

# Minutes of the CMA Annual General Meeting 2022

---

## Table of contents

- Reports and updates ..... 1**
  - Welcome and outline of the meeting ..... 1
  - Remarks from CMA leadership ..... 1
  - Audit and Finance Committee report ..... 3
  - Governance Committee report ..... 4
  - Q&A with presidents, board chair and vice-chair, and francophone spokesperson ..... 6
- Nominations Committee report and General Council ratification ..... 6**
- Officials ..... 8**

© 2023 Canadian Medical Association

These minutes are prepared for discussion with members of the Canadian Medical Association only. You may, for your non-commercial use, reproduce in whole or in part, and in any form or manner, unlimited copies of CMA Annual General Meeting minutes, provided credit is given to the original source.

Royalty fees do not apply.

For further information, please contact:

Canadian Medical Association, Suite 500 – 1410 Blair Place, Ottawa ON K1J 9B9

Tel.: 800-267-9703; 613-731-9331

---

# Reports and updates

## Welcome and outline of the meeting

1. The 155<sup>th</sup> Annual General Meeting (AGM) of the Canadian Medical Association (CMA) was held on Aug. 21, 2022. Dr. Melanie Bechard chaired the meeting; Dr. Kim Kelly was the vice-chair. Dr. Bechard introduced Mr. Dave Bennett, a Professional Registered Parliamentarian and meeting support specialist, who assisted with meeting rules and processes.
2. Dr. Bechard acknowledged that the AGM speakers joined the meeting from Toronto, located on the Treaty lands of the Mississaugas of the Credit and the traditional territory of the Anishinabeg, the Wendat and the Haudenosaunee. She thanked the membership for their ongoing dedication to patient care during a third year of pandemic challenges and their commitment to advocating for health reform. Dr. Kelly provided detailed technical instructions regarding the AGM platform site and meeting rules of engagement. Mr. Bennett outlined his role to facilitate a successful meeting as an impartial advisor, grounded in Robert's Rules of Order, with three overarching goals: (1) to engage members in debate, (2) to manage time effectively, and (3) to maintain order/civility and ensure attendees acted with professional decorum.

## Remarks from CMA leadership

### ***President's address***

3. CMA President Dr. Katharine Smart addressed the membership and reflected on her presidency. She won the election one month before the start of the pandemic and a year later came into the role at a divisive time for the nation, as society grappled with vaccine mandates, overwhelmed ICUs, public health protections, and increasing harassment and intimidation of health care workers. Throughout the pandemic, the CMA has advocated to the federal government to revitalize Canada's crumbling health care system, with regular meetings with Members of Parliament on overhauling primary care, the need for an integrated health human resource plan, breaking down regulatory barriers to national physician licensure to improve health workforce mobility, and investments in long-term care and home care to better support aging Canadians. As Canada began to lift public health restrictions and emerge from the pandemic, Dr. Smart began attending provincial/territorial medical association (PTMA) meetings and other medical conferences in person to discuss critical issues facing the profession and share details about the CMA's new strategic plan – Impact 2040. Meanwhile, a parallel “infodemic” was emerging and giving rise to a slew of misinformation, largely online. Social media has been instrumental in combating this “infodemic” with science-based, factual information about COVID-19 and vaccination campaigns, while also allowing for greater connectivity and networking with Canadian physicians. In closing, Dr. Smart shared her pride in the profession and what it means for her to be a physician; health is a constellation of experiences greatly influenced by the social determinants of health – more than a diagnosis and treatment plan. Physicians play a vital role in advocating for a society where all

children have the same opportunity for a healthy and meaningful future. She encouraged physicians to use their platform and privilege to continue having the necessary hard conversations, speak the truth, and push the envelope even further. Dr. Smart thanked her family for their ongoing support, her board colleagues for their insights, and CMA staff for their expertise, before passing the baton to incoming President Dr. Alika Lafontaine.

