NOMINATION AND ELECTION PROCEDURES

The CMA welcomes the participation of members in its electoral process and encourages diverse participation. The CMA will respect its Bylaws and Operating Rules and Procedures in all elections and will ensure a fair, transparent, effective and expeditious process. Election procedures that are not explicitly defined in the Bylaws or operating rules and procedures will be governed by the rules of order. The Nominations Committee Chair will refer to these procedures during the elections.

2020 highlights

- The Nominations Committee continued this year to enhance collaboration with provincial/territorial medical associations (PTMAs), the Canadian Federation of Medical Students and Resident Doctors of Canada regarding nominations for upcoming vacancies on the CMA Board of Directors.
- The chair of the Nominations Committee, along with the chair of the Appointments Committee, facilitated several working group meetings with various PTMA stakeholders as part of the nominations process.
- The CMA sends a call for nominations for elected positions to all provincial and territorial medical associations and affiliate organizations 9 months ahead of the AGM and also posts the call on cma.ca; the deadline for response is 5 months ahead of the AGM. The Nominations Committee approves and presents the Nominations Committee Report to General Council for ratification.
- Nominee bios put forward by the Nominations Committee are available here; any outstanding bios will be distributed electronically as soon as possible as set out in these procedures.

General Council ratification

- In accordance with section 13.4 (d) of the CMA Bylaws, the immediate past president will preside over the ratification elections at General Council.
- Prior to the elections, the Nominations Committee chair will refer delegates to the nominations and election procedures outlined in this document.
- Candidates will be ratified by General Council delegates.

Term

- All terms will commence immediately following the Annual General Meeting.

Resignations from elected positions

According to the Bylaws (11.5.3), should a position become vacant due to a resignation or other unforeseen circumstances during the year, the Board of Directors will fill the vacancy on an interim basis until the end of the association year. Elections, as necessary, will take place at the next meeting of General Council. Should the individual appointed by the board on an interim basis be ratified at General Council for the position the following year, their interim year served will not count towards their term.
Excerpts from the CMA Bylaws concerning nominations and elections

Chapter 12. Nominations

12.1 Committee on Nominations

12.1.1 General Council shall annually elect the members of the Committee on Nominations, which shall be comprised of 1 member from each province/territory, 1 member representing the affiliate societies, 1 resident member, 1 student member and the Immediate Past President of the Association who shall chair the Committee on Nominations. The process and rules for making nominations for election to the Committee on Nominations shall be contained in the Association’s Operating Rules and Procedures. The Committee on Nominations shall meet at the request of the Board of Directors.

12.2 Eligibility for Nomination

12.2.1 Except for the position of non-physician director, only members of the Association who are members of the medical profession shall be eligible for nomination. All nominees are subject to the Conflict of Interest Guidelines as set out in the Operating Rules and Procedures. All nominees must be residents of Canada.

12.2.2 Only members of the Association who have been members for 5 consecutive years preceding their nomination shall be eligible for nomination to the positions of President-Elect, Speaker and Deputy Speaker. Nominees for President-Elect are subject to the Conflict of Interest Guidelines as set out in the Operating Rules and Procedures.

12.3 Nominations Rules and Process

12.3.1 Any division or 50 members of the Association may submit nominations for the offices of Speaker and Deputy Speaker of General Council, Chair of the Committee on Ethics, members of the committees on Ethics and Nominations, and elected members of the Audit and Finance, Governance and Appointments committees.

12.3.2 Nominations for the student member and resident member of the Committee on Ethics shall be carried out in accordance with the Association’s Operating Rules and Procedures.

12.3.3 Nominations for the Board of Directors will be made to the Committee on Nominations in accordance with the following:

(a) Nominations for provincial/territorial directors shall be submitted by each division or by the required number of Association members of the division. Ten Association members from a division with 99 or fewer Association members, 25 Association members from a division with 100 to 499 Association members, 40 Association members from a division with 500 to 999 Association members, or 50 Association members from a division with 1000 or more Association members, may submit nominations for provincial/territorial directors.

(b) Nominations for the student director may be submitted by any affiliate society representing medical students, or by 50 Association members of any affiliate society representing medical students. Only student members shall be eligible to be nominated.

(c) Nominations for the resident director may be submitted by any affiliate society representing residents, or by 50 Association members of any affiliate society representing residents. Only resident members shall be eligible to be nominated.

12.3.4 The following may submit a nomination for the Office of President-Elect, in accordance with the Association’s Operating Rules and Procedures:

(a) any division;

(b) any 50 members of the Association.

12.3.5 The general process applying to nominations shall be set forth in the Association’s Operating Rules and Procedures.

12.4 Responsibilities of the Committee on Nominations
12.4.1 The primary task of the Committee on Nominations shall be to recruit and secure strong balanced leadership for the Association. In particular, the duties of the Committee on Nominations shall be as follows:

(a) to issue a call to all members, divisions and affiliate societies, not less than 9 months prior to the next AGM, for nominations for the following elected positions in the Association: President-Elect, Speaker and Deputy Speaker of General Council, directors, the Chair of the Committee on Ethics and all members of the committees on Ethics and Nominations. The call for nominations shall also include, subject to vacancies arising; up to 2 members of the Governance Committee, up to 2 members of the Audit and Finance Committee and 1 member of the Appointments Committee. Only nominations received at least 5 months prior to the AGM, or made by the Committee on Nominations as in 12.4.1(e), shall be eligible for presentation to General Council by the Committee on Nominations;

(b) to interact with divisions and affiliates to seek and encourage nominations that reflect the diversity and demography of the physician population, specifically with a sensitivity to age, gender, and cultural and regional balance, and the requirements of the Association regarding the specific vacancies to be filled;

(c) to establish and maintain a process to enable nominees to indicate their eligibility and commitment;

(d) to establish a process to ensure that all nominees for the position of director understand and agree to commit to the responsibilities of the office;

(e) to select nominations only from those placed before it through the process referred to in these bylaws or in the Association’s Operating Rules and Procedures. In the event that no eligible nominations for any position are placed before it, the committee may select a nominee of its choice;

(f) to submit, at its discretion more than 1 nomination for any position to General Council; and

(g) in carrying out the above duties to ensure that the Association’s requirements concerning eligibility for nomination set forth in Section 12.2 and the rules and procedures for nomination contained in the Association’s Operating Rules and Procedures are followed.

12.4.2 The report of the Committee on Nominations shall be provided to each delegate to General Council at least 15 days before the meeting of General Council and shall be presented to General Council. Any additional nominations received by the Committee in accordance with these bylaws and the Operating Rules and Procedures shall then be presented to General Council.

