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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 Annual Meeting.
Join us in Winnipeg this August for CMA’s Inaugural Health Summit

As part of this year’s Annual Meeting, the CMA will be showcasing its first Health Summit. Join us in Winnipeg, Aug. 19-22, to learn more about how you can inspire a future of better health. Read more here.

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

The CMA has always been about and continues to be about physicians. Our 2020 mission statement, empowering and caring for patients, aligns the CMA to what is important to our members. Our 2020 vision, a vibrant profession and a healthy population, points to the direction we want to take. What the new 2020 strategy does is crystallize what is central to your work — patient care.

For the past 150 years, the CMA’s success has been rooted in its strong commitment to supporting members in delivering the best care to patients. Yet medical innovation, technological advances, and increasing pressure on the health care system are shifting the medical landscape. For physicians, patients, and policy makers, these changes bring challenges and opportunities.

The CMA will be at the forefront by driving positive change in health care. CMA 2020 is our roadmap. Advocating on key health issues facing medical professionals and their patients is our core business, and moving forward, we need to be bold and courageous in this work. CMA 2020 has three key objectives:

To consistently bring a patient perspective to CMA’s work – Caring for patients is at the core of what physicians do. Throughout our history, the CMA and its members have promoted the best patient care possible. CMA 2020 continues this work by engaging with patients and the public on shared priorities, and by advancing policies and positions informed by patient experience, as well as established organizations and partners.

To engage in courageous, influential and collaborative dialogue and advocacy – Building on a foundation of strong engagement, CMA 2020 is about being bold in advocating for the issues that matter to the profession and the public. We are focusing our advocacy, by asking our members and Canadians to help us target the key health issues of the next decade. We want our advocacy to have an impact, by being strategic in mobilizing supporters and collaborators.

To unite and inspire physicians on causes and issues that matter – Physicians’ work is critical to societal well-being. The CMA is committed to connecting and inspiring physicians to take on meaningful health matters. Through this work, we will help our members be united and engaged in the profession of medicine.

The CMA has heard loud and clear that physicians in Canada are committed to meaningful change, and that the system must evolve to address the complex and ever-changing health care environment. CMA 2020 puts forward a bold future for the association — based on empowering and caring for patients, promoting healthy populations, and supporting a vibrant medical profession.
A new era – On May 31, the CMA announced the sale of MD Financial Management (MD) to Scotiabank. The decision to sell MD was made with two goals in mind: to ensure the continued success of MD in meeting physicians’ financial needs and to ensure the CMA remains a strong voice in supporting physicians, their patients and better health for decades to come.

Stability was a key driver in making the decision to sell MD. The financial services sector is heading into a highly competitive and disruptive phase. Under the Scotiabank umbrella, the Board insured MD’s unique physician-centric model will be preserved and enhanced over time.

The Board followed a rigorous, principle-based process to find the best acquirer. Scotiabank committed to keeping MD a distinct entity, with the same team remaining in place, to insure MD clients continue to receive independent advice based on their financial goals.

A 10-year affinity agreement between the CMA and Scotiabank provides the framework to support this plan. MD has been an industry leader, and this collaboration will allow it to remain a front-runner in financial planning and management for physicians, their families and employees.

In addition, Scotiabank supports the CMA’s 2020 strategic plan to build a vibrant medical profession and a healthy population, pledging $115 million over 10 years to help meet these goals. Read more.

Year in Review – A Vibrant Profession

The Board studied the results of a discussion series on physician engagement and the implications for CMA 2020 in realizing the vision of a vibrant profession. Building a vibrant profession starts with the health and wellness of our members. Developing a new understanding of medical professionalism that reflects contemporary professional responsibilities and expectations is also key to delivering on this vision.

Physician health and wellness – The CMA strategy is to champion physician health and wellness across the physician lifecycle through leadership and advocacy; and through a lens of shared responsibility — from ‘individual’ to ‘system’ — with particular emphasis on system-level initiatives.

Although focusing on what physicians can do as individuals has been a major focus within the community to date, strengthening the health and wellness of the physician workforce is a shared responsibility. This emerging frontier involves a collaborative approach, from top-down, at the system level (e.g., institutions, organizations, community), as well as bottom-up, individual level (e.g., taking action to maintain personal health and wellness).

