)
  - Dr. Clare Kozroski (SK – 2nd term)
  - Dr. Alexander Poole (YT – 2nd term)
39. The following individuals were appointed/reappointed to the board of directors for a one-year term, starting on Aug. 16, 2023:
  - Dr. Yipeng Ge (Resident – 1st term)
  - Ms. Santanna Hernandez (Student – 2nd term)

## **Audit and Finance Committee**

40. The following individual was appointed to the Audit and Finance Committee for a three-year term, starting on Aug. 16, 2023:
  - Dr. Alykhan Abdulla (Member-at-large – 1st term)

## **Committee on Ethics**

41. The following individuals were appointed/reappointed to the Committee on Ethics for a one-year term, starting on Aug. 16, 2023:
- Dr. Gali Katznelson (Resident – 1st term)
  - Ms. Fiza Javed (Student – 2nd term)

## **Nominations Committee**

42. The following individuals were appointed/reappointed to the Nominations Committee for a three-year term, starting on Aug. 16, 2023:
- Dr. Daisy Dulay (BC – 1st term)
  - Dr. Mark MacMillan (NB – 1st term)
  - Dr. Lynn Dwyer (NL – 2nd term)
  - Dr. Leisha Hawker (NS – 1st term)
  - Dr. Christie MacDonald (ON – 1st term)
  - Dr. Larry Pan (PE – 2nd term)
  - Dr. Allan Woo (SK – 2nd term)
  - Dr. Yong “Jason” Xiao (YT – 2nd term)
43. The following individual was appointed to the Nominations Committee for a one-year term, starting on Aug. 16, 2023:
- Ms. Navjit Moore (Student – 1st term)
44. The meeting of General Council delegates was then adjourned.

# Officials

## AGM chair and vice chair, 2023

<b>Chair / Speaker</b>	Melanie Bechard, MD
<b>Vice chair / Deputy speaker</b>	André Bernard, MD

## Board of directors, 2022–23

<b>Board chair</b>	Suzanne Strasberg, MD
<b>President</b>	Alika Lafontaine, MD
<b>President-elect</b>	Kathleen Ross, MD
<b>Past president</b>	Katharine Smart, MD
<b>Alberta</b>	Carl Nohr, MD
<b>British Columbia</b>	Nigel G. Walton, MD
<b>Manitoba</b>	David Cram, MD
<b>New Brunswick</b>	Allison Kennedy, MD
<b>Newfoundland and Labrador</b>	Paula Cashin, MD
<b>Nova Scotia</b>	Gerard MacDonald, MD
<b>Northwest Territories</b>	Courtney Howard, MD
<b>Ontario</b>	Rachel Forman, MD
<b>Prince Edward Island</b>	Larry Pan, MD
<b>Quebec</b>	Dr. Jean-Joseph Condé, MD
<b>Saskatchewan</b>	Clare Kozroski, MD
<b>Yukon</b>	Alexander Poole, MD
<b>Non-physician</b>	Janet Ecker
<b>Resident</b>	Esther Kim, MD (until July 1, 2023)
<b>Student</b>	Santanna Hernandez