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Annexes

Annex 1: 2020 Report to Members (includes proposed Bylaw amendments)

Annex 2: Nominations Committee Report
Overview

The 153rd Annual General Meeting (AGM) of the Canadian Medical Association (CMA) will be held virtually on Sunday, Aug. 23, 2020. The purpose of this AGM handbook is to consolidate the technical instructions, rules of engagement and background information that members will need to participate in the event.

Technical instructions and rules of engagement

CONNECTIVITY: One week before the AGM

- All registered participants will receive an email from AGMRegistration@cma.ca that contains an AGM meeting link and login credentials. Please note that the link is unique to you and should not be shared.

- Ensure that you are using an up-to-date version of Safari, Chrome, Firefox, or Edge Chromium. Note that Internet Explorer and the old version of Edge are NOT supported.

- To test your Internet connection, type www.nperf.com into your preferred browser. You’re looking for an Internet speed of at least 5 Mb per second for download.

- If you can watch YouTube or Netflix without any issues, then your connection will be fine. If you have the option available, please hardwire your device into your modem (i.e., connect a LAN cable to your computer).

- Should you require technical assistance, please email AGMRegistration@cma.ca.

LOGIN INSTRUCTIONS: Day of the AGM (Aug. 23, 2020, 12:30 pm ET start)

- At least 15 minutes before the AGM, click on the meeting link that you received via email. The below pop-up will appear. Review the text, check the “I agree” box and then click on “Accept.”
• When the Lumi login screen appears, select “Member/membre” (i.e., the orange field) if you are a CMA member or delegate, or select “Other/autre” (i.e., the grey field) if you are a non-member physician, member of the media or public spectator.

• If you select “Member/membre,” you will be taken to the screen below and asked to enter the login credentials that you received via email. Click “Login.”

• If you select “Other/autre,” you will be taken to the screen below and asked to enter your name and email address. Use the email address with which you registered, and then click “Enter.” Your full name will appear on the screen during the AGM.

• Should you require technical assistance, please email AGMRegistration@cma.ca.
AGM PARTICIPATION

Once you are logged in you should see a screen divided in half, either horizontally as shown below, or vertically if you are using a device with a smaller screen.

- If you do not see both sides of the screen, you can adjust your browser’s settings by pressing the control key and the minus key at the same time. If the video does not start playing automatically in the Broadcast screen you will have to press PLAY.

**BROADCAST SCREEN:** You can (A) expand the Broadcast screen to make it larger by clicking on the square icon and (B) return to the dual-screen view by clicking on the arrow.
LANGUAGE: The LUMI platform will appear in either English or French, depending on your browser’s settings. Should you wish to see and hear the broadcast in the other official language, select English or French in the top left-hand corner of the Broadcast screen. You can toggle back and forth between languages (note that it can take up to 10 seconds for the feed to refresh).

DOCUMENTS AND TECHNICAL ASSISTANCE: To access this AGM handbook or to contact CMA staff for technical assistance: (A) select the Information screen and (B) click on the links listed at the bottom of the screen. Each link will open in a new browser window.
Q&A

RULES OF ENGAGEMENT

• Members and delegates are able to ask questions using the “Message” feature.
• Questions may be entered into the platform at any time throughout the meeting. During the reports from the chair of the Audit and Finance Committee and the Governance Committee, questions about the proposed motions for these reports will be addressed.
• There is a dedicated 45-minute Q&A segment for the meeting to address questions and commentary to the CMA board chair, the CMA president and the Francophone spokesperson.
• Please keep your questions no longer than two sentences (there is a limit of 1,000 characters per question).
• You are reminded to act with decorum and with the utmost professionalism to support a respectful and collaborative environment.
• Questions that are discriminatory, defamatory, abusive or offensive or that violate privacy or confidentiality will not be addressed.
• As an exceptional measure, after reminders, any member who repeatedly submits inappropriate questions may be blocked from asking further questions.

