MEMBER PROPOSALS
KEY MESSAGES AND FREQUENTLY ASKED QUESTIONS

Guiding Principles for Change
− Engaging innovatively and inclusively in courageous and influential dialogue to advance health in Canada.
− Increasing direct communication and engagement with members by moving from a representative to an engagement model.
− Choosing a governance model that reflects the needs of the corporation and supports its strategic plan – CMA 2020 – which underpins CMA's aspirations to serve its members (the profession) while empowering and caring for patients.
− Modernizing CMA's governance structure – to date this includes adapting components of the Canada Non-for-Profit Corporations Act (CNCA) – a modern framework designed to promote accountability, transparency and good corporate governance for the not-for-profit sector.

Key Messages
− Member proposals are intended to provide more opportunities for input into CMA policy development with a year-round intake and consultation process making policy development broader within the membership in terms of input and consultation allowing more inclusive and courageous dialogue. Proposals on business and corporate matters would come to the Annual General Meeting (AGM).
− CMA has seen much success in its consultation with members through town halls, member forums and online consultations. As part of CMA's vision of a networked organization, CMA Communities of Interest and “member proposals” are new initiatives providing year-round engagement – thereby expanding member engagement and facilitating contributions to our advocacy and policy work.
− Member proposals should align with CMA 2020 in favour of issues and causes that matter to the profession and patients and be evaluated based on relevancy, fit and focus.
− It is the Board’s responsibility to determine the level of effort/resources (financial/human) needed to effectively act on each issue and to weigh this information against the fit within the strategic plan, the knowledge and expertise available to the association and budgetary implications. The Board will continue to initiate, consult on and approve policy.

Key Changes
− Year-round online intake and consultation process for members and stakeholders; business or corporate matters would be addressed at the AGM.
− Must be endorsed by at least 10 members prior to submission for consideration.
− Non-controversial proposals can be vetted by the Board after due consideration.
− End result depends on content and consultation. A committee or Board could adopt a proposal if non-controversial (i.e., no debate or dissension anticipated) and requires little or no resources (report outcome to members). If deemed appropriate, the proposal could move to consultation with members to further develop and inform policy; or in the case of business/corporate matters, the proposal could be discussed at the AGM with no motion raised or vote on a motion that is advisory to the Board.

Frequently Asked Questions
1. Why is CMA changing its consultation model?
CMA is moving to engage 1000s instead of 100s using various methods (e.g., leveraging technology to promote communities of interest, member engagement, etc.) to provide more opportunities for direct grassroots input into CMA policy development and other initiatives.
2. **How is CMA addressing the limitations of the current model?**

   Although by convention motions have been associated with GC, we are transitioning to a year-round intake process for providing policy guidance through member proposals. As such, there will be no particular call for motions this year. As part of CMA’s vision of a networked organization, CMA Communities of Interest and “member proposals” (pilot) are new initiatives providing year-round engagement – thereby expanding member engagement and facilitating contributions to our advocacy and policy work. Member proposals on business and corporate matters would come to the AGM.

3. **So what are member proposals?**

   CMA will introduce in 2018 member proposals to provide more opportunities for input into CMA policy development. The goal is to move to a year-round intake process of ‘proposals’ to achieve a more cohesive and focused approach to policy development aligned with CMA 2020 in favour of issues and causes that matter to the profession and patients. The Board would continue to initiate, consult on and approve policy. Proposals on business and corporate matters would come to the AGM.

   – Member Proposals (Corporate) are business or corporate matters related to AGM business only: policy matters and personal grievances will be redirected at initial stage
   – Member Proposals (Policy) are a more cohesive and focused approach to policy development in favour of issues and causes that matter to the profession and patients. This will include broader consultation and polling allowing more time for inclusive and courageous dialogue on difficult topics.

4. **What benefits do we expect to achieve?**

   – Greater engagement of members and the profession, including stakeholder organizations such as PTMAs, affiliates, etc. in a year-round process instead of an annual process
   – Allows members to put forward proposals for consideration by CMA and peers
   – More inclusive approach to formulating policy
   – Continues to modernize CMA’s governance structure and model of engaging members

5. **How will PTMAs and Affiliates raise issues of concern to the CMA without the traditional motion process?**

   Consultation conducted by the GCTF revealed that a yearly event like General Council did not promote the timeliest feedback between CMA and its key collaborators. Our goal is to maximize communication channels and the use of technology across existing fora throughout the year, including member proposals for policy issues (or at the AGM for corporate matters). Other opportunities to raise issues include the CMA Board of Directors and CMA Communities of interest.

6. **How do I submit a proposal?**

   An online submission form for both corporate and policy matters will be available this spring on cma.ca. Stay tuned for further details. In the interim, we invite you to review the process for this pilot as outlined below.

   **Member Proposals (Corporate)**

   – **Corporate member proposals will only address corporate or business matters related to AGM business:** policy matters and personal grievances will be redirected at the initial stage.
   – **Corporate proposals must be submitted no less than 90 days prior to the AGM.** They will be vetted by the Chair of the AGM and may be referred to a committee, working group or the Board as appropriate.
   – Advanced notification of the AGM will occur usually 180 days before the AGM, inviting corporate proposals to be submitted 90 days prior to the AGM.
Notice of the AGM will be issued on cma.ca and in a publication sent to members at least 30 days before the AGM and include corporate proposals submitted by the deadline. Corporate proposals received after the deadline may be considered at the next AGM.