Learn more by consulting CMA’s revised Policy on Physician Health, joining us at the International Conference on Physician Health on Oct. 11-13, 2018 in Toronto (click here for more details) or joining the conversation: How do you stay well? Share your ‘best wellness practices’ with colleagues directly, or through social media using #healthydocs, #physicianhealth or @CMA_docs.

Supporting common values – What are the values and commitments to which our profession aspires? What are our obligations to patients, our medical colleagues and society? How do we define the ethical practice of medicine?

In 2017, the CMA began asking these questions, and talking to members online and in person. Our goal was to develop a modern understanding of medical professionalism, reflecting physicians’ evolving roles and professional responsibilities.

There are three pillars to the CMA’s work on medical professionalism: the Charter of Shared Values, the Code of Ethics, and the Accountability Framework. Each one relates to a different relationship: physician to physician, physician to patient, and physician to health systems.

The Charter of Shared Values was the first resource to be released, and it represents physicians’ commitment to each other. Aiming from the CMA work on intra-professionalism, the new charter seeks to lead physicians in unifying the profession, not only nationally but on a global level, and to demonstrate leadership on issues challenging the medical profession today.

National Physician Day

An Act was tabled in the Senate this spring calling for May 1 to be designated National Physician Day in Canada. We are pleased by this development and anticipate that an official proclamation will be achieved in this session of Parliament. The CMA celebrated National Physician Day on May 1, 2018, seizing the opportunity to bring visibility to the work of the profession and to publicly express our sincere appreciation to our valued membership. Visit cma.ca for more details.
The **CMA Code of Ethics**, first published in 1868, is arguably the most important document produced by the CMA. It has a long and distinguished history of providing ethical guidance to Canada’s physicians. Focus areas include decision-making, consent, privacy, confidentiality, research and physician responsibilities. Medical innovation, technological advances and new patient expectations have led to major transformations in health care, and how medicine is practised.

Work on a new **Code of Ethics and Professionalism**, to address these new realities, and affirm the core commitments to which the medical profession aspires, has been featured this past year. Formal consultations with stakeholders, members and patients/the public have yielded over 5500 comments.

Join us in Winnipeg this August as we seek your input with a view to finalizing a new Code in October 2018, on the 150th anniversary of the Code. We thank the Committee on Ethics and its task force for their tremendous work thus far.

Courageous and influential advocacy – The **CMA is consulting widely** — with physician members and Canadians — to determine the key health issues of the next decade. Join us for a workshop at the Health Summit this August to help inform the basis of our future advocacy work. Research is also underway on issues and causes that would best support and achieve the objectives set out in CMA 2020. More work in this area is expected this fall.

The **CMA has also launched new, virtual communities of interest** to bring together physicians and other groups with an interest in specific health issues — to interact and engage in collective learning.

As a new approach to member engagement, CMA communities will empower members to participate in, and contribute to, communities and topics of interest and to leverage the knowledge and expertise of members and others to drive advocacy, health innovation and quality of care. Across the country, physicians and medical learners are using communities of interest to address issues affecting the health care system, the profession and their patients, and to solve problems, share experiences and take action.

In an effort to promote and foster the work of these communities, CMA has introduced **Communities of Interest Grants**. As a CMA member, you can apply for a grant to support an existing community of interest, or to create a new one. Grant recipients will receive targeted funding, coaching and other support from the CMA to ensure their community meets its objectives.

The CMA also offers opportunities for engagement through multiple channels (consultations, online forums, in-person conferences) and will explore and experiment with other engagement formats.

**Federal government tax proposals** – In conjunction with the **Coalition for Small Business Tax Fairness**, CMA continued to raise the concerns voiced by thousands of physicians from across the country over the federal government’s **proposed tax changes** announced last summer.

CMA provided weekly tax alerts to keep physicians informed, supported local advocacy efforts, met with the finance minister and presented to the Finance Committee. We assessed how these adjustments would affect incorporated businesses. We also provided a reaction to the federal government’s announcement on income sprinkling in December 2017.

And, in follow up to the federal budget, tabled on Feb. 27, CMA issued two statements. The first was in reaction to the revisions to the **CCPC** while the second focused on **seniors’ care**. Thanks in part to all of our efforts, the government abandoned its original proposal and adopted a more nuanced approach — significantly better than what was first put forward.