TO SUBMIT A QUESTION: (A) Click on the “Messages” icon (chat bubble) at the top of the screen, (B) type a question in the white box at the bottom of the messaging screen and (C) click the “send” arrow to the right.

• We will do our best to get through all questions during the AGM itself.
• All questions will be responded to; some might be addressed after the AGM with the questioner. A summary report will be published on cma.ca.
• Questions received will be clustered together whenever possible for facilitating the flow and maximizing participation time. Topics that generate multiple questions will be responded to on a priority basis.
• As questions are addressed, they will be published and visible to all participants on the Messaging screen.
VOTING

- Only members and delegates may vote for the motions presented in the Audit and Finance Committee and Governance Committee reports. For the Nominations Committee report and electoral ratification vote, only delegates can vote for the omnibus motion.
- Motions will be projected on the slides and you will be prompted to vote. When the “Poll Open” screen appears, you can make your selection by clicking on a response. You will have 30 seconds to vote.

- If you are not eligible to vote and attempt to do so, the following message will appear on your screen:

- Once you have voted, you will see a notice that your vote has been received. If you have changed your mind about your vote, you can change your selection by clicking on a new response while the voting period is open.
• When the voting period is closed, your last selection will black out. You will no longer be able to change your selection.

• Once results have been verified, they will be displayed on the Information screen and announced.

POST-AGM

• You will receive an AGM evaluation via email shortly after the meeting. Your feedback is important to us and we encourage all of you to take a few moments to complete the evaluation.
• As noted above, unanswered questions from the AGM will be addressed individually with the questioners, and a summary report will be published on cma.ca.
• The week following the AGM, all CMA members will receive a special e-bulletin with a summary and highlights of the meeting.
• For a list of opportunities to initiate and inform year-round and ongoing policy development and guidance, refer to page 11 of the 2020 Annual Report.
## AGM agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter(s)</th>
</tr>
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| 12:30-12:40    | Welcome and Outline of the Meeting                                           | Dr. Ernst Schuster, Chair  
Dr. Melanie Bechard, Vice-Chair                                              |
| 12:40-1:55     | Annual report from Board Chair, President’s Valedictory Address and Francophone Spokesperson Update | Dr. Suzanne Strasberg, CMA Board Chair  
Dr. Sandy Buchman, CMA President  
Dr. Abdo Shabah, Francophone Spokesperson                                     |
| 1:55-2:10      | Chair of Audit and Finance Committee Report and Appointment of Auditors      | Dr. Guruswamy Sridhar, Chair, CMA Audit and Finance Committee                 |
| 2:10-2:25      | Governance Committee Report including bylaw approval                          | Dr. Carl Nohr, Chair, CMA Governance Committee                                |
|                | 15-minute break                                                              |                                                                              |
| 2:25-2:30      | General Council Elections                                                    | Chaired by Dr. Gigi Osler, Chair, CMA Nominations Committee                  |
|                |                                                                             | Ratify elected positions                                                    |
| 2:30-2:35      | Q&A with President, Board Chair and Francophone Spokesperson                 | Moderated by Drs. Schuster and Bechard                                      |
| 2:35-3:00      | Installation of President and Inaugural President’s Address                  | Installation of CMA President Dr. Ann Collins                               |
CMA non-consolidated financial statements (members only)

The CMA’s audited non-consolidated financial statements for 2019 are restricted for distribution to CMA members.

CMA Members: To access the non-consolidated financial statements, please refer to the link in your registration email.

The CMA’s non-consolidated financial statements are considered “special purpose statements” as described in Note 2 to the financial statements. These non-consolidated financial statements include the results of the CMA’s subsidiary, CMAH 2018 Inc. The audited consolidated financial statements of CMAH 2018 Inc., which include the results of operations for CMAH 2018 Inc., CMA Investco Inc. and Joule Inc., are available upon request.
Report to Members

153rd Annual General Meeting

August 23, 2020 — Online

Confidential
Our Mission
Empowering and caring for patients

Our Vision
A vibrant profession and a healthy population
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COVID-19 response

The Canadian Medical Association (CMA) unites physicians to take action on health issues that matter — to our members and Canadians — building quality care for patients and a vibrant medical profession. With the COVID-19 pandemic, CMA members are confronting the most severe health crisis of our time. The CMA has responded by working to inform, engage, support and advocate on behalf of members and all Canadians.

