CMA Health Summit
Key Messages – FAQs

Key Points:

In October, the CMA Board approved a new consultation model for a CMA Summit proposed by the GC Task Force (GCTF) to succeed General Council (GC). The purpose of the CMA Summit is to support CMA 2020 by creating an experience which enables participants to engage innovatively and inclusively in courageous and influential dialogue to advance health in Canada.

Frequently Asked Questions:

1. **What is the Summit and how does it fit with GC and the Annual General Meeting?**

   CMA is introducing a new experience with participants from diverse spheres, including the profession (physicians, residents, medical students), policy makers, innovators, patients, etc. to gather once a year to advance significant health issues.

   Summit elements being explored include:
   - Inspirational and keynote speakers
   - Panel discussions
   - Exchanges and networking in “Grand Central Hall”
   - Spotlight on participants – participants to exchange and unpack key summit theme(s)
   - Workshops (meaningful dialogue and exchange)
   - Broadcast Lounge for media and social media outreach (involving participants)
   - App to connect and exchange
   - Social event (networking reception)

   The first Summit will be held in August 2018, along with General Council and the Annual General Meeting (AGM). Starting in 2019, the Summit will be held independently of CMA’s AGM.

2. **How is the Summit linked to CMA’s new mission and vision?**

   The Summit aligns with many elements of CMA 2020, with a strong focus on a healthy population and patient empowerment.

   In alignment with CMA’s new mission, vision and strategic objectives, the Summit will:
   - Enable participants to actively contribute toward the CMA’s strategic objective of engaging in courageous, influential and collaborative dialogue and advocacy to advance health in Canada.
   - Model the CMA’s patient-centred strategy and aid in the development of patient-centered health policy.
   - Unite and inspire physicians and enable CMA to take bold and transparent stances on focused issues and causes.
3. **Will there be delegates at the Summit?**

Summit attendance is not based on a Parliamentary model of geographic representation and participation. The role of delegate is therefore no longer required. Participation at the Summit will be based on an inclusive model that brings together interested health leaders who are passionate about the issue(s) being discussed. In addition to the profession, the broader spectrum of attendees will include patients, members of the public, government, civil society organizations and thought leaders across all fields. The intent is to draw those who want to contribute to improving health.

To complement the Summit, CMA is enhancing its suite of member engagement opportunities. For instance, the CMA’s AGM will be expanded to include increased opportunity for member involvement at a regional and virtual level. Additionally, CMA is starting to build out its community ecosystem where there will be a significant opportunity to complement and connect post-Summit.

4. **Will there be motions at the Summit?**

Advocacy remains CMA’s core business; however CMA recognizes that motions are not required to successfully advocate for change.

The case study on CMA’s success in bringing about historic federal legislation on Medical Aid in Dying is an example where the CMA was able to make tremendous impact in forming policy driven by courageous and influential dialogue with the profession and the Canadian public through many engagement channels, such as member and public town halls, e-survey, online dialogues, e-polling, etc.

The success of the CMA’s policy development on Medical Aid in Dying was not based on one motion but on the collaborative and open dialogue that proceeded through inclusive input through many channels. CMA wishes to replicate this successful formula whereby the Summit will be one experience among a multi-pronged engagement continuum that encourages input from the profession and the public on important issues.

The CMA Governance Committee is actively working on alternative models, including member proposals directly to the CMA Board.

For more discrete member professional issues, the CMA envisions a role for motions at the AGM in addition to the Board of Directors discharging its fiduciary duties as directed by the membership.

5. **What additional platforms for engagement will complement the Summit?**

The Summit represents one component of a multi-pronged engagement continuum. In the coming year, the CMA will be introducing more modern ways for engagement. Other platforms would include:

- Online communities of interest
- Incubator for large issues that culminate in a Summit
- Patient and Public Engagement Platforms
- Patient Advisory Group
- Other Engagement platforms /communities such as “Demand a Plan”
- Member Forums/Town halls (as determined)
- E-panel and polling
- Re-tooled Annual General Meeting with regional and virtual components
- Other virtual outreach programs for members and patients
The CMA will leverage best and applicable practices from its work on Medical Aid in Dying and other initiatives such as Demand a Plan. It will solicit input and feedback from its member base to identify the most critical issues and causes for dialogue and advocacy.

6. How will Provincial and Territorial and Medical Associations (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.

The goal is to maximize communication channels and technology across existing fora that are ongoing throughout the year. Other opportunities to raise issues include the CMA Board of Directors and Communities of interest, which will include both members and patients.