Election excerpts from the CMA Operating Rules and Procedures

Nominations for election to the Committee on Nominations

The following provisions shall apply pursuant to Section 12.1 of the bylaws:

11.1 Nominations for the Committee on Nominations:

(a) shall for the provincial/territorial members, be submitted by each division or by 50 members residing or practicing in that province or territory. In the case of Quebec, the Secretariat shall seek out one or more nominees for consideration in addition to any nominations received from Association members in the province;

(b) shall for the affiliate society member, be submitted by the affiliate societies or by 50 members of any affiliate society;

(c) shall for the student member, be submitted by the affiliate medical student society or by 50 student members; and

(d) shall for the resident member, be submitted by the affiliate society of residents or by 50 resident members.

11.2 If there is more than one nomination for any position, a ballot shall then be taken for that position.
Nomination procedures for positions elected by General Council via the Committee on Nominations Report

The following provisions shall apply pursuant to Sections 12.2.1 and 12.3.3 of the Bylaws:

12.1 Nominees for the student director must be either a student member of the Association, or a member of the Canadian Federation of Medical Students and a member of the Association who is currently, or was within the past 12 months, enrolled in a Canadian medical school.

The following provisions shall apply pursuant to Section 12.3.5 of the Bylaws:

12.2 Each year, the CMA Nominations Committee will notify the provinces/territories of upcoming vacancies on the Board of Directors.

12.2.1 The Nominations Working Groups are responsible for reviewing expressions of interest received by the province/territory and selecting one candidate to recommend to the CMA Nominations Committee. Each working group consists of the CMA Nominations Committee Chair, CMA Appointments Committee Chair, and two representatives from the province/territory for which there is an upcoming vacancy. It may interview one or more candidates as part of its review of the nominations.

12.2.2 The CMA will issue a call for nominations, and provide the provinces/territories which have upcoming vacancies on the Board with:

a) a schedule for the nominations process,

b) nominations documents (including a nomination form and self-assessment skills questionnaire), and

c) a list of the skills and experience that reflects the Association’s needs.

The call for nominations will stipulate candidates who are willing to hold office for up to 6 years.

12.2.3 A province/territory for which there is an upcoming vacancy on the Board of Directors will initiate the following nomination process:

a) Appoint 2 members to the Nominations Working Group.

b) Select a deadline date for accepting nominations, allowing time for the Nominations Working Group to meet and possibly interview candidates prior to the CMA’s deadline for submissions.

c) Upload the nominations documents provided by CMA to the province/territory’s website (or link to CMA’s site), and communicate requirements for additional documents to be submitted, such as a message of intent, skills questionnaire and a short biography.

d) Prepare a schedule of communications for promoting the call for nominations in the jurisdiction.

e) Review the nominations against the selection criteria and provide to the Nominations Working Group.

The following provisions shall apply pursuant to Section 12.3.5 of the Bylaws:

12.2.4 Each nomination for positions elected by General Council:

(a) shall be submitted in writing or via an online form to the Chief Executive Officer;

(b) shall be accompanied by a bio;

(c) shall contain full name and address;

(d) shall be received 5 months prior to the AGM;

(e) shall be referred by the Chief Executive Officer to the Committee on Nominations;

(f) shall, together with the bio, be transmitted to all delegates of General Council; and

(g) may be withdrawn up to the time of the election by the request of the nominator.

12.3 The Committee on Nominations will review nominations, may interview candidates, and will develop a slate of nominees for transmission to General Council delegates. In the event there is only one nominee for a position, the candidate shall be declared elected by unanimous consent.
12.4 Pursuant to Section 12.2.1 of the Bylaws and the Conflict of Interest Guidelines adopted by the Board of Directors, a voting director or sitting president of a provincial/territorial medical association or affiliate society is not eligible for a position on the CMA Board of Directors. This provision does not apply to individuals grandfathered in current positions who were members of the CMA Board of Directors as of May 2018.

13) Nominations for Student and Resident members of the Committee on Ethics

The following provisions shall apply pursuant to Section 12.3.2 of the Bylaws:

13.1 Nominations for the student member of the Committee on Ethics shall be submitted by the affiliate medical student society or by 50 student members.

13.2 Nominations for the resident member of the Committee on Ethics shall be submitted by the affiliate society of residents or by 50 resident members.

14) Nomination for the position of President-Elect

The following provisions shall apply pursuant to Section 12.3.4 of the Bylaws:

14.1 A nominee must be selected through an election process open to all Association members in that province or territory and according to a process established by the Board of Directors of the Association.

14.2 Any division or the Secretariat in the case of Quebec, may submit 1 nomination for the office of President-Elect, except that in the event of a tie during such an election, the division or Secretariat as applicable may submit more than 1 nominee.

15) Voting at meetings of the Association

The following provisions shall apply pursuant to Chapter 18 of the Bylaws:

15.4 Any person participating in a Members meeting (including AGM) and entitled to vote at that meeting may vote, and that vote shall be held, by means of the telephonic, electronic or other communication facility that the corporation shall make available for that purpose and that:

(a) enables the votes to be gathered in a manner that permits their subsequent verification; and

(b) permits the tallied votes to be presented to the Association without it being possible for the Association to identify how each Member voted.

16) Vacancy in the office of President-Elect

The following provisions shall apply pursuant to Section 13.3.1 of the Bylaws:

16.1 In the event that the office of President-Elect becomes vacant at any time prior to 90 days before the Annual Meeting of members, the following procedure shall be implemented:

(a) As soon as the vacancy becomes known, the Chief Executive Officer:

(I) shall notify provinces/territories and members of the Association that the office is vacant; and

(II) shall issue a call for nominations.

(b) Nominations for the office of President-Elect shall be submitted online according to a process indicated in the call for nominations in the province/territory in which the President-Elect resides or any 50 members of the Association within 30 days of the issue of the call for nominations.

(c) In the event that there is more than one nomination for the position, members from the province/territory entitled to nominate the President-Elect shall be eligible to vote in an online election.

(d) The Chair of the Board of Directors shall declare the person receiving the most votes elected.
In the event that the office of President-Elect becomes vacant during the 90 days before the Annual Meeting of members, the following procedure shall be implemented:

(a) As soon as the vacancy becomes known, the Chief Executive Officer:
   (i) shall notify provinces/territories that the office is vacant; and
   (ii) shall issue a call for nominations.

(b) Nominations for the office of President, for the Association year immediately following the AGM, shall be submitted online according to a process outlined in the call for nominations in the province/territory from which the vacancy arose or any 50 members of the Association.