This annual report includes highlights of the COVID-19 response initiatives of the CMA Enterprise1 from March to June 2020, the date of publication. Supplemental information may be distributed to members through vehicles such as the President’s Letter to provide updates leading up to the 2020 Annual General Meeting.

- Pressing governments for action
- Launching new tools and resources to assist physicians
- Fighting to stop the spread of the virus and funding COVID-19 efforts
- Curating and creating credible content for members and all Canadians
- Supporting physicians’ health and wellness
- Addressing the financial impact on physicians

The CMA demonstrated early leadership in the face of COVID-19 by recommending that the federal government implement six priority measures to support the domestic response to the pandemic. We immediately launched a far-reaching communications campaign on the importance of physical distancing and developed Stop the Spread posters in seven languages.

Since March, the CMA has published numerous evidence-based resources, information on practice management and implementing virtual care, as well as guidance on maintaining on wellness and resiliency. President Dr. Sandy Buchman, Past President Dr. Gigi Osler and President-Elect Dr. Ann Collins have taken to the airwaves to press for action, share public health messaging and support the overall response.

The CMA Foundation committed $30 million to address urgent needs resulting from COVID-19, directed to critical areas of health care, the medical profession and Canada’s vulnerable communities.

Joule Inc., a wholly owned subsidiary, offered a range of resources to support physicians, including: COVID-19 research articles, blogs and in-depth news reporting on CMAJ; extended clinical reference services, curated clinical content and the introduction of Patient-Oriented Evidence that Matters (POEMs) COVID-19 research briefs; and leadership and wellness webinars and mindfulness sessions.

This report spans our activities from summer 2019 to June 2020 and includes descriptions of how the response of the CMA Enterprise to COVID-19 aligns with our strategic priorities and ongoing health advocacy activities.

1 The CMA Enterprise comprises the CMA, the CMA Foundation, CMAH 2018 Inc., CMA Investco Inc., and Joule Inc.
The CMAJ (Canadian Medical Association Journal) is owned by Joule Inc.
Flagship issues

CMA 2020

Our current strategic plan, CMA 2020, focuses on building the foundations for our vision of a vibrant profession and a healthy population. It is underpinned by two flagship issues identified in consultation with members and partner organizations: expanding access to care and improving physician health and wellness.

The strategic plan also includes three areas of focus: physicians’ financial well-being; virtual care; and climate change and health.

Flagship issues became central in the final year of execution for CMA 2020, and this focus increased our ability to deliver on identified priorities and key outcomes. Our focus only intensified as the CMA Enterprise pivoted in response to the pandemic.

Access to care

- **Removal of CMAJ paywall** – With the support of the CMA, Joule Inc. announced the removal of the paywall to the weekly online edition of CMAJ (Canadian Medical Association Journal), making evidence-based health information easily available and accessible to a broader audience.

- **Models of primary care** – In a 2020 pre-budget submission to the House of Commons Standing Committee on Finance, the CMA and other stakeholders advocated for a one-time fund of $1.2 billion over four years to help establish models of primary care across Canada.

- **Youth mental health and substance use initiatives** – In 2019, through the CMA Foundation’s Healthy Canadians Grants Program, 15 organizations across Canada each received $20,000 to support the delivery of programs in the critical area of youth mental health and substance use.