7. What opportunities does the Summit present for Affiliates?

The Summit will provide affiliates with a new and enhanced channel to engage with a broader spectrum of health leaders. This will provide an opportunity to facilitate inclusive conversations which lead to actionable ideas and outcomes to significantly advance health priorities.

CMA is exploring how to incorporate a “marketplace of ideas” at the Summit, providing affiliates and associate societies, PTMAs, and policy leaders a venue to share and explore on key policy matters.

Affiliates are key contributors to the success of the Summit as it provides a key opportunity to collaborate on issues and causes.

8. Where will CMA business items be discussed if not at the Summit and where will elections take place?

Over several years, CMA business items such as bylaw approval and appointment of auditors have migrated from GC to the AGM. The one outstanding business item within GC’s purview is the elections. It is therefore proposed that after bylaw changes are approved in 2018, elections for such positions as the Board of Directors will move to the general membership and be reported to the AGM in 2019.

Starting in 2019, the AGM will also contain a virtual component to enable broader member participation and input to CMA particularly in areas related to association, member and the profession type issues.

Regional hubs for the AGM will also support virtual participation and polling on business matters.

9. How will Summit’s theme be selected?

CMA Board will select overarching theme(s) that will drive dialogue.

Grassroots mechanisms for advising the Board, such as Communities of Interest, may also provide input; idea incubation may be explored.

10. How will the new Summit influence/shape policy?

The Summit’s purpose statement highlights its policy contribution role: “Engaging innovatively and inclusively in courageous and influential dialogue to advance health in Canada.”
The Summit will not use a motion driven “parliamentary style” model for policy making and will be part of a multi-pronged approach for policy development.

Instead, the Summit will create momentum for change by showcasing expertise and leadership by generating media and social media reach, while also creating a movement of supporters to effect change.

11. How will the patient perspective be weighted compared to the profession’s perspective?

All perspectives will be welcomed and considered for the best possible outcomes to advance issues and causes.

12. How will CMA address “physician issues” at the Summit?

Physician issues will continue to be addressed through the various mechanisms that are currently in place or are in development. These include but are not limited to: the CMA Board, member town halls, conferences on physician leadership and physician health, Communities of Interest, the Annual General Meeting, etc. These mechanisms allow for a more agile, responsive and timely approach to issues that may require immediate attention.

13. When will the Summit be implemented?

The inaugural Summit will be held in tandem with a final General Council in Winnipeg in August 2018. This is part of the ongoing evolution that supports CMA’s new mission, vision and strategic objectives.

Starting in 2019, the Summit will be held separately from the CMA AGM.

14. What is the funding model for the Summit?

The inaugural Summit in 2018 will embrace a variety of mechanisms to truly enhance the inclusive nature of the event and could include sponsorship and registrations fees.

Making the Summit affordable and accessible to as many participants as possible will be a key consideration.

15. How will participants be invited to the Summit?

Registration for the Summit will be broad-based and inclusive, ensuring that the profession, patients, policy makers and others seize the opportunity to attend this unique experience.

Members who are highly engaged and experts in the Summit’s main theme(s) will want to take part in this exciting new forum.

Another key audience will be thought leaders in all realms of society who have an interest in moving the issues under discussion forward.

A focussed marketing and communications plan will support each Summit to ensure there is broad awareness and interest.

16. How often will the Summit take place?

In the inaugural stages an annual Summit is envisioned.

The Summit will likely be held in either the spring or the fall, but this is still being explored.
17. How will the Summit locations be selected?

Given the nature of the event, major cities will be selected for capacity and media interest. CMA is committed to continuing to work with smaller regional centres for member engagement opportunities.

The Summit could include multiple virtual and live hubs with presenters in each hub.

18. What will be the length of the Summit?

The length of the Summit will be determined by the issues under discussion. It is most likely the Summit will be 1.5 or 2.5 days (half day owing to travel time).

19. How do PTMAs and Affiliates plan for 2018?

The dates and timing for 2018 have been established as August 19-22, 2018 in Winnipeg.

The CMA has initiated planning for the Summit, GC and the AGM for August 2018. Program information will be shared with PTMAs as soon as it is available.

Participants will experience an inaugural Summit, a legacy GC and a revamped AGM. CMA staff will communicate directly with members, PTMAs and Affiliates on the actual program for all elements of the gathering.

Regarding PTMA representation (via delegates), this remains unchanged in 2018. PTMAs are asked to plan according to what has been done in previous years.

Starting in 2019, the Summit will be held separately from the CMA AGM.

The CMA will be planning further opportunities to engage PTMAs, Affiliates and members on new engagement forums.