CMA Board of Directors
October 2016 Meeting Highlights

CMA 2017 strategic priorities and future planning
• Strategic initiatives proposed for 2017, based on fit, focus and relevance to the overall strategic plan, will be reviewed vis-à-vis budget implications in December; it is understood that the list will be flexible and adjusted to accommodate priorities as they arise throughout the year (e.g., health accord, Canadian Controlled Private Corporations, marijuana legislation, opioids).
• The Board undertook a visioning exercise for the next strategic plan (2018-2020) looking to identify orthodoxies that might be serving as obstacles to innovation in the “race for relevance”.

GOVERNANCE
General Council
• The Board held a high-level discussion on the role of General Council to further refine the strategic direction provided earlier this year to support the work of the Task Force on the Role of General Council in a Modern CMA (GCTF).

Next steps:
• The GCTF will hold a visioning exercise on Oct. 26, which will take into account the strategic direction received from the Board, provide input to a consultation plan and review best practices.
• The GCTF will also continue to consult with the CMA Board throughout the process. It is anticipated that the Board would consider approval of a framework in May 2017, en route to General Council in August.

Board of Directors – Role and Structure
• The Board had an opportunity to discuss its governance structure within a modern CMA in terms of role, size, composition, representation, ownership, etc. This discussion will feed into the work of the Governance Committee on reviewing options for the most appropriate Board governance model for CMA.

Next steps:
• The Governance Committee will meet on Nov. 7 to review the Board’s input and an e-scan of various governance models, and to propose options for the Board’s consideration in December.
• Consultations will follow on potential options as required. It is anticipated that the CMA Board would consider approval of a framework in May 2017, en route to General Council in August.

POLICY AND ADVOCACY
General Council 2016
• There were 54 resolutions adopted (27 of them on consent) and one referred to the Board; 11 governance / business resolutions were also adopted.
• Dispositions, presented for the Board’s consideration, align with priorities while taking into account CMA’s resources to achieve significant outcomes; these will be shared with delegates shortly.
• Evaluation results indicated overall continued support for the changes made to General Council and the Annual Meeting.
Health Accord – CMA’s message

The Board reaffirmed its messaging to government:

• CMA believes seniors’ care is the most important health issue of our time and must be the priority when health ministers negotiate a new Health Accord.
• Our system is failing Canadians by not efficiently treating complex and chronic conditions; managing these conditions requires a much more integrated, collaborative and efficient system.
• Helping to move seniors out of acute care facilities and back into their communities will ensure better care for patients and will free up resources in the health care system.
• The Health Accord needs to include:
  ▪ targeted extra funding for provinces and territories with more seniors;
  ▪ coverage for highly expensive medication so Canadians do not experience undue financial hardship if sick;
  ▪ more financial support for family caregivers by making tax credits refundable;
  ▪ a national strategy for palliative and end-of-life care;
  ▪ a coordinated home care plan so healthy seniors can live in their homes and get the support they need;
  ▪ key infrastructure investments to improve and provide more long-term care for Canadians who need it.

Organ and tissue donation

• Endorsement of the Canadian Blood Services and IFMSA-Québec joint proposal for an addition to undergraduate medical curricula of a course on improving knowledge and awareness of organ and tissue donation among future physicians in Canada.
  (IFMSA-Québec is the International Affairs Division of the Québec Federation of Medical Students; IFMSA is the International Federation of Medical Students Association)

Opioids

• CMA has joined the First Do No Harm Executive Council - a national strategy to address the harms of opioid use in the areas of prevention, education, harm reduction, monitoring, surveillance and enforcement.
• CMA has also become a member of the Medical Consortium on opioids, which has developed an inventory of CMEs on opioids, identified gaps in the training of physicians and residents, and is seeking to have common messaging aligned with the First Do No Harm strategy.
• CMA proposes to support and disseminate the new version of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, to be launched in early 2017.

Tobacco Endgame

• Tobacco Endgame for Canada 2016 Summit, held Sept. 30-Oct. 1, 2016, was 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. This initiative will also be reviewed within the context of CMA’s 2017 priority-setting exercise.
Canadian Controlled Private Corporations – CMA’s advocacy strategy
• Develop the evidence basis to support advocacy
• Engage with government officials and facilitate advocacy efforts of provincial/territorial medical associations and affiliates
• Encourage and facilitate direct member engagement in consultations
• Actively engage/intervene in the legislative process

Detention of child immigrants
CMA has signed on to an effort to advocate to the federal government not to detain children where there are situations of immigration and refugee claims because of the negative impacts on child mental health.

OTHER
CMA’s upcoming 150th anniversary
• Theme: How 150 years of innovations, accomplishments and influence have shaped the current course, are defining the future success for CMA, and instilling pride of the profession.
• This will be a year-long program that builds gradually to peak on July 1 (Canada’s 150th), at General Council in August and on Oct. 9 (CMA’s 150th).

CMA Workplace
• CMA and Joule have moved into temporary facilities.
• Demolition of the building at 1867 Alta Vista Dr. is scheduled for Dec. 16, 2016. Future plans for the property will be brought back to the Board of Directors for consideration in 2017.

Communities of Practice
• The Board reviewed a proposal received on developing e-based communities of practice on topics of interest to CMA members to leverage the knowledge and expertise of members and partners to drive advocacy, health innovation and quality of care.