We gratefully acknowledge members’ efforts in sending over 40,000 letters to MPs and the minister of finance since we launched the campaign last summer. We remain engaged on this file as the legislation moves through Parliament and will continue to keep members informed of updates through cma.ca, social media and newsletters.

**Medical aid in dying** – In February 2018, we provided input on the proposed regulations for the federal monitoring of medical assistance in dying in Canada. The CMA fully supports the proposed intent of the regulations, in particular, public accountability and transparency and safeguards for vulnerable patient populations. Tracking trends and carrying out research is very important to monitor the implementation and implications of medical assistance in dying.

The CMA further supports the intent to provide electronic reporting and guidance documents, and to leverage any synergies between the federal and provincial/territorial governments, especially to prevent duplication and to promote consistency in reporting across the country.
A Healthy Population

Engaging patients – As part of our new strategy, the Board has been ‘unpacking’ what it means to ‘bring a patient perspective’ to CMA’s work and realizing the vision of a healthy population.

As part of this process, the Board approved terms of reference for a new Patient Voice group to provide insights on patient engagement strategies and highlight emerging issues that matter to patients and the public to improve patient care. The Board also supported, subject to bylaw approval, the addition of a non-physician director to the Board to bring the patient perspective to its deliberations and will continue to add non-physician experts to its committees as appropriate.

Through Demand a Plan, our seniors’ care advocacy program, we’re working with patients and the public to advocate for a national strategy.

Last fall, CMA President Dr. LaurentMarcoux presented a brief with 15 recommendations for a pan-Canadian seniors’ strategy to the House of Commons’ committee studying the need for a national strategy following a motion introduced by Nickel Belt MP Marc Serré in 2017, who was inspired by CMA’s “Demand a Plan” campaign. We also leveraged National Seniors’ Day on Oct. 1 to garner support for our call and highlighted the need to implement the recommendations outlined in our pre-budget submission.

We now have 60,000 supporters on Demand a Plan and have recently released two new videos on the need for improved home care (Home for the holidays and Now it’s time to fight for the rights of our seniors), and have a third on healthy communities planned for the near future. We also recorded our first-ever podcast on innovation in seniors’ care with Bruyère Continuing Care in Ottawa.

Marijuana legalization and regulation – Last fall, Dr. Marcoux presented to the House of Commons’ Standing Committee on Health to reinforce the need for a public health approach in the legalization of marijuana for recreational purpose.

The CMA has consistently called for strategies that will prevent drug abuse and dependence, ensure the availability of assessment, counselling and treatment, and emphasize harm reduction. Once legalization is in effect, marijuana will be available for those who wish to use it for health issues — either with or without medical authorization. We therefore recommended only one system to manage both medical and non-medical use.

In early 2018, we submitted a series of recommendations to Health Canada on the proposed regulations on health products containing cannabis. Despite being regulated by Health Canada, health products containing cannabis undergo different levels of scrutiny compared to prescription drugs. In our submission, we recommended that government and health professionals (not producers) design cannabis labeling and packaging to emphasize the health risks associated with consumption. Like tobacco and cigarettes, cannabis packaging and labeling provide an opportunity to raise awareness of the health, social and economic harms of use, especially in youth. For more information on the CMA’s work on cannabis, click here.

Opioids – As the voice of Canada’s doctors, the CMA remains concerned about the potential harms of opioids, including dependence, overdose and death. While opioids continue to play an important therapeutic role for legitimate purposes, the prescribing of opioids must be done in a manner that is based on evidence and includes careful assessment and monitoring. The CMA, along with many stakeholders, has been involved in many initiatives to address the crisis. These include support for harm reduction initiatives, such as supervised consumption sites, access to naloxone at the community level, and opioid prescribing guidelines and tools.

The CMA has also been partnering with other key national organizations on the Pan-Canadian Collaborative on Education for Improved Opioid Prescribing. Together, our aim is to assess and gather evidence-based educational programming for health care professionals and develop proposals to help address gaps in knowledge for the management of pain. The 2017 Canadian Guidelines for Opioid Therapy and Chronic Non-Cancer Pain, coordinated by the Michael G. DeGroote National Pain Centre at McMaster University, are based on a systematic evaluation of the latest evidence and expert opinion consensus. The guidelines are accessible on the MAGICAPP platform and will assist with better informed decision-making when considering opioids for patients. It will also include decision aids to be shared with patients. The CMA will continue to engage members in determining ways to help protect the safety of Canadians while also ensuring access to appropriate pain management for those who need it. Learn more about opioids and the CMA.
Our Structure

As part of this year’s Annual Meeting, the CMA will be showcasing its first Health Summit. Join us in Winnipeg, Aug. 19-22, to learn more about how you can inspire a future of better health.