#### ***President-elect's address***

4. Dr. Lafontaine, CMA president-elect, thanked Dr. Smart for being the authentic voice needed over the last year. He then shared a story about his upbringing and an early diagnosis of a learning disability, and how he and his family overcame this together by trying different solutions and teaching methods, coupled with non-scholastic experiences to help him grow as a person. His parents believed that the future written by the educators' accepted wisdom was not necessarily correct or set in stone; they leaned into their deep knowledge of their son and helped him forge a new path. The current chaotic state of the Canadian health care system may be well served by taking a similar approach; lean into the negative experiences and lean on each other for support, iterate toward better solutions grounded in physicians' deep knowledge of the system, try new methods, challenge the status quo, and partner with allies to forge a more sustainable health system that treats patients with respect, supports health care workers and prioritizes team-based care. In this time of great uncertainty about the future of Canadian health care, amplified by the ongoing challenges to physician well-being (burnout, bullying and harassment, administrative burden), change is not only possible but necessary to rewrite the narrative of what it means to be a physician and better partner with patients and allied health colleagues.

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

5. Dr. Suzanne Strasberg, CMA board chair, thanked members for their time and dedication to their association. Her role as chair is to facilitate effective board leadership and good governance, ensuring the CMA delivers on its strategy – Impact 2040. This long-term strategy is anchored in four beliefs: (i) everyone should have an equal chance to be healthy, (ii) our health system must be sustainable, accessible and treat patients as true partners in care, (iii) physicians need support as both people and professionals, and (iv) medical culture must embrace equity, diversity and inclusion.
6. The CMA played an important role in the adoption of federal legislation aimed at protecting health care workers from physical and psychological harassment (Bill C-3) and are now actively advocating for its full enforcement across the country. In other areas of work, the CMA is looking to partner and co-create with members, patients and other key health stakeholders. One recent example was the convening of two emergency health summits this past year in partnership with the Canadian Nurses Association; recommendations stemming from these collaborative events, which brought together dozens of organizations, were well received by the federal government. Work also continues with the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada to better integrate virtual care into Canadian health systems. Dr. Smart had also recently met with ten premiers at the Council of the Federation to demand an immediate action plan to address the health human resource crisis and advocate for improved health care labour mobility.
7. The CMA is also very committed to improving engagement with physicians and making the organization more equitable, diverse and inclusive, while walking on the path toward reconciliation in allyship with Indigenous,

Métis and First Nations Peoples. Examples include the CMA Governance Committee advancing enhancements to equity, diversity and inclusion in the CMA's governance structures; a physician advisory group chaired by Dr. Smart developing a new engagement model to better connect, collaborate and co-create with CMA members; and the CMA convening a Guiding Circle of Indigenous leaders and knowledge-keepers to advance equitable health care for everyone in Canada.

8. In closing, Dr. Strasberg shared a story about a young woman from her clinical practice who she has cared for since birth and who lives in a diverse and historically challenged neighbourhood of Toronto. Dr. Strasberg had told all her young patients she would buy them their first stethoscope if and when they were admitted to medical school; this woman overcame countless barriers to be admitted into medical school and became the first recipient of a free stethoscope courtesy of Dr. Strasberg.

#### ***Francophone spokesperson's address***

9. Dr. Abdo Shabah, CMA francophone spokesperson, spoke about ongoing initiatives in Quebec and how Impact 2040's four pillars will help support physicians in the province. The CMA is now engaging in quarterly meetings with the Fédération des médecins omnipraticiens du Québec (FMOQ), the Fédération des médecins spécialistes du Québec (FMSQ), and the Collège des médecins du Québec (CMQ), as well as holding regular touchpoints with the Collège québécois des médecins de famille (CQMF), l'Ordre des infirmières et infirmiers du Québec and the Quebec Minister of Health. Broadly speaking, the CMA's involvement with these organizations has evolved from relationship to partnership. As an example, the CMA and the FMOQ have co-created and deployed a new medical leadership training program, which has been well received in the province so far; six sessions are planned from now until 2024, with the first one filling up quickly after being launched.
10. Recently, the CMA presented one of its four virtual 2022 Health Summits in French, in partnership with the School of Public Health at the Université de Montréal; a Roundtable of Physician Leaders of Quebec has also been established to help inform the Annual Symposium of Physician Leaders of Quebec. The CMA's pan-Canadian viewpoint and expertise on health issues has contributed to more than 330 CMA media appearances in French across the country since the start of the year, with particular interest in the health human resource crisis and the recent CMA National Physician Health Survey results. Dr. Shabah is finishing his second and final term on the CMA board and thanked members for the opportunity to represent the physicians of Quebec and wished his successor great success in the role.

