Canadian Medical Association
Proud history. Strong future.

2017 CMA Annual Report
CMA Board of Directors

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CMA Senior Management Team

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Owen Adams, Chief Policy Advisor
Terry Albert, VP, Strategy
Jeff Blackmer, MD, VP, Medical Professionalism
John Feeley, VP, Member Relevance
Luce Lavoie, VP, Enterprise Marketing and Communications
Joseph Mayer, VP, Patient and Public Engagement
Jimmy Mui, VP, Corporate Services, CFO
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CMA Holdings (2014) Board of Directors

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Brian Brodie, MD
Lindee David
Janet Ecker
Debbie Fischer
Brian Peters
Tim Smith
Suzanne Strasberg, MD

CMA Foundation Board of Directors

Courtney Pratt (Chair)
Brian Brodie, MD
Lindee David
Janet Ecker
Debbie Fischer
Brian Peters
Tim Smith
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Joule Board of Directors

Debbie Fischer (Chair)
Lindee David (CEO)
Ewan Affleck, MD
Brian Brodie, MD
Michael Cloutier
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Tim Smith
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MD Financial Holdings Board of Directors

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Brian Peters (President and CEO)
Brian Brodie, MD
Aaron Chiu, MD
George Davie
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Brendan Lewis, MD
Yezdi Pavri
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Iain Scott
Tim Smith
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Joanne Vézina
Wendy Watson

Rules of Order

As set out in the CMA Bylaws, the basis for orders and rules of procedure is to be taken in accordance with the current edition of Robert’s Rules of Order Newly Revised. Business should be transacted in an orderly manner to enable members to express opinions within limits of decorum. At all times, participants will support a respectful and collaborative environment. Members may raise questions during the Members Q&A session at the Annual Meeting.
Celebrate CMA’s 150th Anniversary
Proud History – Strong Future

As part of this year’s Annual Meeting and General Council, CMA will celebrate its 150th anniversary in Québec City, Aug. 20-23. It will also hold celebrations in October in Ottawa to commemorate this occasion. Visit cma.ca/150 which features key milestones throughout CMA’s proud history or follow us on Facebook, Twitter and Instagram for daily facts about Canadian medical history.

CMA Strategy 2020 – A focus on the profession, patients and the public

The 2015-2017 CMA strategic plan is complete and has produced several significant advancements in the evolution of the modern CMA.

Our successes
- Engaging the profession and the public on medical aid in dying – with CMA viewed as a thought leader in Canada and internationally
- DemandAPlan network for public engagement
- Better government relationships and increased social media presence
- Higher engagement of learners
- Sustained membership growth (86,000)
- New enterprise-wide governance
- CMA philanthropy aligned with enterprise goals

The environment in which CMA operates has evolved, driving us to revisit our strategy and approach to remain relevant to members.

Our challenges
- Rapidly changing health care/association environments
- Challenging and changing times for the profession
- Delivering value to a diversity of members
- Keeping up with governance trends and best practices
- Addressing financial issues such as pensions
- Selecting CMA’s priority issues and being outcome-focused

CMA’s Strategy 2020 – The Board of Directors has approved a bold and aspirational strategy with a new mission of empowering and caring for patients, which embraces an outward-facing approach. When combined with CMA’s vision – a vibrant profession and a healthy population – the new mission serves notice that we are embarking on an exciting new path as we seek to strengthen CMA as a social enterprise. As part of our new strategy, CMA will be eager to collaborate with like-minded partners, and lead an engaged and connected profession. CMA’s strong and enduring collaborative work with stakeholders will extend to patients as an integral focus of our advocacy and policy development.
Year in Review

Medical professionalism – CMA’s focus has been on intra-professionalism and the revision of the CMA Code of Ethics, which will include the principles and responsibilities of medical professionalism. This work also includes developing a Charter of Shared Values to assist with unifying the profession, and an accountability framework to express the profession’s commitment to the health care system. CMA has also launched a country-wide series of discussions to modernize and strengthen medicine’s values and commitments to reflect the contemporary expectations and responsibilities of the profession. Key themes being discussed include:

- Our culture and community as a profession
- Our development and support as physicians
- Care delivery and the patient experience
- Leveraging our voice and influence
- Generational change and diversity within our profession

President Dr. Granger Avery has been hosting a ‘listening’ tour to explore the issue of re-engaging physicians in the health care system. Join us at General Council this August to have your say and contribute to forging the medical profession of the future or take part in the Physician Community discussion to provide your thoughts, insights and feedback on medical culture and professionalism.