Together, we will explore how:
- innovation can support culturally diverse, inclusive and accessible care
- technology can enable and promote patient-centred care, and better serve vulnerable populations
- patients and physicians can prepare and embrace a bold future of innovation

CMA’s Annual General Meeting – will be held on Aug. 22, and focus on:
- Presentation of the Annual Report (incl. 2019 membership fees)
- Appointment of Auditors
- Approval of bylaw amendments
- Installation of President and inaugural address
- Awards of distinction for 2018, which will be presented during the gala in Winnipeg, on Tuesday, Aug. 21.

General Council – also scheduled for Aug. 22, will be special in many ways but most notably as attendees opine on a new Code of Ethics and Professionalism and celebrate the Code’s 150th anniversary.

Visit https://cmahealthsummit.ca/ for details and to register for what promises to be an incredible event. Registration fees have been waived for all three events.

Governance

The General Council Task Force has completed its work and made several recommendations to the Board of Directors. This included the culmination of General Council in August in favour of multiple and inclusive channels of engagement across the year including a health summit, member proposals (see more below) and communities of interest. The summit is a remarkable platform for a strong advocacy voice – one that provides thought leadership, is a catalyst for change, promotes inclusive conversations and provides outcomes that significantly advance health priorities.

To this end, work continues on transitioning the last few business elements from General Council to the AGM (e.g., elections), establishing a stand-alone health summit in 2019 as well as re-imagining our AGM. Bylaw amendments to enable these changes be presented at the AGM.

In a move to make policy development broader and more inclusive within the membership in terms of consultation CMA has introduced member proposals to provide more opportunities for input into CMA policy and other initiatives. Consultations with members and stakeholders is core to the new process. The goal is to move to a year-round intake process of ‘proposals’ to achieve a more cohesive and focused approach to policy development. Proposals on business and corporate matters would come to the AGM. Click here for more information about these changes.

Future Board Model – Subject to the approval of bylaw amendments at the AGM in August, the Board is recommending reducing the Board’s size to 19 by June 2019, consisting of one seat for each province/territory, as well as one seat each for our students and residents. Furthermore, an additional Board seat is proposed for a non-physician who can bring a patient perspective to our deliberations and help us deliver on CMA 2020. There would also be seats for the President, President-Elect and Immediate Past President and a Chair. Transition to this new Board structure will be made mainly through attrition.

Elections – With the potential culmination of General Council in 2018, the current election process needs to be updated. Inclusion of the membership in electing key positions supports CMA’s efforts to be a more member focused organization. The Board is recommending that elections take place electronically (online voting) for the President-Elect (nationally – all members can vote; current geographical rotation would continue), for directors within each province/territory for each respective/available seat (by members of those jurisdictions), and student/resident directors (nationally by their respective constituents). The Board would appoint the non-physician director. Results would be announced to the membership and successful candidates introduced at the AGM. Changes are subject to bylaw approval in August. If approved, a call for available positions will be sent this fall.

Committee structure – In addition to the above, the Board is also recommending that due to the potential culmination of General Council, the election of at-large members to committees, including the Committee on Ethics, as well as committee reporting would move to the Board. The Board would continue to use working groups and task forces for topic-specific projects. (Note: Achieving these changes will be made mainly through attrition for most committees in 2019.)
**Why change CMA’s governance model?**

CMA 2020 outlines our commitment to a vibrant profession and a healthy population:
- engage in courageous and influential dialogue to advance health in Canada
- effective communication and engagement with members on the issues and causes that matter
- building collaborative relationships with those who share our vision
- highly engaged membership

Modernizing our governance and consultation model is integral to achieve our shared commitment to the medical profession.

**Why change the Board’s structure?**

The Board has a responsibility to ensure CMA’s good functioning and manage its affairs. Based on governance best practices, a smaller Board with the right skills/expertise and diversity coupled with stakeholder representation (including a non-physician) is preferable to the current structure.