## Audit and Finance Committee report

11. Dr. David Cram, chair of the CMA Audit and Finance Committee, directed members to the 2021 CMA audited nonconsolidated financial statements as part of the Report to Members. He noted that Ernst & Young provided an unqualified audit opinion on the statements and reported that overall, the CMA enterprise continues to be in an excellent financial position. The CMA's accounting framework, adopted in 2019, affords greater transparency and accountability by making the statements available to CMA members and the public. It was noted that the CMA Foundation has donated close to \$8 million over the past year to support health-related initiatives during the pandemic. CMA membership fees will remain unchanged in 2023 at \$195 for practising physicians (with fees waived for learners and retired physicians).

12. Members were provided an opportunity to ask questions to Dr. Cram and debate all motions prior to voting. Members inquired about the Promissory Note on page 15 of the audited nonconsolidated financial statements and how funds flow between the not-for-profit and for-profit entities; they also asked if more details and the use of charts/graphs could be considered by the committee for future reports, in the interest of making them easier to understand and digest.
13. The following motion 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 22-1***

***Carried***

## Governance Committee report

14. Dr. Carl Nohr, chair of the CMA Governance Committee, outlined the proposed bylaw amendments under two categories: (1) modernizing the CMA nominations process and (2) housekeeping and editorial amendments. Dr. Nohr shared the rationale behind the amendments proposed. For example, by removing the barrier to participation that requires a certain number of members to nominate a candidate, the CMA can contribute to increasing diversity. Requiring signatures does not inherently vet or endorse the candidates – it only adds a barrier for some to put their name forward in the first place. The scope of the diversity attributes to be considered by the CMA Nominations Committee was also proposed to be expanded as part of the proposed bylaw amendments.
15. Members had an opportunity to ask questions to Dr. Nohr and debate all motions prior to voting. In response to a question about removing the requirement to obtain signatures for nominations, Dr. Nohr explained that ascertaining signatures is a historical practice that many organizations have already abandoned. The CMA is expecting more submissions with the removal of the 50-signature requirement and the CMA Nominations Committee is confident they will be able to handle the increased workload of reviewing more applications. In response to questions on the nominations process, further details were provided on candidate selection criteria, and the decision-making process of the Nominations Committee, which vets all candidates against skills and knowledge criteria needed for balanced leadership across the organization. Dr. Nohr also explained that, should the bylaw amendments be approved, medical students and residents could self-nominate and be considered along with any students and residents endorsed by their respective affiliate societies. These changes are intended to level the playing field so all members can participate in the nominations process more easily. In response to follow-up questions relating to the amendments being recommended, it was clarified that delegates will still approve (or not approve) the slate of candidates (or an individual candidate) via the annual ratification vote.
16. The following procedural motions were brought forward by members:

**Procedural motions**

17. It was moved and seconded:

***To refer AGM 22-2 back to the CMA Governance Committee for further consideration.***

***Defeated***

18. It was moved and seconded:

***To amend AGM 22-2 to include the term “race” in subsection 12.4.1.***

***Carried by unanimous consent***

19. It was moved and seconded:

***To divide AGM 22-2 into two separate motions, one for the proposed changes to 12.3.1, 12.3.3 and 12.3.4 and one for the proposed changes to 12.4.1.***

***Carried***

**Substantive motions**

20. In accordance with the procedural motion carried above, AGM 22-2 was divided into two separate motions.

21. The following motion was moved and seconded:

***The bylaw amendments related to modernizing the CMA nominations process (under subsections 12.3.1, 12.3.3, and 12.3.4) included in Appendix B of the Canadian Medical Association 2022 Report to Members are hereby adopted as the bylaws of the Association.***