Health accord – Last September, CMA sponsored the Canada 2020 Health Summit: A new Health Accord for All Canadians, and in October, we released our vision for improving the health of all Canadians as part of our advocacy efforts for a new health accord. Other initiatives included engaging our 700 MD-MP contacts and holding more than 30 roundtables in communities across Canada to drive action on seniors care; and rallying DemandAPlan supporters (currently 50,000+), who sent over 87,000 letters to parliamentarians calling for a strong commitment to seniors’ care in the 2017 federal budget. In a news release published after the budget was tabled, CMA expressed its disappointment as the federal government missed a chance to begin building a much-needed national seniors strategy, although we were pleased to note several health-related funding announcements:

- bilateral agreements with the provinces and territories for home care and mental health
- opioids strategy
- education and surveillance for legalized Cannabis
- improved access to pharmaceuticals; lower drug prices
- efforts to address health system gaps
- expansion of e-prescribing, virtual care initiatives and use of EMRs/EHRs
- transformation of territorial health care systems and improvements in First Nations and Inuit health outcomes
- national plan to respond to health risks caused by climate change
- expanded caregiver benefits
- national housing strategy and expanded affordable housing including assisted seniors housing

Medical aid in dying – CMA continues to contribute to the legislative process, to develop guidelines for implementing medical aid in dying, and to support palliative care initiatives. Join us at General Council this August to discuss and identify issues related to medical assistance in dying, and in particular, mature minors, advance requests and psychiatric conditions, to assist in developing CMA and government policy in these areas. Online modules and seminars for members were also launched in 2016 with excellent reviews. Register now for the next available sessions.

Marijuana – CMA has stressed that the federal government’s marijuana legalization must focus on protecting Canadians and reducing any potential harms to health, something the government has identified as a top priority in its move to legalize marijuana. CMA also reiterated its longstanding concerns about the health risks associated with consuming marijuana to the Task Force on Marijuana Legalization and Regulation in a submission last August. The submission highlighted the particular risk to children and youth and recommended a focus on preventing drug abuse and dependence; ensuring the availability of assessment, counselling and treatment services for those who wish to stop using; and harm reduction to increase the safety for those who are using. CMA’s submission also recommended enhanced monitoring, surveillance and research of marijuana use to help develop policy to address prevention, treatment, harm reduction and enforcement. With the legalization of marijuana now underway, we maintain that a separate regulatory framework for medical use is no longer necessary, and we look forward to working with government to eliminate this framework as soon as possible.

Opioids – In collaboration with the McMaster National Pain Centre, CMA has just made available to members new tools and resources to promote and support the updated Canadian Guidelines for Opioids in Chronic Non-Cancer Pain (available here). CMA also continues its participation in the Pan-Canadian Collaborative on Opioid Prescribing and in a Health Canada advisory committee on opioid prescribing practices. Join us in Quebec City this August for a session on addressing Canada’s opioid crisis.

Physician health – The first phase of a physician health and wellness space on cma.ca is complete with further enhancements planned over the next few months. Tools for meditation and self-reflection will be considered among other content. CMA continues its support of health and safety issues concerning resident physician duty hours through representation on the National Advisory Committee on Fatigue Management and related activities.
Climate change – CMA is working with other health and environmental organizations to identify and distribute materials on climate change and human health. CMA is also updating its policies to incorporate resolutions passed at General Council in 2016.

Indigenous health – CMA continues its partnership with the Royal College of Physicians and Surgeons of Canada, which has been leading initiatives in this area. Indigenous health was also captured as part of CMA’s vision and platform for a new health accord. CMA will continue to raise awareness and promote the health and health care needs of Indigenous Peoples.