The CMA Foundation committed a significant donation of more than $30 million in targeted grants to address urgent needs within the health care system as a result of COVID-19, including $10 million to support vulnerable communities (working in collaboration with the Federation of Canadian Municipalities); $250,000 to Jack.org in support of their youth mental health crisis response; $5 million to the Frontline Fund for Healthcare Workers; $5 million to support community hospitals; $5 million to the COVID-19 Pandemic Response and Impact Grant Program of the Foundation for Advancing Family Medicine; $5 million in grants to Canada’s 17 medical schools to support medical learners; and $250,000 to the Doctors without Borders/Médecins sans frontières COVID-19 Crisis Fund.

Joule Inc. introduced a new COVID-19 web section to consolidate all related research articles, news, blogs and podcasts, as well as a curated list of key evidence-based articles and resources. The Ask a Librarian service was extended to provide literature search services seven days per week, with priority being given to COVID-19 queries, and the Clinical Practice Guidelines (CPG) Infobase was updated with guidelines, interim guidance and position statements on COVID-19.

The CMA provided $500,000 in financial support to Pallium to provide health care professionals with free access to 10 online palliative care modules.

As part of the Affinity agreement between the CMA, Scotiabank and MD Financial Management Inc., $4.6 million was provided to provincial and territorial medical associations (PTMAs) and other medical organizations, who are best attuned to the most pressing needs for physicians in their respective areas and fields and where the funds can have the greatest impact on their health and well-being. As well, $200,000 was contributed to the Code Life Ventilator Challenge, a competition that received over 2,600 entries for creating a simple, low-cost, easy-to-manufacture and easy-to-maintain ventilator.
Physician health and wellness

- **Multi-year funding agreements** – As part of our 10-year affinity agreement with Scotiabank and MD Financial Management Inc., the CMA supported physician health and wellness through $3.58 million in funding for family medicine across Canada, $1.6 million for Well Doc Alberta and $625,000 for national specialty societies.

- **Canadian Conference on Physician Health** – In October 2019, more than 300 physicians, medical learners and stakeholders came together in St. John’s, Newfoundland and Labrador for the sixth annual conference, which included 47 speakers and 67 abstract presenters.

- **Report on physician health and wellness in Canada** – Building on the 2018 National Physician Health Survey of nearly 3,000 physicians and residents, the CMA published a report on physician behaviours and occupational indicators, and their links to wellness.

- **2019 Physician Workforce Survey** – The CMA released survey results from more than 6,700 physicians on workload, practice settings, remuneration methods, waiting times, use of information technology and employment.

- **National physician health and wellness analysis** – The CMA completed a preliminary report that examines gaps and opportunities related to physician health and wellness and will inform the CMA’s strategic direction in this area.

Shortly after COVID-19 was declared a pandemic, the CMA conducted a rapid poll on the supply of personal protective equipment (PPE) for front-line health providers. Based on feedback received from nearly 5,000 physician members in 48 hours, we issued a call for urgent action to the federal government to address the lack of supply of PPE across the country. The results of a follow-up poll led the CMA to call for greater transparency on the distribution of PPE for health care providers and urgent action to increase levels of population testing.

President Dr. Sandy Buchman met with the federal minister of health to hold the government to account on prioritizing procurement, supply and distribution of PPE to health providers. He also appeared before the House of Commons Standing Committee on Health and the Senate Standing Committee on Social Affairs, Science and Technology and called for caution as governments across the country begin to lift public health restrictions.

The CMA held regular meetings with physician health programs across Canada to discuss issues related to COVID-19 and potential solutions. We also co-signed a letter to First Ministers requesting a coordinated effort among federal, provincial and territorial governments and health care agencies to gather data on the incidence of COVID-19 infection and resolution among front-line health care workers.

In recognition of the unique demands COVID-19 is placing on the medical profession, the CMA launched a new Wellness Support Line. It provides 24/7 mental health support and counseling to physicians, residents, medical learners and their immediate family, to complement existing resources provided through provincial and territorial physician health programs. Joule Inc. developed a series of online mindfulness workshops for physicians dealing with the pandemic and produced a physician webinar series on top issues faced by front-line physicians.

