CMA Strategy 2020 – The Board approved a new strategic plan (2018-2020). It now features a bold mission: “Empowering and Caring for Patients.” In taking this step, the Board embraced an outward facing mission which reflects physicians’ values.

When combined with the vision – a vibrant profession and a healthy population, an exciting new path awaits us. Within our context, innovative thinking and big ideas will be the cornerstone of success. It will require both courage and collaboration, as outlined in the strategic objectives.

Foundational to the success of the new plan is the modern CMA, with an emphasis on the social enterprise, collaboration with like-minded partners, and an engaged and connected profession.

The new plan was presented to the 4 boards of the “CMA Enterprise” (CMA, Joule and MD and CMAH 2014). It will be released in the 2017 Report to Members which will be available on cma.ca mid-June.

2017 Planning Priorities – 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. Some priorities featured at this meeting in the President’s report were:

- **Medical professionalism** – As part of this work, CMA has been hosting a series of workshops across the country to bring members together and get their insights on a new vision for medical culture and professionalism and to reinforce the importance of collaborative decision-making as being integral to team-based models of care.

- **National seniors’ strategy** – CMA continues to advance the call for a national seniors’ strategy. With financing agreements signed between the federal government and most provinces and territories, there is an opportunity to refocus upon the health of Canadians. CMA continues to call for national leadership to protect the health of Canadians. This requires pan-Canadian vision and strategic action to strengthen our system now, and into the future.

- **Marijuana legalization and regulation** – Federal legislation on the legalization and regulation of marijuana was announced on April 13. CMA has consistently called for strategies that will prevent drug abuse and dependence; ensure the availability of assessment, counselling and treatment for those who wish to stop using; and emphasize harm reduction to ensure the safety of those who are using. 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 governments to eliminate this framework as soon as possible.

- **Opioids** – CMA is disseminating the updated national prescribing guideline for opioids as part of a pan-Canadian collaborative of medical organizations (available here). This guideline is also available through an online app and will be supported by other tools such as continuing medical education. We will also continue to engage our members in determining ways to help protect Canadians while ensuring appropriate pain management for those who need it.

- **Physician health** – The Board agreed to explore incorporating support for Resident Doctors of Canada’s resiliency program as part of its physician health initiative.

**Medical education** – The Board reviewed its current contribution and involvement in undergraduate medical education accreditation through the Committee on Accreditation of Canadian Medical Schools. The CMA affirmed that it wishes to continue to play a role in the area of medical education in Canada including 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.

**Patient and public engagement** – The Board discussed and supported the concept of new activities in the area of patient and public engagement with an objective to foster dialogue with Canadians, community organizations and politicians to advance the interests of Canadian physicians and their patients, including the establishment of a patient advisory council.

**Policy and advocacy** – The Board approved requests for stakeholder consultations on its draft policy on physician health; while approving the following policies:

- Advance care planning
- Direct-to-consumer genetic testing
- Lower-risk cannabis use guidelines: A comprehensive update of evidence and recommendations
- Medical aid in dying (update 2017)
- Third-party forms (update 2017)

**Governance** – The Board will be recommending to members at this year’s Annual Meeting (Aug. 23 in Québec City), several bylaw amendments related to the association’s governance structure (refer to the 2017 Report to Members available on cma.ca mid-June):

- Clarity on roles such as deleting any reference to the terms ‘governing body and legislative authority’ and ‘executive authority’ to avoid confusion as these terms lack clarity
- to give the Board discretion to increase membership fees with reporting to the members at the Annual Meeting
- to decouple the Annual Meeting and General Council to enable each meeting to be scheduled independently at the best time during the year
- to enable members to call a special meeting as well as to provide for virtual participation and absentee (electronic) voting as needed

In the longer term, CMA will consult with members and stakeholders on a future Board governance model, nomination/election processes, and will also undertake a review of its committees (composition, reporting, etc.).

**General Council Task Force** – Several consultations have taken place this spring. Themes that we’ve been hearing so far include:

- take the lead on ‘big’ health issues affecting patients and include a diverse range of participants and perspectives (physicians, nurses, allied health professionals, leading experts and patients)
- have more small-group discussions, and provide an open format with longitudinal discussions that are not focused on motions. Provide regular, frequent opportunities for members to provide input into/participate in policy all year
- general consensus around a CMA health summit with relevant and inspirational topics

Further consultations will take place this fall and winter. Join us at General Council 2017 to learn more about the task force’s work and to provide your input.

**General Council 2017 Program** – This year’s program has been designed to engage innovatively and inclusively in courageous and influential dialogue to advance health in Canada.

- Celebration opening event – Eric Wahl

  Sessions on:

- Physician leadership in innovation (including a Québec perspective)
- Unifying the profession and building a charter of shared values
- CMA Code of Ethics for the 21st century
- Facing Canada’s Opioid crisis
- Medical aid in dying

**Emerging Issues Dialogue** – Deadline for submission is June 5. The Resolutions Committee will review the submissions received to determine the 5 or 6 most closely aligned to CMA priorities based on fit, focus, relevance, urgency and level of impact. The Executive Committee will act as a sounding board for the Resolutions Committee as needed. We expect to share the topics selected with participants by the end of July. **General motions** – Deadline for submission is July 10. The Resolutions Committee will review and rank the motions received on Aug. 8. We expect to have the consent agenda and general motions for debate available to participants on Aug. 11.

**CMAJ Governance Council** terms of reference were approved. Next steps include recruitment of Council members. More information will be available on cma.ca in the coming weeks.
**Membership fee** – The Board discussed the proposed fee for 2018. The Board will recommend to General Council that the membership fee for 2018 remain at $495. Annual incremental fee increases pegged to Consumer Price Index will most probably begin in 2020.

**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.

**Elections** – Dr. Guruswamy Sridhar was elected Chair of the Audit and Finance Committee for a 3-year term starting in August 2017; Dr. Ann Collins was elected Member-at-Large to the Executive Committee; and Dr. Linda Slocombe was re-elected Vice Chair of the CMA Board.