Medical education – With many qualified stakeholders involved in medical education and medical school accreditation, CMA has been reviewing its involvement to determine how best to contribute to the process moving forward. At its May meeting, the Board decided to continue to play a role in the area of medical education in Canada that would include bringing the perspective of practicing physicians to high level curricular content requirements at the undergraduate medical level as well as CMA’s perspective to the discussion of standards and elements.

Tobacco – CMA participated in the Tobacco Endgame for Canada 2016 Summit – an invitational conference of about 80 researchers, advocates, physicians, health charities and government representatives in an effort to reduce the prevalence of cigarette smoking in Canada to less than 5% by 2035.

Canadian Controlled Private Corporations Act – Changes to the federal tax regime proposed in 2016 included targeting commercial ventures that have established a partnership with multiple corporations each claiming a small business deduction. The changes could force partnerships to break up, which would have serious negative impacts on medical research projects, education and training as well as access to medical services. CMA’s efforts throughout the budget process, including outreach and engagement with MPs and Senators, engaging and intervening in the legislative process and facilitating physician engagement to amplify lobby efforts (2,200 members submitted letters directly to Finance Canada), resulted in “breaking through” to political decision-makers – there is awareness of our concerns.

Committee on Ethics – Much of the committee’s work this past year focused on projects related to:
- care at the end of life and advance care planning (updated policies)
- development of a new Code of Ethics and Professionalism
- review and development of CMA privacy-related policies
- development of a new policy on direct-to-consumer genetic testing

Other policies approved include the physician appointment and re-appointment process and the physician’s role with third-party forms. All CMA policies are available here.

Mandatory drug reporting now available online – The federal government has responded to our recommendation for better reporting of drug shortages in Canada with new regulations requiring pharmaceutical companies to report any drug shortages or discontinuances on a new website, www.drugshortagescanada.ca. The new rules and website came into effect in mid-March with Health Canada citing the need for prompt public notification of shortages or discontinuances as critical to helping health care providers make decisions and find alternative medications to prevent or reduce potential impacts on patients. Drug manufacturers are now required to report on:
- an anticipated drug shortage
- a discontinuation of a drug six months in advance
- any previously unreported shortage within five days of learning about it

Our Members

Membership – Our numbers at the end of 2016 stood at 86,000, including students, residents, practicing and retired physicians. We hope to grow this number to 87,000 in 2017.

Member engagement – In 2016, we surpassed engagement targets with over 16,500 members participating in surveys, e-panels, advocacy, online sessions, etc. on such topics as physician workforce, medical professionalism and advocacy training. So far this year, over 9,000 members have been engaged in similar activities.

CMA Member Metrics Dashboard 2016 year end

SOM – share of market
NPS – national physician survey

Member affinity – In 2016, CMA defined a new index to measure member affinity with the organization. According to member baseline results, 19% of respondents were considered ‘high affinity’ (i.e., who are highly engaged or feel a connection to CMA). CMA will reassess results in fall 2017 so as to set a baseline and determine targets for 2018.
Our Structure

**Governance** – Timelines have been extended for consulting with stakeholders and presenting final recommendations on the work of the Task Force on the Role of General Council in a Modern CMA (in particular, the purpose of General Council and member engagement) and the Governance Committee’s review of the Board governance structure (i.e., composition, size and recruitment). This ensures that the new strategic plan and other related projects are taken into account in determining the optimal structure to support a new plan and a forward-looking organization. A key component of the reviews is to optimize CMA’s governance roles, including how General Council might evolve to a health summit. For 2017, you will notice bylaw changes that continue to move business functions to the Annual Meeting. Recommendations for further changes to CMA’s governance structure are expected in 2018.

In the interim, CMA will engage participants at its 150th Annual Meeting and General Council more innovatively and inclusively in courageous and influential dialogue to advance health in Canada. Emphasis will be placed on the Emerging Issues Dialogue to provide an opportunity for thought-provoking discussion on the most strategic and critical issues affecting the profession and the health of Canadians.