Due to COVID-19, the International Conference on Physician Health was postponed until April 2021.
Areas of focus

In 2019–2020, the CMA was particularly active in three strategic areas of focus that intersect with physician health and wellness and access to care: **physicians’ financial well-being**, **virtual care** and **climate change and health**.

### Physicians’ financial well-being

- **CMA 150th Anniversary Bursaries and Awards Program** – In 2019, the CMA Foundation provided $399,500 in [bursaries and awards to medical students](#) across Canada.

- **Supporting retirement** – The CMA retained an independent pension expert to examine Canada’s retirement savings system, and the [expert’s report](#) concluded that current legislation prevents the CMA from establishing a physician pension plan. The CMA continues to pursue retirement options for physicians and is working with partners on potential solutions.

The CMA released a [brief to the federal finance minister](#) outlining the challenges facing physicians and recommending action be taken to address the financial impact of the pandemic. Several meetings with federal officials and advocacy measures were undertaken to advance key recommendations.

As part of its $30 million commitment to address urgent needs within the health care system due to COVID-19, the CMA Foundation granted [more than $5 million to the 17 Canadian medical schools](#) to address financial hardships experienced by medical students and residents as a result of the pandemic.

The CMA commissioned MNP, a national accounting and tax firm, to provide a detailed [analysis of current federal assistance programs](#) and how they can be leveraged by physicians and learners in a range of practice settings.

The CMA also worked with the PTMAs and other key stakeholders, such as the Canadian and Ontario Chambers of Commerce and the Canadian Federation of Independent Business, to share concerns with the federal government regarding the financial impact of COVID-19 on physicians.

As part of our ongoing advocacy efforts to address the financial impact of the pandemic on physicians, we launched a member survey to capture physicians’ experience with federal support programs.
Virtual care

- **Future of Connected Health Care report** – The CMA released a report that revealed Canadians’ perspectives on health care and the advancement of technology and set the stage for a virtual care policy discussion at the 2019 Health Summit.

- **Virtual care community of interest** – The CMA created a new community of interest for members, experts and stakeholders to generate ideas and recommendations on virtual care.

- **Virtual Care Task Force report** – The CMA partnered with the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and other stakeholders to publish a report of 19 recommendations to enable and expand the implementation of virtual care in Canada.

The CMA launched a Virtual Care Playbook with key considerations for physicians to help them provide safe, effective and efficient virtual care.

The CMA also published a Virtual Care Guide for Patients and conducted a poll to capture the experience of Canadians who used online channels to interact with their physicians during the pandemic.

The CMA supported provincial government expansion of access to telemedicine during the pandemic, and the federal government’s new strategic investments in virtual care.
Climate change and health

- **Advocacy** – We were a signatory of the 2019 *Lancet Countdown* on Health and Climate Change and the [call to action](#) of the Canadian Association of Physicians for the Environment.

- **Parliamentary submission** – The CMA made [recommendations](#) to the Committee on Transportation and the Environment of the National Assembly of Quebec regarding better integration of the impact of climate change on health and the health care system related to Bill 44: *An act mainly to ensure effective governance of the fight against climate change and to promote electrification*.

- **Environmental, Social and Governance Framework** – The CMA, together with CMAH 2018 Inc. and CMA Investco Inc., is developing an Environmental, Social and Governance (ESG) Framework to guide the Enterprise in its investments.

**During COVID-19, we have seen several new climate-related innovations and initiatives. For example, with physical events cancelled or on hold, the meeting industry is adjusting to holding more events virtually, in turn helping to reduce our carbon footprint — and encouraging us to reevaluate how we plan our meetings moving forward.**

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**Impact 2040**

As the CMA executes on the final year of CMA 2020, we have kicked off a comprehensive enterprise-wide strategic review and refresh process to reimagine the future of health care, health and the medical profession. The CMA’s next strategy, Impact 2040, will continue to drive toward the CMA’s vision of a vibrant profession and a healthy population, and will be both aspirational in terms of the meaningful change we desire to create as well as practical in terms of the impact and outcomes we will deliver.