1. Corporate proposal intake (sponsors are CMA members) – sponsor completes online form; each proposal requires the support of 10 CMA members at the time of submission.
2. The initial proposal will be reviewed against eligibility criteria to determine if in scope or out of scope; if out of scope or considered existing policy, inform sponsor; if in scope, proceed to next step. Preliminary determination of a corporate proposal being in or out of scope will be confirmed or denied as the case may be by the Chair of the AGM.
3. The proposal will be reviewed to determine appropriateness vis-à-vis business/corporate proposal (vs policy). If the proposal is not corporate in nature, determine if it is a policy matter (and refer appropriately) and inform sponsor; if the proposal deals with a business/corporate matter, proceed to next step.
4. It will then be determined if the corporate proposal fits the following secondary criteria:
   a. not likely to initiate debate or dissent among the profession (i.e., non-controversial)
   b. requires little to no resources to implement
      - If corporate proposal meets criteria, consider
         i) If proposal can stand alone, send to the Board for consideration (see Step 6).
         ii) If proposal requires further development – if so, work with sponsor to develop proposal further before sending to the Board for consideration (see Step 6)
   - If the proposal does not meet these criteria, proceed to next step
      Note: This step allows us to fast track such proposals and leave consultations (as noted in next step) for those proposals that require more innovative, inclusive and courageous dialogue.
5. Eligible proposals of a business/corporate matter will be referred to the Board or the relevant committee for consideration prior to the AGM and added to the AGM agenda as appropriate.
6. If corporate proposal is not adopted, inform sponsor. If adopted by the Board or at the AGM, communicate to members (including sponsor) and add to policy database (if passed as a motion). Sponsors will be kept apprised as the process unfolds.

Member Proposals (Policy)
- Policy member proposals will address policy matters, including policy gaps; if deemed existing policy, the sponsor will be informed at the initial stage.
- Policy proposals may be submitted year-round. They will be vetted by a ‘Proposal Review’ group and may be referred to a committee, working group or the Board as appropriate.

1. Proposal intake (sponsors are members, CMA communities, PTMAs, affiliates or other stakeholders within the medical profession) – sponsor completes online form; each proposal requires the support of 10 CMA members at the time of submission.
2. The initial proposal will be reviewed to see if it is existing policy and against other eligibility criteria (i.e., in keeping with CMA’s strategic direction and plan, including fit, focus and relevance to CMA 2020) – determine if the proposal is in scope or out of scope. If the policy proposal is out of scope, inform sponsor; if in scope, proceed to next step. Preliminary determination of a proposal being out or in scope will be confirmed or denied as the case may be by a Proposal Review group struck by the Board and populated by a cross section of physicians.
3. The review will consist of an analysis of the proposal and eligibility criteria to determine appropriateness vis-à-vis existing policy or policy gaps. If the proposal is deemed existing policy, inform sponsor; if the proposal fits a policy gap, proceed to next step.
4. It will also be determined if the proposal fits the following secondary criteria:
a. not likely to initiate debate or dissent among the profession (i.e., non-controversial)
b. requires little to no resources to implement
   - If policy proposal meets criteria, consider
     i) If proposal can stand alone, send to the Board for consideration (see Step 10).
     ii) If proposal requires further development – if so, work with sponsor, member expert and/or
         stakeholders to develop proposal further before sending to the Board for consideration (see
         Step 10)
   - If the proposal does not meet these criteria, proceed to next step
Note: This step allows us to fast track such proposals and leave consultations (as noted in next step)
for those proposals that require more innovative, inclusive and courageous dialogue.
5. **Engage members, PTMAs and affiliates in reviewing and prioritizing eligible policy proposals for further development** using e-platforms such as social media (e.g., Rounds), e-panel, communities of interest and/or e-polling (keep Board and members informed of progress); depending on the level of interest and/or importance/urgency, the proposal would either proceed to the next step or either be set aside for future consideration or dismissed at this stage (inform sponsor).
6. **Further develop policy proposals through engagement** with members, PTMAs, affiliates, CMA communities, at Health Summit or other forum, or via working group using e-platforms such as social media (e.g., Rounds), e-panel, communities of interest, e-polling, etc. as appropriate.
7. **Submit developed policy proposals as draft policy to Board for approval to consult** in a more formal fashion (since not all key stakeholders will have provided their input during the previous stage).
8. **Consult members, CMA communities, PTMAs, affiliates and other stakeholders on draft policy** through discussion, email and/or via e-polling.
9. **Review feedback** and incorporate into new draft policy.
10. **Send policy to CMA Board for consideration.** If adopted, communicate to members (including sponsor), add to policy database and use in advocacy (by the individual, or potentially in a news release, campaign, submission to government, etc.). If policy is not adopted, refer to a committee or working group for further development. Sponsors will be kept apprised as the process unfolds.

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**Member Proposals: Policy Development**

1. **Proposal Intake** (from members, CMA communities, PTMAs, affiliates or other stakeholders)
2. **Identify eligibility criteria** (fit, focus and relevance to CMA 2020)
3. **Determine appropriateness vis-à-vis existing policy or policy gaps**
4. **Developed proposals are submitted to Board for approval to consult if non-controversial and non-resource intensive, submit to Board for review/approval at this stage**
5. **Further develop potential proposals through engagement with members, PTMAs, affiliates, CMA communities, at Health Summit or other forum, or via working group**
6. **Engage members, PTMAs and affiliates in prioritizing eligible proposals for further development** (with Board review of results)
7. **Consult members, CMA communities, PTMAs, affiliates and other stakeholders through discussion and/or via e-polling**
8. **Review feedback and incorporate into new draft policy**
9. **CMA Board adoption of new policy (communicate to members and use in advocacy)**

(For illustrative purposes only)
We welcome your thoughts and know that the initiatives outlined in this document provide you with additional opportunities to stay connected with us and your colleagues. Please provide your feedback or questions to Marie Claire Bédard, Associate Director, Governance, at marie-claire.bedard@cma.ca.