**CMA Enterprise ownership framework** – Almost three years after the establishment of CMA Holdings 2014 and Joule, the CMA enterprise (CMA, CMA Holdings, MD Financial Management and Joule) continues to evolve its ‘One Member’ strategy. To better provide a seamless experience and the best value for our members, a framework has been established to outline how we work as a group and reaffirm the enterprise’s principles and culture. Key areas of focus include strategic alignment, branding and reputation, governance and overall financial sustainability.

**CMA Foundation** – The CMA Holdings Foundation, which has been in existence since 2005, has been re-branded as the CMA Foundation | Fondation AMC with support from CMA, MD Financial Management and Joule. Its vision is to provide enduring financial support to further excellence in health care and support physicians in achieving their financial and charitable giving goals. Its mission is to fund Canadian charitable organizations with objectives that are consistent with the foundation’s vision as well as having a collection of Donor Advised Funds where grants to registered charities are based on foundation donor requests. Note that the CMA Foundation is not a fundraising entity.

**CMA House** – The demolition of the building at 1867 Alta Vista took place in December 2016. Future plans for the property have yet to be determined. In the interim, CMA staff will be re-locating to 1870 Alta Vista later this year.

**Looking Ahead**

With Board approval of a new strategic plan (Strategy 2020), an exciting new path awaits us. As we move forward, innovative thinking will be the cornerstone of success in strengthening the new, modern CMA and we look forward to the continued leadership of the Board as we begin communicating our new strategy.

In addition to further developing and implementing the new plan, CMA will also continue to work on select priority activities that are relevant to the profession and Canadians where CMA has the ability to make a difference.

Some of the key priorities for the remainder of 2017 include: medical professionalism, seniors care, medical aid in dying, marijuana legalization and regulations, opioids, physician re-engagement, physician health, medical education, climate change and health, and Indigenous wellness. CMA will also continue to focus on reviewing General Council and Board governance and purpose. Priorities are subject to change to allow flexibility in addressing those issues that matter most to members.

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**Introducing the CMA Foundation**

Learn more...
Knowledge and Innovation

On April 25, 2017, Joule™ celebrated its official one-year anniversary. Over its inaugural 16 months, Joule provided leadership training to hundreds of physicians, produced 88 issues of CMAJ (online and paper), received hundreds of Joule Innovation grant submissions, awarded $300,000 in innovation grants to 10 CMA members, and provided members with access to leading clinical and knowledge products through its app.

Hallmarks have included an invitation to Our Future Health by Radboud in the Netherlands, an H2™ event in Vancouver, the launch of a podcast series titled Let’s talk about the possibilities — featuring leading edge physician entrepreneurs, transition to Joule’s own social media channels as well as several important collaborations including those with the World Health Innovation Network (WIN) and Output Inc., a silicon valley technology company specializing in disruptive innovation.

Joule continues to make it easier for physicians to take on the roles of innovator and entrepreneur. With the addition of innovation platforms, Joule is building engagement opportunities with physicians that include online innovation challenges to help physicians advance an idea or a solution.

At the same time, Joule is working with various health organizations to drive health system change and improved patient outcomes. Joule remains dedicated to identifying opportunities that would allow it to invest in the development or identification of new or enhanced products and services that meet the personal and practice needs of physicians.

Financial Management for Physicians

MD undertook a number of initiatives in 2016 to enhance the value it delivers. Most notably, the decision to go beyond the minimum disclosure requirements for newly created industry regulations, known as CRM2. Introduced on July 15, 2016, the CRM2 regulations require the investment industry to provide more clarity for investors about some of the fees and compensation investment firms collect, as well as on investment performance. At MD, we decided to provide our clients with detailed information about all the fees they pay to MD.