**How is this new model better?**
- A strengthened CMA leadership to advance CMA’s vision and serve the needs and interests of its members, stakeholders and Canadians
- A Board small enough to have rich discussions and meet more frequently, yet large enough to get the work done
- Adapting leading statutory frameworks designed to promote accountability, transparency and good corporate governance for the not-for-profit sector
- An active and uniform search process

**What is the proposed Board structure?** 19 seats:
- one seat for each province/territory
- one seat each for students, residents, President, President-Elect and Immediate Past President, Chair and a non-physician

**How will elections be conducted?**

Voting would take place online in spring:
- **President-Elect:** Candidates continue to be identified on a geographic rotation – all Canadian members would be eligible to vote
- **Directors:** Candidates would come from each province/territory for available seats – Canadian members (full, retired, at-large, associate and honorary) are eligible to vote for the director from the member’s province or territory of residence (members from Nunavut, for the Ontario director).
- **Student and resident directors:** Candidates at national level – all Canadian student and resident members would be eligible to vote respectively for the student and resident directors
- **Board Chair and non-physician director:** Candidates at national level appointed by Board, on recommendation of a new Nominations and Appointments Committee

Other changes proposed
- **Election of at-large members to committees** would be moved to the Board – with non-physician experts appointed as appropriate
- A new **Nominations and Appointments Committee** would promote opportunities for CMA elected/appointed positions to constituents including PTMAs, affiliates and the membership

**Why sunset General Council?**

General Council only involves a few hundred members once per year; most motions adopted annually require little or no debate.

**How is this new model better?**
- Direct member engagement on policy development and advocacy prioritization year-round to identify emerging issues and priorities
- Engagement with PTMAs, affiliates and other key stakeholders to promote synergies, exchange information and work on matters of mutual interest, including policy development
- Election of key leaders by the membership

**New engagement opportunities**

- **Health Summit:** Supports CMA 2020 by enabling participants to engage innovatively and inclusively in courageous and influential dialogue to advance health in Canada.
- **Communities of Interest:** Platform to address issues affecting the health care system, the profession and patients. These communities are a key platform for advocacy by physicians and represent an important addition to our consultation model that will allow us to engage with our members directly and at scale on the issues and causes that are relevant to them.
- **Member Proposals:** Members, PTMAs and affiliates can propose, review and prioritize eligible policy proposals for further development using e-platforms, e-panel, communities of interest and/or e-polling. Proposals that pertain to business and corporate matters would be submitted to the AGM.

Visit [cma.ca](http://cma.ca) for more details
Our Members

Membership – Our numbers at the end of 2017 stood at 87,416, including students, residents, practicing and retired physicians. We hope to continue to grow these numbers in 2018.

SOM – share of market; NPS – national physician survey

Member engagement – In 2017, we again surpassed engagement targets with over 30,500 members participating in surveys, e-panels, advocacy, online sessions, etc. on such topics as physician workforce, medical professionalism and advocacy training.

Member affinity – In 2016, CMA defined a new index to measure member affinity with the organization. Respondents who were considered ‘high affinity’ were highly engaged or felt a close connection to CMA.

In November 2017, the CMA conducted a second member pulse survey to measure affinity and key performance indicators. The percentage of CMA members that is low affinity had dropped significantly, from 24% to 13%; while high affinity members dropped slightly, from 19% to 16%. The majority of members (71%) were considered to be in the moderate affinity group.

Charitable giving

CMA Foundation – CMA created the foundation to provide impactful charitable giving to registered Canadian charities that further excellence in health care.

In 2018, new Healthy Canadians grants will be disbursed to Canadian charitable organizations across Canada (one-year pilot funding commitment of $150,000 in total for 14 grants). Each grant, sponsored by a physician, will support projects to improve the quality of life of Canadian patients and at-risk populations. The program is designed to support innovative health initiatives that are community run. Visit cma.ca for more details.

Knowledge and Innovation

Efforts this past year have focused on physician-led innovation, and inspiring physician-adoptation of knowledge products and innovative technologies and services that will assist them in delivering excellence in health and patient care.

A catalyst for physician-led innovation - Joule creates opportunities for physicians to engage in and advance innovations that have the potential to advance health outcomes here and around the world.

A curator of knowledge products and innovations – Joule is committed to assisting members in accessing valuable clinical information, development skills and relevant content to help them be at their best.