(c) Nominations shall be eligible for consideration by the Nominations Committee if they are received by 5 pm, local time, three business days preceding the elections.

(d) The Committee on Nominations shall consider the nominations and shall submit one or more nominations to General Council. In the event that no eligible nominations for the position are received, the committee may select a nominee.

(e) If the office becomes vacant after 5 pm, local time, three business days preceding the elections and before the adjournment of the elections session of General Council, the Committee on Nominations shall select one or more nominees for submission to General Council.

(f) The election shall follow the procedures outlined in Section 13.1 of the Bylaws.
# 2020 NOMINATIONS

The names of the candidates received by the Nominations Committee for CMA elected positions are listed below. Bios for each candidate are included following this report in the order they appear here. Terms are up to 3 years, unless otherwise indicated.

<table>
<thead>
<tr>
<th>Position</th>
<th>Nominee</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>President-Elect</td>
<td>Katharine Smart, MD</td>
<td>08/2020 – 08/2021</td>
</tr>
<tr>
<td>Board of Directors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alberta</td>
<td>Carl Nohr, MD*</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>British Columbia</td>
<td>Charles Webb, MD**</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>Manitoba</td>
<td>David Cram, MD*</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Gerard MacDonald, MD</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Clare Kozroski, MD</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>Yukon</td>
<td>Alexander Poole, MD</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>Residents</td>
<td>Michael Arget, MD</td>
<td>08/2020 – 08/2021</td>
</tr>
<tr>
<td>Students</td>
<td>Victor Do, MD</td>
<td>08/2020 – 08/2021</td>
</tr>
<tr>
<td>Ethics Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents</td>
<td>Olivia Lee, MD</td>
<td>08/2020 – 08/2021</td>
</tr>
<tr>
<td>Students</td>
<td>Ms. Gali Katznelson*</td>
<td>08/2020 – 08/2021</td>
</tr>
<tr>
<td>Audit and Finance Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member-at-large</td>
<td>Christopher Jyu, MD*</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>Appointments Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member-at-large</td>
<td>Alika Lafontaine, MD*</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>Nominations Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yukon</td>
<td>Yong “Jason” Xiao, MD</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Northwest Territories</td>
<td>Courtney Howard, MD*</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>British Columbia</td>
<td>Carole Williams, MD*</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Alberta</td>
<td>Michael Giuffre, MD*</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Allan Woo, MD</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Cory Baille, MD</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Ontario</td>
<td>Albert Ng, MD*</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Québec</td>
<td>Laurent Marcoux, MD*</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Andre M. Bernard, MD*</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>Chris Goodyear, MD*</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>Larry Pan, MD</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>Lynn Dwyer, MD</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Affiliates</td>
<td>Flordeliz “Gigi” Osler, MD</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Residents</td>
<td>Michael Arget, MD*</td>
<td>08/2020 – 08/2021</td>
</tr>
<tr>
<td>Students</td>
<td>Victor Do, MD</td>
<td>08/2020 – 08/2021</td>
</tr>
</tbody>
</table>
*Second term.

** Doctors of British Columbia (DBC) has re-submitted the name of Dr Webb for a second 3-year term as the current incumbent of the role pending elections in that jurisdiction. Due to COVID-19 the DBC has postponed elections for this role as set out in their bylaws to nominate a candidate for the CMA Director from British Columbia. These elections will take place in December 2020. The winner of that election will take on the seat from British Columbia. If it is Dr Webb, he will stay on the CMA Board until August 2023. If not, he will step down and the other candidate, Dr Nigel Walton, will fill the vacancy created by the resignation. Dr Walton would then stand for a ratification by General Council in August 2021 for an initial 3-year term.

*** A bylaw amendment is being brought forward to the AGM in August that if adopted would extend the Nominations Committee terms to 3-years (renewable once) to match the other CMA committee term lengths. This does not affect the Student and Resident positions which will remain 1-year terms.
Dr. Katharine Smart

The profession of medicine is a profession of service. Wartman in the “Role of the Physician in 21st century healthcare” points out our greatest assets remain traditional- first respecting the rights of patients to make choices according to their values and understanding how these values impact care decisions; and second having the real and tested ability to provide the uniquely human services that patients need, most notably empathy and compassion.

Physicians need to lead in the delivery of health care to Canadians. To lead we must deliver a system that creates access to our care. We know 5 million Canadians don’t have a family doctor and that the problem is more significant in rural, remote and indigenous communities. We have to think outside the box and engage with new ways of doing things. This may feel uncomfortable and will certainly challenge us to adapt our practice in an innovative way.

My intention is to focus on:

1. Harnessing Technology to better care for Patients and Physicians
   
   Caring, empathy and compassion cannot be replicated by technology but perhaps technology can augment our ability to deliver care based on these fundamentals. I want to consider ways technology can be harnessed to deliver the CMA’s mission and vision. To empower patients, we must engage them. Virtual care offers opportunities to change the way health information flows- patients can be at the centre. Through engagement comes empowerment and the potential for better health. Patients want to collaborate in their care and receive care in non-traditional settings- technology can facilitate this. Technology must work for us. Current technology, like existing EMRs, increases the burden on physicians. The CMA must lead in finding and leveraging technology to make our work more efficient and productive. As physicians become increasingly engaged in using technology effectively, we can prevent burnout, improve quality of care (and life) and empower patients.

2. Physician Wellness and the Health Care System
   
   A vibrant profession requires physicians to be healthy themselves. What creates engagement, what are systems barriers to achieving wellness- leadership, compensation models, work models, financial stability and security, retirement planning, student debt? How do we transform our workplaces through effective physician leadership and management to create spaces that optimize patient care by supporting and engaging the physicians who provide it? Traditional views of health care are changing. Our system has prioritized clinical autonomy, relied on volume as a measure of productivity, placed the physician as the holder of health care information and focused on disease specific care. Health care is refocusing on collaboration, value as a measure of productivity, encouraging patient autonomy and self-management and wholistic approaches for increasingly complex problems. CMA can lead these conversations.