Last year, MD’s sophisticated risk-management strategy helped to reduce volatility, protect clients’ investments and add value in MD funds in what was a turbulent year, due to events such as the Brexit vote and the U.S. election. In fact, in 2016, MD Funds ranked second in relative performance, with 74.1% of them being ranked in the first or second quartile. Strong investment performance and the quality of relationships that MD advisors have with clients were key contributors to its ability to grow assets under administration to $44.7B in April 2017, from $41.4B in April 2016¹, and attract close to 2,000 new clients during the year².

MD prides itself on listening to members and trying to deliver on their needs. Last year, in response to members’ comments, it created and launched the MD Fossil Fuel Free Funds™, socially responsible investments that enable clients to align their investments with their values. In October 2016, MD enhanced the My MD website — and launched the My MD mobile application in April 2017 — allowing members to engage in new and interactive ways.

This year is going to be another exciting one for MD — and for clients and CMA members. We know that everyone’s situation is different. That’s why MD is using its unique in-depth knowledge of the financial needs of Canada’s physicians together with its culture of agility to find inventive ways of giving clients more choice in how they invest with MD. MD is working on a number of innovative options, including a flexible new digital service to be trialed in 2017, that will enable clients to choose the wealth-management experience that makes sense for them while still enjoying the same expert advice, quality service and steadfast commitment they’ve come to trust and expect from MD.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit md.cma.ca. MD Fossil Fuel Free Funds™ is a trademark of the Canadian Medical Association, used under license

¹MD Data Warehouse, April 2016
²MD Data Warehouse, December 2016
2017 Award Recipients

F.N.G. Starr
Dr. Donald Lalonde

Medal of Service
Dr. Jean-Claude Forest

Owen Adams Award of Honour (formerly Medal of Honour)
Mr. Ron Sapsford

May Cohen Award for Women Mentors
Dr. Gillian Hawker

Sir Charles Tupper Award for Political Action
Dr. Peter Kuling

Dr. William Marsden Award in Medical Ethics
Dr. James Silvius

Award for Excellence in Health Promotion
Sport For Life Society

Physician Misericordia Award
Dr. Réjean Thomas

John McCrae Memorial Medal
Captain Raymond Kao

Award for Young Leaders (Students)
Ms. Simei (Amy) Li
Mr. Bing Yu Chen

Award for Young Leaders (Residents)
Dr. Aravind Ganesh
Dr. Colm McCarthy

Award for Young Leaders (Early career physicians)
Dr. Farhan Asrar
Dr. Paul Dhillon

Terms of reference for each award and biographical information for recipients are available [here](#).

2017 Honorary Members

**British Columbia**
Dr. Peter Beresford
Dr. Robert Cheyne
Dr. David Cochrane
Dr. Mary Donlevy
Dr. Martha Donnelly
Dr. Ian Gillespie
Dr. Alan Gow
Dr. Charles Kerr
Dr. James Lane
Dr. Alan Maberly
Dr. Donald MacRitchie
Dr. Roy O’Shaughnessy
Dr. Francis Osei-Tutu
Dr. Richard Wadge

**Alberta**
Dr. Daniel Hryciuk
Dr. Christine Molnar

**Saskatchewan**
Dr. James Cross
Dr. Donald Gelhorn
Dr. Brenda Hookenson
Dr. Andrew Judd

**Manitoba**
Dr. Robert Kippen
Dr. Don Klassen
Dr. Cheryl Rockman-Greenberg
Dr. Michael West

**Ontario**
Dr. William Shipley

**Quebec**
Dr. Jacques Bédard
Dr. Howard Bergman
Dr. Rémi Bouchard
Dr. Martin Lacasse
Dr. Maurice Lamarche
Dr. René Pineau
Dr. Javier Teijeira
Dr. Raymonde Vaillancourt
Dr. John Wootton

**New Brunswick**
Dr. Robert Desjardins
Dr. Gerald Maloney
Dr. Edmund Schollenberg

**Nova Scotia**
Dr. Ronald Hatheway
Dr. Elizabeth Mann
Dr. John Sullivan

**Prince Edward Island**
Dr. Rachel Kassner

**Newfoundland and Labrador**
Dr. John Cronhelm
Dr. Jesse De Villa