Financial Management for Physicians

A year of new options for members – As the medical profession evolves, so do the wealth management needs of Canada’s physicians—needs as personal and distinct as the patients they serve. MD is evolving in concert, offering CMA members new levels of choice, flexibility and customization to help them achieve financial well-being, both personally and professionally.

To serve clients’ expectations of more choice and lower fees, MD has been actively evolving its product offer. In January 2018, MD Financial Suite was introduced, offering clients three new account options: MD Plus™, a fee-based account; MD Direct Trade™, an account that enables clients to research and invest in stocks directly; and MD ExO™ Direct, an account that offers simplified investing that is entirely automated and online, with access to valuable financial advice. In terms of investments, MD introduced MD Platinum™, giving clients access to sophisticated investment strategies.

MD Direct Trade is a division of MD Management Limited, member of the Canadian Investor Protection Fund.
MD ExO® Direct is an investment solution brought to you by MD Management Limited. MD Management Limited – Member – Canadian Investor Protection Fund. The MD Platinum ™ fund is intended for individuals that qualify as accredited investors. An offer or solicitation for an investment in any investment fund managed or sponsored by MD Financial Management will occur only through an offering memorandum and related purchase documentation, and subject to the terms and conditions contained in such documents and in such fund’s operative agreements. Management fees and expenses may be associated with pooled fund investments and the use of an asset allocation service. No guarantee or representation is made that any MD private investment fund offered will achieve its investment objective. In addition, there are risks associated with investing in private investments that are not applicable to typical investments in the public equity markets.
Looking Ahead

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

Some of the key priorities for the remainder of 2018 and into 2019 include:

• identifying issues and causes where CMA can make a difference

• engaging members on achieving our vision of a vibrant profession and a healthy population through various mechanisms including our new Communities of interest

• engaging patients and public stakeholders

• continuing our work on key strategic priorities such as medical professionalism, seniors’ care, medical aid in dying, marijuana legalization and regulations, opioids, physician health and medical education

• implementing governance changes to make CMA a more focused organization (i.e., earlier AGM, smaller Board and committees, increased member engagement (communities of interest and member proposals) with a focus on issues and causes that matter to the profession.

Priorities are subject to change to allow flexibility in addressing those issues that matter most to members. Stay in touch on cma.ca and through Board meeting summaries published quarterly.

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CMA HEALTH SUMMIT
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2018 Award Recipients

**F.N.G. Starr Award**
Andreas Laupacis, MD

**Medal of Service**
John Dossetor, MD

**Owen Adams Award of Honour**
Mike Gormley

**May Cohen Award for Women Mentors**
Janice Willett, MD

**Sir Charles Tupper Award for Political Action**
Albert Schumacher, MD

**Dr. William Marsden Award in Medical Ethics and Professionalism**
Ritika Goel, MD

**Award for Young Leaders (Students)**
Aline Khatchikian, MD
Lerly Luo

**Award for Young Leaders (Residents)**
Blair Bigham, MD
Chris Charles, MD

**Award for Young Leaders (Early career physicians)**
Cara Bablitz, MD
William Cherniak, MD

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

2018 Honorary Members

**Northwest Territories**
John McLean, MD

**British Columbia**
Leilani Almas, MD
Thomas Bailey, MD
Jeffrey Coleman, MD
Jorge Denegri, MD
Trevor Hurwitz, MD
Barry Kassen, MD
William Mackie, MD
John Mancini, MD
Russel McKnight, MD
Ken Schellenberg, MD
Phil Teal, MD

**Alberta**
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John Bromley, MD
Janette Hurley, MD
Richard Johnston, MD
Patrick White, MD

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Merv Johnson, MD
David Morton, MD
Briane Scharfstein, MD

**Manitoba**
Terry Babick, MD
Kevin Coates, MD
Savis Menticoglou, MD
Sunilkumar Patel, MD

**Ontario**
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Jennifer Blake, MD
Deborah Hellyer, MD
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**Quebec**
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Hughes Beauregard, MD
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Rachel Bujold, MD
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Patrick Coté, MD
Ghislain Davroede, MD
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Jean-Marie Moutquin, MD
Michel-André Péloquin, MD
Vyta Senikas, MD

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Renée Turcotte, MD

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Robert Miller, MD
Christian Soder, MD

**Prince Edward Island**
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Ivan Woolfrey, MD