***Resolution AGM 22-2A***

***Carried***

22. The following motion was moved and seconded:

***The bylaw amendments related to modernizing the CMA nominations process (under subsection 12.4.1) included in Appendix B of the Canadian Medical Association 2022 Report to Members are hereby adopted as the bylaws of the Association, as amended to include “race” in subsection 12.4.1.***

***Resolution AGM 22-2B***

***Carried***

23. Dr. Nohr explained the six housekeeping amendments and the rationale for proposing the recommended amendments in Resolution AGM 22-3. Current practice dictates that the speaker of General Council also acts as the chair of the Annual General Meeting (similarly, the deputy speaker acts as the vice-chair), requiring the addition of the titles “AGM chair” and “AGM vice-chair” to multiple sections of the bylaws (10.1.2, 10.2.1, 10.3.3, 10.4.1, 10.4.2, 12.2.2 & 12.3.1). Due to the bylaws having a separate section for officers (who do not ordinarily sign corporate documents), it was proposed to change “signing officers” to “signing authorities” in section 11.1.1 and to “signing authorities appointed pursuant to these bylaws” in section 21.1. The next proposed amendment would remove reference to the Health Summit in relation to the timing of terms of office and vacancies, so these are only tied to the AGM and General Council (found in sections 11.3.1 and 11.5.3). Amendments to Chapter 17 were proposed to provide greater clarity on what type of report the auditors are preparing, to remove specific dates for submission of the auditor’s report (as the AGM is now held on different dates) and to add a section requiring that the audited financial statements be made available to all members annually. Updates were also made to Chapter 19 to reflect current practices of publishing the bylaw

amendments in the annual Report to Members and to clarify that amendments to bylaws become effective at the close of the AGM and do not affect the previous operations of any bylaw. Finally, proposed modifications to section 22.1.2 would remove “official or other member” from the indemnity provision for officers and directors; the phrase “other person who has undertaken or is about to undertake any liability” would be maintained in the bylaw to indemnify any member who undertakes a liability on behalf of the association. Members were given the opportunity to ask questions regarding the housekeeping amendments and debate the motion.

24. The following motion was moved and seconded:

***The bylaw amendments related to housekeeping changes included in Appendix B of the Canadian Medical Association 2022 Report to Members are hereby adopted as the bylaws of the Association.***

***Resolution AGM 22-3***

***Carried***

25. Dr. Nohr described the corporate business proposal submission process and follow-up procedures, speaking about four corporate business proposals submitted in 2021, which were referred to the Governance Committee to make recommendations to the CMA board. The topics of the proposals were (i) expanded director recall mechanism, (ii) national election approach for all directors, (iii) sunseting General Council and (iv) prohibition for any CMA director to hold any leadership role in a provincial/territorial medical association or other medical organization. The Governance Committee and CMA board decided not to pursue or implement these proposals at the time, but themes emerging from many of them will be explored further at member consultations in the coming year. Looking ahead to the work of the committee in the next year, the CMA is committed to continual improvement in the areas of equity, diversity and inclusion, and members will be consulted and engaged on any potential future changes to nominations, elections and/or the ratification process.

## Q&A with presidents, board chair and vice-chair, and francophone spokesperson

26. Dr. Kelly moderated a question-and-answer session with CMA leadership: Drs. Smart, Lafontaine, Strasberg, Nohr, Collins and Shabah. Topics raised included seeking further details about the Nominations Committee vetting process, skills matrix and feedback to unsuccessful candidates; results of the 2021 CMA National Physician Health Survey demonstrating worsening burnout and mental health in the profession; how the proceeds from the sale of MD Financial Management are being spent; fair representation at the committee level in terms of equity and inclusion; the not-for-profit and for-profit arms of the enterprise; the impact of the new engagement strategy on membership numbers; PTMA alignment to further advance Impact 2040 issues and causes; active profession engagement with traditionally under-represented groups of physicians (e.g., visible minorities, early-career members); CMA Quebec office workplans; the timing of future AGMs; physician wellness support programs across the country; federal government advocacy on the health care/primary care crisis unfolding and concerns over privatization; and the pan-Canadian licensure initiative beginning to gain traction with both medical and government stakeholders.