This work was kicked off in January 2020 and was interrupted when the pandemic was declared. As a result of this massive disruption, the CMA board decided to establish a [Post-Pandemic Expert Advisory Group](#) (EAG) to inform the strategic work of the CMA. The EAG will provide advice, expertise and perspectives on the pandemic to help inform short-term action plans and long-term strategic considerations. Impact 2040 will be an evolution of the current strategic framework and critical for mapping the CMA’s journey through and beyond pandemic recovery.
Member engagement

Over 78,000 members¹

<table>
<thead>
<tr>
<th>Practising Physicians</th>
<th>Residents</th>
<th>Students</th>
<th>Retired Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>48,473</td>
<td>10,409</td>
<td>11,166</td>
<td>8,320</td>
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</tbody>
</table>

Health Summit and AGM

In 2019, the CMA held its second Health Summit in Toronto. We brought together more than 1,000 physicians, patients and policy-makers to examine how to build stronger health care systems, communications and approaches to improve care. The Summit featured 27 speakers and panellists who presented a breadth of perspectives on improving and reimagining health care.

The 2019 Annual General Meeting (AGM) gathered over 430 members in Toronto, where the board chair and the president answered questions and listened to members’ ideas for the future direction of the CMA.

Member forums

The CMA hosted six member forums in Rouyn-Noranda, Quebec City, Calgary, Saskatoon, Vancouver and Thunder Bay to engage and consult with members on access to care, physician health and wellness, and visioning the future. The forums were supported by an online discussion on the CMA’s community engagement platform. We cancelled the member forums in London and Fredericton because of COVID-19. Virtual member forums — which will focus on providing information on COVID-19 resources — are envisioned for the coming months.

Clinical resources

CMA members have access to a curated collection of evidence-based, virtual clinical resources including point-of-care tools, drug databases, journals, textbooks and clinical practice guidelines supported by expert search assistance through the Ask a Librarian service. Accessed regularly by over 30,000 members, the tools are valued at over $2,500 per year in licensing and subscription fees.

¹ As of May 31, 2020
Innovation

In 2019, eight physicians and medical learners shared $200,000 in funding under the Joule Innovation grant program to develop or expand projects to advance health care. In 2020, Joule Inc. more than doubled the funding available under the program and offered two new grant categories: physician health and wellness and sustainable health care. The 2020 grant application deadline has been extended indefinitely because of COVID-19.

Joule Inc. launched the COVID-19 Innovation grant program to provide up to $1 million in grants to physicians and medical learners in developing new solutions and ideas to respond to the pandemic.

Joule Inc. also helped raised the profile of physician innovators through videos, podcasts and features on joulecma.ca and the Boldly blog.

The CMA Foundation partnered with the Foundation for Advancing Family Medicine to create the COVID-19 Pandemic Response and Impact Grant Program, targeting both short-term and long-term innovation to support family physicians in their response to COVID-19.

Physician leadership

Whether transitioning to practice or in an established role, physicians require essential skills at all stages of their careers to lead and influence meaningful change in health care.

In 2019–2020, over 1800 senior residents attended Joule’s practice management seminars to develop skills to help them transition to practice such as evaluating practice opportunities, financial planning, insurance and billing.

Through the Physician Leadership Institute (PLI), over 1400 physicians attended a PLI course and enhanced their leadership competencies in areas such as self-awareness, leading change, critical communications and strategic thinking.
Support for next-generation physicians

The CMA Ambassador Program assisted students, residents and early-career physicians to connect with their peers. We also sponsored their attendance at various events, including the CMA Health Summit and the Canadian Conference on Physician Health. With many events cancelled as a result of COVID-19, we’re now exploring opportunities to support attendance at virtual events and offer continued professional development online.