3. Human Resources for Health and Indigenous Health
   
   We must consider human resources for health and how they affect access to care. From a northern lens this means consideration of who comes into the profession, where we train people and what we train them in. Increased training opportunities in rural and remote locations is critical to recruitment and retention of physicians to serve and build trust with these populations. Reconciliation is a critical issue of our time. To improve the delivery of health care to our Indigenous populations we must also develop physicians knowledgeable and skilled in serving these populations. We need more indigenous physicians. Models of recruitment and training will impact this. We must do more in health to show a true commitment to reconciliation with the First Nations, Inuit and Metis populations of Canada who have the worst health outcomes of all Canadians. We have many influential Indigenous leaders in our profession- we must seek and listen to their counsel on how to do better and integrate our care with traditional indigenous frameworks of health and wellness.
Carl Nohr

My vision of how I could be most valuable to the CMA and its members as a Board Director includes three areas of focus. They are supporting the CMA Strategy for 2020 and beyond, leading in great governance, and participating in future visioning.

1. **Supporting the CMA Strategy for 2020 and beyond**
   
   The strategic plan is driven by the mission, vision and strategic objectives of CMA 2020. The principal activities in 2020 are launching engagement, policy and action initiatives, and establishing reporting and impact assessment methods. Two flagship issues have been identified in the strategy framework; physician health and wellness, and access to care. These flagship issues parallel the two parts of the vision (a vibrant profession and a healthy population). Supporting these two issues are the areas of focus, virtual care, climate and health, and financial wellbeing. The guiding principles of equity, diversity, engagement, transparency and impact are the threads that run through the fabric of all strategic discussions and activities. Executing on this strategy requires vision, courage and influence.

2. **Governance**
   
   Excellent business and governance practices are foundational to keeping the association stable while it changes the world around it. The CMA enterprise is now largely established. Evaluating the effectiveness of the enterprise structure and the people in it now becomes vital to the success of CMA. The CMA board can lead innovative assessment processes to go beyond conventional business practices to ensure the highest level of performance. Governance issues are attached to this as the CMA looks inward and outward during its evolution as an organization.

3. **Future Visioning**
   
   In addition to the work of executing on the strategic plan for CMA 2020, future visioning is critical for CMA 2020 and beyond. As a member association, the nature of the medical profession is core. This is changing as society re-writes the social contract, and doctors respond. This change will disrupt the CMA. To stay ahead of these changes, even lead them, requires vision and passionate commitment to the profession and the association. The very foundation of the profession is shifting.

   While we are redefining what it means to be a doctor, the CMA must redefine what it means to be a member-based association and an enterprise at the same time.
Dr. Charles Webb

Dr. Webb completed his medical degree in 1982 at the University of Cape Town in South Africa, where he also earned a diploma in anesthesia in 1985. He spent time in northern Manitoba before becoming a head of anesthesia in Creston, British Columbia.

Dr. Webb started general practice at St. Vincent’s Hospital in 1992. He has since served as an examiner for the Medical Council of Canada. In 2008, he was elected to the Doctors of BC Board of Directors and became its president in 2015. He is a patron of the Seaforth Highlanders of Canada and was president of the Vancouver Medical Association.

David Cram, MD

Having been raised in rural Manitoba and having practised there for many years, Dr. David Cram has been a strong advocate for rural medicine. He organized the region’s doctors into the Manitoba Southwest Association of Rural Physicians, then later joined and became president of Doctors Manitoba. Dr. Cram is currently Chair of the Manitoba College of Physicians Westman Standards and the Regional Medical Advisory Committee, and serves on many other committees in the region. Dr. Cram believes it truly is a privilege to practise medicine and we should all work to honour this role to our patients and the medical system.
Gerard MacDonald, MD, FRCS

To provide leadership in developing shared goals in improving health care by listening closely to what my patients, colleagues, government and private sector bring to the table and to collaborate with all stakeholders.

1. **What do you think is the biggest challenge facing the CMA? As a member of the Board of Directors or a committee, what would you do to address that challenge?**

   The biggest challenge facing the CMA is to maintain position as the voice of all Canadian physicians, whether they be in family practise or specialties, urban/academic vs rural, fee for service vs salaried/APP. We can do this by stressing not our differences but our common goals to provide patient centered access to medical care, using the best tools and technology to minimize burnout.

2. **What do you think is the greatest opportunity facing the CMA? As a member of the Board of Directors or a committee, what would you do to advance this opportunity?**

   One of the greatest opportunities as I see it is to advance virtual health care to provide greater access to health care for patients. The recently released joint task force on virtual care is an excellent step in this direction and I hope to help move the needle forward on this through participation with many stakeholders.
Clare Kozroski

Message of Intent

1. Describe your understanding of the key elements of the CMA’s strategic plan.

The 2020 plan highlights the ‘big picture’ challenges of population health and physician professional health, recognizes the need for robust efforts at collaborative change for the good of all, and then focuses on our means to these ends.

2. What do you think is the biggest challenge facing the CMA? As a member of the Board of Directors or a committee, what would you do to address that challenge?

Achieving authentic engagement of the membership is, I would suggest, the biggest challenge facing the CMA now.

• I would attempt to re-establish the broader membership’s faith in the CMA’s motivations, understanding of physicians’ concerns and desires, and general competence.
• I do not expect to be the agent, the representative, or the advocate for anyone without having first earned their trust and confidence.
• I will LISTEN respectfully.
• I will participate in frequent and candid dialogues.
• I will become better informed, and better inform others.
• With the help of the CMA team, I will improve communication on many levels, be absolutely honest, and work to inspire the involvement of more Canadian physicians in our efforts to empower our profession and our patients in the achievement of our vital goals.

3. What do you think is the greatest opportunity facing the CMA? As a member of the Board of Directors or a committee, what would you do to advance this opportunity?

I believe the greatest opportunity now facing the CMA is our timing.

It will allow us to capitalize on currently shifting social and political grounds, and the unstable power profiles of leaders and leadership structures, to achieve innovative health reforms without as much resistance from outmoded systems and ineffective forces, and urging better motivated politicians and decision-makers to cooperate rather than compete.

We can seize this opportunity to achieve some broad highly principled aims, acting in the best interests of all Canadians, rather than being provincial and parochial in our efforts. Federally, demands for attention to health have been heard, and no longer is it claimed that health is solely a provincial issue.

A single simple unifying health issue could be chosen by the CMA to start energizing an early action campaign, and improve the image of physicians in the process.

As part of these efforts, I will be more politically active, use more modern tools for information, communication, and influence, and energetically help pursue our most strategically timed changes.
As the resident voice on the CMA board, I will work to share the unique experiences of Canada's resident doctors. This perspective will be key in the development of a cohesive and strong medical profession going into the future.

**Physician Wellness**

The Canadian healthcare system puts incredible pressure on Canada's physicians, which can result in adverse health outcomes. I am interested to exploring how we can continue to develop a physician wellness curriculum/support system with tools we are exposed to as medical students, but then have access to throughout residency and in practice.