## Nominations Committee report and General Council ratification

27. Dr. Bechard confirmed quorum for General Council ratification and invited Dr. Ann Collins, as chair of the CMA Nominations Committee, to present the committee's report. Dr. Collins 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.
28. Dr. Collins reported that the call for expressions of interest was sent to a record number of organizations in fall 2021, in an effort to encourage greater participation from historically under-represented groups and enhance diversity in CMA leadership positions. Candidates voluntarily self-identified their skills and diversity attributes, as well as declaring and appropriately managing any conflicts of interest.
29. Dr. Collins explained the process to delegates and noted that new terms would commence following the close of the meeting.

### Board of Directors

30. The following motion was moved and seconded:

***General Council delegates ratify en bloc all board and committee positions as presented in the CMA Nominations Committee report and as projected during the Nominations Committee report on Aug. 21, 2022.***

***Resolution GC22-01***

***Carried***

31. The following individuals were appointed/reappointed to the Board of Directors for a 3-year term, starting on Aug. 23, 2022:
  - Dr. Jean-Joseph Condé (QC – 1<sup>st</sup> term)
  - Dr. Allison Kennedy (NB – 2<sup>nd</sup> term)
  - Dr. Larry Pan (PEI – 2<sup>nd</sup> term)
32. The following individuals were appointed/reappointed to the Board of Directors for a 1-year term, starting on Aug. 23, 2022:
  - Dr. Esther Kim (Resident – 1<sup>st</sup> term)
  - Ms. Santanna Hernandez (Student – 1<sup>st</sup> term)

### Committee on Ethics

33. The following individuals were appointed/reappointed to the Committee on Ethics for a 3-year term, starting on Aug. 23, 2022:
  - Dr. Barry Pakes (Chair – 1<sup>st</sup> term)
34. The following individuals were appointed/reappointed to the Committee on Ethics for a 1-year term, starting on Aug. 23, 2022:
  - Dr. Olivia Lee (Resident – 3<sup>rd</sup> term)
  - Ms. Fiza Javed (Student – 1<sup>st</sup> term)

## **Nominations Committee**

35. The following individuals were appointed/reappointed to the Nominations Committee for a 1-year term, starting on Aug. 23, 2022:
- Dr. Esther Kim (Resident – 1<sup>st</sup> term)
  - Ms. Santanna Hernandez (Student – 1<sup>st</sup> term)

## **President-elect**

36. Dr. Collins explained the two possible nomination routes for the position of president-elect allowed under the CMA bylaws. Details about the timeline of the two nominations for president-elect were also shared. The Nominations Committee recommended allowing both candidates to come forward for an election at the meeting of 2022 General Council delegates.
37. Following brief remarks from each candidate an election was held, and Dr. Kathleen Ross (BC) was elected as president-elect for the 2022–23 association year.
38. The meeting was adjourned.

# Officials

## AGM chair and vice-chair, 2022

<b>Chair / Speaker</b>	Melanie Bechard, MD
<b>Vice-chair / Deputy speaker</b>	Kim Kelly, MD

## Board of Directors, 2021–22

<b>Board chair</b>	Suzanne Strasberg, MD
<b>President</b>	Katharine Smart, MD
<b>President-elect</b>	Alika Lafontaine, MD
<b>Past president</b>	Ann Collins, MD
<b>Alberta / Vice-chair</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>	Abdo Shabah, MD
<b>Saskatchewan</b>	Clare Kozroski, MD
<b>Yukon</b>	Alexander Poole, MD
<b>Non-physician</b>	Janet Ecker
<b>Resident</b>	Emily Stewart, MD
<b>Student</b>	Tharsini Sivananthajothy, MD