The CMA held interview training sessions at medical schools across Canada, helping over 950 medical students prepare for their Canadian Resident Matching Service (CaRMS) match by leveraging the experience of over 135 resident physicians who worked as coaches and hosts.

Recognition

The CMA partnered with Resident Doctors of Canada (RDoC) to help support the nationwide celebration of National Resident Awareness Week in February to recognize resident physicians and acknowledge the important work they do in the Canadian health care system.

In light of COVID-19, the CMA has made some changes to its awards. The names of this year’s recipients will be announced to coincide with the AGM taking place on Aug. 23, 2020. The Awards Gala Ceremony has been postponed to December 2020.

In recognition of the dedication, commitment and sacrifice of health care workers during the pandemic, the CMA launched covidkindness.ca to share positive stories from the front line.

On May 1, we recognized National Physicians’ Day by highlighting and championing the work of all physicians, learners and medical professionals in challenging times. CMA President Dr. Sandy Buchman shared the following media statement:

This pandemic has been a stark reminder of the commitment of physicians from coast-to-coast-to-coast. Facing unprecedented circumstances and anxiety, physicians are leading the public health response, caring for those afflicted by COVID-19, and sustaining our health care system. Today, let’s reflect on the work and sacrifices made by physicians and, most importantly, express our most sincere appreciation for the care they provide in normal and in extraordinary times. Physicians embrace the medical profession as a calling — and this rings truer now more than ever.
Member engagement vehicles

In 2019–2020, CMA members took advantage of various opportunities to initiate and inform year-round and ongoing policy development and guidance:

**Member health policy proposals** help set CMA policy, clarify our position and shape our advocacy on important health issues. Members can also engage in reviewing such proposals for further development via communities of interest, e-panels and other polling.

In 2019–2020, several member health policy proposals precipitated member consultation on draft revisions to policy, including on firearms control, and one proposal was redirected to a specialty medical society. A proposal calling for the CMA to endorse a World Health Organization resolution on digital health was incorporated into the work of the Virtual Care Task Force.

The CMA’s [community engagement platform](#) allows members to connect on specific health topics — such as equity in medicine, virtual care, and physician learning and practice improvement — and to share their feedback and ideas with the CMA.

Participating in the [CMA Member Voice e-Panel](#) gives members the chance to share their views on a variety of health policy and professional issues. The feedback collected through these online surveys provides a quick snapshot of where the profession stands and helps inform the CMA’s policy and advocacy work.

[Submit a member health policy proposal](#) or provide policy feedback

[Submit a corporate business proposal](#)

[Participate in a CMA event](#)

Members can submit [corporate business proposals](#) to suggest potential bylaw changes that may be addressed at the Annual General Meeting. These proposals must be submitted no later than 90 days before the meeting.

Members have the opportunity to participate in events such as the [Annual General Meeting and General Council](#), the [Health Summit](#) and [Member Forums](#).
Stakeholder and patient engagement

Stakeholders

- **PTMAs** – President Dr. Sandy Buchman presented at multiple AGMs, representative assemblies and PTMA board meetings, in person and virtually, to share updates and receive feedback on the CMA’s priority work areas.

- **Fair process in Alberta** – The CMA supported the Alberta Medical Association (AMA) in opposing the provincial government’s termination of its contract with physicians and imposing its own terms, by calling for the basic principles of negotiated agreements to be respected. The CMA also provided the AMA with significant financial resources to support research, communications and legal efforts toward reaching a negotiated agreement with the government.

- **AMC au Québec** – In 2019, Members of the Quebec Medical Association voted in favour of dissolving the organization. In 2020, the CMA opened an office in Montréal, Quebec to ensure a continued physical presence in the province to bring together the medical community. We have been participating in monthly meetings with the student group in Quebec to discuss their strategic plan for 2020, and we are collaborating with Joule Inc. on Physician Leadership Institute training for members in Quebec. CMA board member Dr. Abdo Shabah took part in the “Forum national sur l’évolution de la Loi concernant les soins de fin de vie” organized by the Quebec government.