The CMA also needs to continue to play a role in improving the healthcare work environment. Ongoing work is needed to help foster positive workplace culture.

**A Strong Medical Profession**

As the resident representative, I will work with my fellow board members to work to find issues that are of importance to all members and focus on improving patient care in Canada. These key issues will help bring Canada's physicians together and help to build a strong, collegial profession.

1. **Describe your understanding of the key elements of the CMA's strategic plan.**

   The CMA's strategic plan does an excellent job of reinforcing that the care of patients needs to be the focus of all our work as physicians. In order to maintain excellent patient care in the Canadian healthcare system, the CMA needs to play a strong role in advocating for improvements and change.

   Advocacy issues need to be informed by the membership from across the country and must ultimately meet the goal of improving patient care and the system. Solutions to these issues must be developed by bringing diverse groups together, including physicians at various stages in their careers (medical learners, in-practice, and near (retired)) and other key players including patients and health systems leaders.

   The CMA also hopes to play a role in encouraging a healthy Canadian medical profession. This includes advocating for physician wellness and also improving the physician working environment to reduce the amount of burnout we see in our profession.

   A healthy profession also involves having a strong community of physicians that support one another, which the CMA works to foster.

2. **What do you think is the biggest challenge facing the CMA? As a member of the Board of Directors or a committee, what would you do to address that challenge?**

   My experiences with the CMA suggest that the biggest challenge will be maintaining cohesion within the medical profession. The last several years have resulted in the fracturing of several groups of physicians including what has happened in Ontario. Further to this, there is also a desire for the CMA to be different things to different members, which sometimes does not align well with everyone's wishes. This was seen this past year with the sale of MD Financial and the push for the pension.

   One often looks at how different the wants of medical learners and new into practice physicians are from the later practicing and retiring physician groups.

   As the resident representative, I will work to share the younger physician perspective but also will look to find common ground to focus the work of the CMA in a way that works to unite all members of the CMA behind its vision.
3. **What do you think is the greatest opportunity facing the CMA? As a member of the Board of Directors or a committee, what would you do to advance this opportunity?**

The CMA is currently well positioned to play an important role in the future of healthcare in Canada.

With the legacy funds from the sale of MD Financial, the CMA board is in a unique position to move the organization in new directions that will show value to members and also will work to improve the broader healthcare system.

Healthcare continues to be an issue across the country and with the current pandemic, further stress is being placed on the system. The CMA can help play a role in modernizing and leveraging technology to improve patient care.

As a member of the CMA board, I will help to inform the perspective of resident doctors and the younger demographic while working with the larger group to evaluate opportunities that will demonstrate the value of the CMA to members.
Victor Do, MD

Message of Intention/Areas of Focus:

As a medical learner graduating medical school about to embark on my residency journey in Pediatrics, I am very excited to be able to continue developing leadership and advocacy skills and provide a learner perspective on the CMA board. The CMA has an impressive record as an organization, and it boasts the ability to accomplish even more with more focused implementation of its strategy and effective execution of its areas of focus.

The Flagship issues identified: physician health and wellness and access to care resonate strongly with me and I have a thorough background and experience in these areas to contribute strongly from the board perspective. I intend to bring a strategic, informed learner perspective to these flagship issue discussions. Nationally I have been lucky to be engaged in the university student, medical learner and physician health and wellness discussion for the last 6 years. My knowledge and experience uniquely place me to advise from a board perspective while also having ongoing operational capacity. On access to care and the associated issues such as health human resource planning, my experience with the CFMS has provided me ample opportunity to learn, become engaged, advocate on and develop a vision for how national medical organizations can play an effective role.

Additional areas of focus including physician financial wellbeing, virtual care and climate change and health are not topics I have been as engaged in but that I intend to meaningfully contribute to. The CMA has taken leadership on the discussion around Equity, Diversity and Inclusivity in medicine and it has a further role to play in addition to raising the profile of Indigenous health issues. These issues are important to many of our members and a national body that represents physicians should continue to ensure these are paramount to their work and underlie how other issues are addressed.

Above all of this I hope to inject a renewed focus on our members in all of our discussions. I believe the key to CMA reaching its greatest potential lies not in the issues we decide to advocate on, or the level of patient or societal engagement we achieve; even though these are all critical and aspects of the organization I personally highly value. The potential of our organization rests in fully engaging our membership and ensuring they believe in our mission and vision, that they live our organizational values and that they consider the modern CMA; their CMA.

As the CMA continues to find its identity post MDFM sale and in a new era of technology and innovation, complicated by the COVID-19 pandemic I hope to provide a balanced view and perspective that helps the organization take meaningful steps towards continuing to reach the Modern CMA. I hope we are always ensuring that at our heart our members see themselves in the organization, they believe the CMA has their back and they trust the CMA to advocate and bring about meaningful change for themselves and our patients. While the issues we focus on may evolve, while the main issues facing the profession may change, our members should always feel they have a home with the CMA. I am excited to release the true potential of the organization and learn and grow as a medical leader as well!

organization I personally highly value. The potential of our organization rests in fully engaging our membership and ensuring they believe in our mission and vision, that they live our organizational values and that they consider the modern CMA; their CMA.
Olivia Lee

**Current appointments**
Resident PGY1 - Psychiatry

**Education**
2019  Juris Doctor, J.D. (Common Law) – University of Ottawa
2018  Doctor of Medicine, M.D. – University of Ottawa
2012  Bachelor of Arts & Science, Honours – McMaster University

**Publications and presentations**
2018  Boucher LM et al., Hepatitis C testing, status and treatment among marginalized people who use drugs in an inner city setting: An observational cohort study. Substance Use & Misuse. 2018; 0(0): 1-13. 10.1080/10826084.2018.1485699
2017  Kendall CE et al., A cohort study examining emergency department visits and hospital admissions among people who use drugs in Ottawa, Canada. Harm Reduction journal. 2017; 14(16); 1-10.10.1186/s12954-017-0143-4

**Selected activities and positions held**
2019: Intern (Patricia Kosseim), Osler, Hoskin & Harcourt LLP - legal research (Privacy Law), legislative interpretation
2018: Intern (Senator Kim Pate), Office of the Honourable Kim Pate, C.M. - Standing Committee on Human Rights, Bill C-56 (segregation in prisons and mental health), Bill C-375 (requirement for mental health information in pre-sentencing reports), Bill C-404 (issues of paid surrogacy)

**Awards**
2013:  Ontario Genomics Institute Summer Research Fellowship Program research grant
2013:  ProBono Students’ Canada volunteer award: Health Professions Appeal and Review Board

**Professional interests**
- Mental health law
- Neuroethics MAID
- Genetic
- discrimination Privacy
- law
Gali Katzenelson

Current appointments
Medical Student at Schulich School of Medicine and Dentistry

Education
Honours B. Arts Sc. McMaster University MBE Harvard Medical School
Schulich School of Medicine and Dentistry class of 2022.

Publications and presentations

Journal Article:
• Katzenelson, G., Clarke, H. (2018). Revisiting the Anaesthesiologist’s Role During Organ Procurement. Anesthesiology Intensive Therapy, 50(2) 91 -94

Oral Presentation:
• Katzenelson, G. People or Drugs: A Comparison of the Representation of the Crack Cocaine and Opioid Epidemics in the Media. (2019). History of Medicine Colloquium, Western University.

Workshop:

Selected activities and positions held
• Student Fellow at the Petrie-Flom Center for Health Law Policy, Biotechnology and Bioethics Class President, Schulich School of Medicine and Dentistry
• Schulich Political Advocacy Committee Executive

Other training and experience
• CMA, OMSA political advocacy training

Awards
• Harvey Club of London Prize for best paper in medical history ($250) (2019)
• OMSA Medical Student Education Research Grant ($5000) (2019)
• CFMS Student Initiative Grant ($2150) (2019)
• OMSA Travel Award ($500) (2019)

Professional interests
• Bioethics, Health Policy, Advocacy
Christopher Alexander Jyu

Overview Career Background: 1986 - present

Dr. Jyu is currently a Board member of the Ontario Medical Association (OMA) and Kinark Child and Family Services. He was formerly a Board member of Canadian Medical Association (CMA). He is an active staff member at Scarborough Health Network.

Dr. Jyu has a degree in Science (B.Sc.) and Medicine (M.D.) from the University of Manitoba. He has an Executive MBA degree from the Rotman School of Management, University of Toronto. Dr. Jyu is a Certificant for both Family and Emergency Medicine. He has a Fellowship from the College of Family Physician of Canada. Dr. Jyu is a Lecturer at the Department of Family and Community Medicine, University of Toronto.

Dr. Jyu is a graduate OMA/CMA/Schulich School of Management Physician Leadership Development Program graduate (PLDP, 2013). Dr. Jyu also holds the credential of Canadian Certified Physician Executive (CCPE). Most recently in 2016, he has completed the ICD-Rotman Directors Education Program and obtained the ICD.D designation.

Dr. Alika Lafontaine

My name is Alika Lafontaine and I’m an Indigenous physician of Cree and Anishinaabe heritage from Southern Saskatchewan/Treaty 4 territory, currently practicing Anesthesia in Northern Alberta. Like many of you, in addition to my clinical practice I participate in various volunteer positions in areas where I feel I can make an impact -- quality improvement, physician leadership, patient-centered care and Indigenous health.

Advocating for my physician colleagues and ensuring the physician voice in health transformation is very important to me. For six years, I’ve been an elected member of the Alberta Medical Association Representative Forum. During that time, I’ve served and participated in various AMA committees and initiatives, including its Nominating Committee.

I have been an AMA delegate to the Canadian Medical Association General Council for three years, serving on the planning committee of the special Indigenous health session of General Council in 2016.

The Appointments Committee is an area where I believe I can make an impact in behalf of my colleagues at the CMA. Members of the Appointments Committee assist with seeking out candidates for CMA positions, proactively work to implement equity and diversity within the CMA appointments process and optimize opportunities for member participation with the CMA.

As physicians navigate a rapidly changing practice landscape, it is important to ensure the CMA appointments are representative, equitable, diverse and qualified. I believe I can impact these processes in a positive and member-centered way.

I have been recognized by various awards for my effectiveness, including an award from the Public Policy Forum as this year’s Emerging Indigenous Leader. Through various volunteer and non-profit positions, I have had the unique opportunity to consider the characteristics necessary for effective physician leadership. I am a Council member of the College of Physicians and Surgeons of Canada, am the only physician board member of HealthCareCAN and am Immediate Past-President of the Indigenous Physicians Association of Canada.

Thank you for considering my nomination and I look forward to the opportunity to serve our national membership.
Dr. Yong "Jason" Xiao, MD, CIME.

Practice Experience

- Full-service family physician working in an underserved area. Provides care to 1000 patients ranging from infants to the elderly.

**WCB Medical Consultant**, Yukon Workers’ Compensation Health and Safety Board, Whitehorse, YT. Part-time, May 2016 - Present.
- Provides opinion to YWCHSB staff, the hearing officer, the Appeal Tribunal and the Board of Directors on compensation board medical issues. Examines injured workers.
- Determines the existence of a permanent impairment and the percentage or rating of the impairment, as a Certified Independent Medical Examiner (CIME).


Professional Associations

- Canadian Medical Association: Jan 2015 – Present.
- Member of Committee on Nominations of Canadian Medical Association Apr 2017 - Apr 2018.

Clinical Training

- Alberta Practice Readiness Assessment Program, High Level Medical Centre, AB. Sep 2014 to Dec 2014.

Activities & Interests

Taekwondo, Saxophone, Snowboarding, Swimming, Hunting and Hiking.
Dr. Courtney Howard

Dr. Courtney Howard is a Simon Fraser University, University of British Columbia and McGill University-trained Emergency Room Physician who grew up in North Vancouver and now lives and practices in Yellowknife.

Work on a *Médecins Sans Frontières* (Doctors Without Borders) pediatric malnutrition project in Djibouti, and stories of changing landscapes related by her Northern, majority-Indigenous patient population led Dr Howard to start looking into the health impacts of climate change—which the World Health Organization now says the greatest threat to global health in the 21st century. She became a board member for the Canadian Association of Physicians for the Environment (CAPE), and is now its President, and has been involved in work on active transport, plant-rich diets, integrating health impact assessments into environmental assessments, carbon pricing, coal phase-out, and the health impacts of fracking. She interacts frequently with policymakers and presents at conferences across Canada and internationally. As part of the Northwest Territories Medical Team she has sponsored multiple environmental health-related motions at the CMA General Council, including successful motions asking the Canadian Medical Association to divest from fossil fuels and for MD Financial to create a Fossil-free Investment Fund for Physicians.

Research-wise, Dr Howard led “FLOW (finding lasting options for women): a multicentre randomized controlled trial comparing tampons with menstrual cups,” and is finishing up “SOS! Summer of Smoke, an examination of the health effects of a record wildfire season in Canada’s high-subarctic,” done in partnership with three Dene communities in the NWT and conducted under the direction of Dr James Orbinski.

Recently, Dr Howard was first author on the “2017 Lancet Countdown on Climate Change: Briefing for Canadian Policymakers,” and was honored to present at the Global Climate and Health Alliance(GCHA)/World Health Organization summit at the 2017 COP23 climate change negotiations in Bonn, where she also met with WHO Director General Dr Tedros Adhanom Ghebreyesus as part of the GCHA, and represented the voice of health at the Canada/UK “Powering Past Coal” announcement. Her TEDx Talk: “Healthy People, Healthy Planet” is available here: [https://www.youtube.com/watch?v=FglYakIWOX4](https://www.youtube.com/watch?v=FglYakIWOX4) and her blog about a recent trip to Health in Harmony/ASRI’s Planetary Health site in Borneo can be read here: [http://drcourtneyhoward.ca/blog/](http://drcourtneyhoward.ca/blog/).

Awards include the Canadian College of Family Practice’s Resident Leadership Award, the CFPC’s Environmental Leadership award and the Mimi Divinsky award for History and Narrative in Family Medicine. Dr Howard cut her teeth as a board member as part of Canadian Doctors for Medicare, and is currently applying those skills on multiple local, national and international boards and committees.
Carole Williams


Narrative

I am a full-service family physician but have extensive experience in many aspects of health care and health care delivery. I teach medical students, residents and am an assessor for practice ready physicians for the College of Physicians and Surgeons and practice in an under serviced community. I believe that with the input from all of these different sources I have a very keen understanding of the issues and needs of health care provision in Canada. I have worked internationally and understand the global issues around health care provision and patient needs in a variety of settings. I believe I bring experience and strategic thinking to the table.

Existing Appointments

- Member Doctors of BC
- Member College of Family Physicians Member Canadian Medical Association Member Clinical Faculty UBC
Dr. R. Michael Giuffre

Providence Clinic Pediatric Cardiology

As a Clinical Professor of Cardiac Sciences and Pediatrics at the University of Calgary, Dr. Giuffre maintains a portfolio of clinical practice, cardiovascular research, and university teaching. He maintains on-going involvement in both the health care and biotechnology business sectors. Dr. Giuffre holds a BSc in cellular and microbial biology, an MD and an MBA. His Canadian Royal College board certified specialties include Pediatrics, Pediatric Cardiology and a subspecialty in Pediatric Electrophysiology.

In the capacity of biotechnology consultant, Dr. Giuffre has been involved with RedSky Inc. (acquired by Research in Motion), MDMI, and MedMira Inc. He is a past board member of IC2E Inc. and FoodChek Inc. He is a past six-year board member of Unicef Canada. He is currently on the national board of directors for the Multiple Sclerosis Society of Canada.

Dr. Giuffre has also served the Alberta Medical Association (AMA) as a member on numerous AMA committees, as a board member for nine years, and as President of the AMA.

Dr. Giuffre received a Certified and Registered Appointment by the American Academy of Cardiology, “Distinguished Fellow of the American Academy of Cardiology,” and has been awarded “Physician of the Year” by the Calgary Medical Society. He is a past BOD member for the CMA and a past MD-MP contact for the CMA.

Dr. Allan Woo

Dr. Allan Woo, an orthopaedic surgeon from Saskatoon, was elected president of the Saskatchewan Medical Association on May 3, 2019, at the 2019 Spring Representative Assembly in Saskatoon. He became the 53rd president of the SMA.

His connection to the SMA began as an RA delegate in 2005 representing the orthopaedic section. He was asked to join the SMA Board of Directors in 2013.

Dr. Woo graduated from the University of Saskatchewan College of Medicine in 1994 and completed his orthopaedic residency at the U of S in 1999. He has also completed three fellowships — a hip fellowship in Bern, Switzerland, in 1999, a hip and knee arthroplasty fellowship at the University of Toronto in 2000 and a spine fellowship at the University of Alberta in 2001. Dr. Woo is a clinical assistant professor with the U of S College of Medicine. He is married to Maya and they have two children, stepson Ethan, and daughter Tien.
Dr. Cory Baillie

Dr. Baillie represented the Health Sciences Centre District on the Board of Directors from 2015 until his election of President-Elect last year. He was Honorary Treasurer on the Board Executive in 2018/19 and was Honorary Secretary in 2017/18. Dr. Baillie practices rheumatology at the Manitoba Clinic. He serves as the University of Manitoba Rheumatology Program Director and is a past President of the Canadian Rheumatology Association.

Albert Ng MD, MCFP(COE), ICD.D

Dr Albert Ng is an experienced professional with a history of diverse roles and deep knowledge of the healthcare industry. Skilled in Disease Management, Education and Complexity Science. Strong leader with over 30 years of experience in medical administration and a Master’s certificate focused in Physician leadership from York University - Schulich School of Business. He is a graduate of the Rotman School of Management/Institute of Corporate Directors Director Education Program (DEP 74) and received his ICD.D designation in 2018. He is a proven board director at both the Ontario Medical Association and Canadian Medical Association. He has served as the Chairs of the Board of Directors and Human Resources and Compensation Committee (HRCC) at the OMA and the Board Chair Selection Committee at the CMA, and consequently has significant experience in CEO evaluation and executive recruitment. Additional areas of strengths include experience in governance renewal and understanding strategy and innovation, especially disruptive innovation and the development of social networks in healthcare.
Dr. Laurent Marcoux

Dr. Laurent Marcoux obtained his MD from Université Laval in Quebec City in 1973. He then founded the Centre Médical Saint-Denis-sur-Richelieu in 1976 where he worked as a rural family physician for 32 years as well as in various areas of medical administration.

He served as chair of the Honoré-Mercier Hospital in Saint-Hyacinthe (1988-1992) as well as head of their department of general medicine. Later in Montérégie, he managed the regional primary care organisation covering over 1,500 general practitioners (2000-2008).

He was the first president of the Commission médicale régionale and served on the board on behalf of the 3,000 general practitioners and specialists in the Montérégie region. At the provincial level, he’s been active in the work of the Conseil médical du Québec as advisor to the minister of health.

In 2000, he completed a Master’s in Administration at the Université de Montréal, and turned his focus toward medical administration, serving as the Director of Medical Affairs and Professional Services at Anna-Laberge Hospital in Châteauguay for five years as well as serving four years as an advisor for the Cree Health Board in the James Bay region.

Dr. Marcoux was the president (2013-2015) of the Québec Medical Association and member of the CMA Board of Directors (2012-2017), as well as the CMA President in 2018.

André Bernard

André M. Bernard, MD, MSc, FRCPC, ICD.D Board Chair, Doctors Nova Scotia

Staff Anesthesiologist, Nova Scotia Health Authority Associate Professor, Dalhousie University

Dr. André Bernard is an anesthesiologist from Halifax, Nova Scotia. He joined Doctors Nova Scotia as its Board Chair in 2016, following serving two terms as the Canadian Medical Association’s representative to the World Medical Association. Dr. Bernard has assumed national and international leadership roles within organized medicine over a period of nearly 20 years, beginning as a medical student.

André began his professional life as a Development Officer with the Canadian International Development Agency, responsible for managing health, human rights and civil society development programs in Indonesia and the Philippines. André subsequently completed his medical school and residency education in anesthesiology at Dalhousie University, during which time he also completed a Master’s of Science in Health Policy, Planning and Financing jointly between the London School of Economics and Political Science (LSE) and the London School of Hygiene and Tropical Medicine (LSHTM). In 2018, Dr. Bernard completed the Institute of Corporate Directors Directors Education Program, earning him the designation as a certified board director.

André has worked in numerous countries in clinical, policy and programming capacities, including Indonesia, the Philippines, Kiribati, Ghana, Cameroon, and Rwanda with organizations including WHO, the Canadian Commission for UNESCO, the Canadian Anesthesiologists’ Society International Education Foundation, and Kybele.

André has a diverse academic anesthesiology practice within the Nova Scotia Health Authority and Dalhousie University at home in Halifax, where he also chairs his departmental governance body, Cabinet.
Dr. Chris Goodyear

Dr. Chris Goodyear is a general surgeon and intensivist at the Dr. Everett Chalmers Regional Hospital in Fredericton.

Originally from Grand Falls-Windsor, N.L., Dr. Goodyear graduated from the medical program at Memorial University in 1993 and completed his residency in general surgery in 1999.

He began practising medicine in his home province before physician friends convinced Dr. Goodyear and his wife, family physician Dr. Jillian Goodyear, to move to New Brunswick in 2002.

“We’ve thoroughly enjoyed practising medicine and building our family here in New Brunswick,” he says. “I find the patient population to be very pleasant and engaged in terms of their health care. And the work environment is very cordial. We’re a small city; physicians, nurses, and other health-care practitioners work closely together.”

Dr. Goodyear served on the Atlantic Canadian chapter of the Royal College of Physicians and Surgeons of Canada and represented New Brunswick on the Canadian Association of General Surgeons board. He is a past-president of the Capital Region Medical Society and represented the New Brunswick Medical Society on a provincial committee studying surgical wait times in the province.

“I’ve always had strong feelings that physicians should be active in our own profession to try to make things better for our patients and for physicians,” he says. “I believe strongly that physicians should have a voice in how health-care policy decisions are made, not just for our own benefit, but to improve how health care is delivered to the population.”

Dr. Goodyear is a clinical assistant professor in surgery with Memorial University and has served as an assistant professor in surgery with Dalhousie University in Halifax.

Dr. Larry Pan

Dr. Pan is a radiation oncologist and head of Prince Edward Island’s provincial radiation oncology service. He obtained his MD from the University of Toronto in 2004 and FRCPC in radiation oncology in 2009.

He served as president of the Medical Society of Prince Edward Island in 2017–18 and as chair of its board of directors in 2018–19. With a strong interest in medical professionalism and health system innovation, Dr. Pan is motivated to support system transformational changes for sustainable high-quality health care.

He recently earned a master’s certificate in physician leadership from York University’s Schulich School of Business and a certificate in legal aspects of health care administration from Dalhousie University. Dr. Pan is an assistant professor with the Department of Radiation Oncology, Dalhousie University, and is the recipient of the Canadian Cancer Society’s 2017 Excellence in Medicine and Health Award for Prince Edward Island.

He currently serves as the Prince Edward Island representative on the CMA Board of Directors.
Lynn Dwyer, MD

Dr. Dwyer is a fee for service family physician in St. John’s NL. Her clinic practice is located in downtown St. John’s. It is a diverse general family practice, providing prenatal care, as well as care of the elderly and house calls. Many of her patients have multiple complex health issues. She is a medical graduate of Memorial University, 1986.

Dr. Dwyer was President of the NLMA, 2017-2018, and prior to that a member of the Board of the NLMA.

She very much feels that in order to provide the best care that she can to her patients, she needs to look after her own physical and mental health, while balancing her work life with her personal life. She tries daily to incorporate a walk or gym class and focusing on the positive things in her life-the love and support of her family and friends.

She hopes that she can bring that positive mental attitude and her experience as a family physician for over 30 years to the CMA.

Dr. F. Gigi Osler, CMA Past President, 2019-20

Dr. Osler graduated from medical school at the University of Manitoba in 1992. Following this, she completed a rotating internship at the Health Sciences Centre and St. Boniface General Hospital from 1992 to 1993.

She began studying Otolaryngology-Head and Neck Surgery at the University of Manitoba in 1993 and graduated from the residency program in 1997. This was followed by a Rhinology fellowship at St. Paul’s Hospital in Vancouver. She has been in practice in Winnipeg since 1998.

Dr. Osler is the Head of the Section of Otolaryngology-Head and Neck Surgery at St. Boniface Hospital and is an assistant professor with the Department of Otolaryngology-Head and Neck Surgery at the University of Manitoba. When working at St. Boniface Hospital, she is actively involved in the teaching of medical students and residents.

She volunteers with the Royal College of Physicians and Surgeons of Canada and is on the Royal College’s Professional Learning and Development Committee to support the lifelong learning of physicians and surgeons.

Dr. Osler is a dedicated supporter of global surgery and volunteers annually on surgical missions to low and lower-middle income countries; her volunteer work inspires her to work harder for patients and health care systems. For the last several years Dr. Osler has been volunteering in Uganda with the ENT Department of the Mbarara University of Science and Technology; the collaboration’s goal is to improve the quality of local health care through education, training and mentorship for African surgeons, residents and medical students.

A passionate advocate for physician health, Dr. Osler co-chaired the 2015 Canadian Conference on Physician Health and served as the inaugural chair of the Physician Health and Wellness Committee for Doctors Manitoba. In 2017, she was awarded the Doctors Manitoba Health or Safety Promotion award in recognition of her efforts to develop and implement programs to support the health and well-being of doctors.

During her time as 2018-19 president, Dr. Osler is proud of the CMA’s work to support the profession through advocacy on physician well-being and diversity in the medical profession.