- **Choosing Wisely Quebec** – CMA staff and Dr. Wendy Levinson, chair of Choosing Wisely Canada, met with l’Institut national d’excellence en santé et en services sociaux in Quebec to advance the national dialogue on avoiding unnecessary medical tests, treatments and procedures. Dr. Levinson has also been meeting with different partners to identify the organization best suited to take on this project in Quebec.

- **Physician executives** – The CMA is working closely with Joule Inc. in reaching out to members of the Physician Executives Committee to learn about their needs and concerns. The next Physician Executives Conference will be held on Nov. 27, 2020.

During the COVID-19 pandemic, the CMA has been engaged in weekly meetings with PTMAs, the Canadian Medical Forum and affiliates. The CMA has also connected with multiple physician organizations in Quebec, including the Fédération des médecins spécialistes du Québec (FMSQ) and the Fédération des médecins omnipraticiens du Québec (FMOQ).

As part of the Affinity Agreement between CMA, Scotiabank and MD Financial Management Inc., a total of $27 million (as of May 30) has been provided to support physicians and the medical profession, including health and wellness initiatives, COVID-19 relief and training.
Patients

- **Patient engagement framework** – With the help of the Patient Voice advisory group, the CMA developed the first-ever patient engagement framework to seek input on how we can consult with patients and the public.

- **Health Summit** – The CMA made patients an integral part of the 2019 Health Summit, with a patient representative on the planning working group and a patient participant on each discussion panel. The CMA also sponsored 50 patients to attend the Health Summit, which is certified as a Patients Included meeting.

- **CMA Health Advocates** – The CMA helped mobilize patients and the public to bring attention to health issues during the 2019 federal election through a new public engagement platform, CMA Health Advocates. More than 9,000 supporters joined, and more than 81,000 letters were sent to federal election candidates through the platform.

- **Patient Voice** – Two representatives from the CMA Board of Directors sit on the Patient Voice, a group that offers ideas on how to make Canadians healthier and contribute to a vibrant medical profession, highlighting emerging issues that matter to the public and giving insight into the best ways for the CMA and physicians to engage with patients.

- **CMA Board** – 2019–2020 marked the first year in which there was a nonphysician on the CMA Board.

Sponsorship

- **Choosing Wisely Canada** – The CMA is a founding member of Choosing Wisely Canada and, again in 2019–2020, we provided $315,000 to promote awareness so that reducing overuse becomes an increasingly common feature of good health care delivery.

- **Canadian Medical Hall of Fame (CMHF)** – We share the CMHF’s goal of celebrating physicians in Canada who have made, and are making, significant contributions to Canadian medicine. We contributed $250,000 to support programs and operations, and we provided a one-time sponsorship amount of an additional $100,000 to build a Virtual Exhibit Hall celebrating the profession.

- **Medical leaders of tomorrow** – The CMA continues to invest in the medical leaders of tomorrow through its continued support of the Canadian Federation of Medical Students and Resident Doctors of Canada, and we contributed $100,000 to each organization, respectively.

- **Specialty organizations** – Several collaborations with additional national specialty and special-interest physician organizations helped to strengthen our work on issues and causes, as well as initiatives.
The CMA responded to federal government consultations, issued statements regarding government policies and participated on government steering committees.

Consultation highlights

- **Cannabis** – In response to a Health Canada consultation on potential market for cannabis health products, the CMA recommended that all cannabis health products that make health claims be reviewed thoroughly for efficacy, safety and quality and that strict requirements for packaging, including the use of childproof containers, be put in place to ensure consumer safety.


- **Smoking and e-cigarettes** – The CMA responded to Health Canada’s consultations on proposed vaping products promotion and labelling and packaging regulations, and we called for stronger measures to prevent the promotion of vaping products to youth.

- **Medical assistance in dying (MAiD)** – The CMA conducted physician roundtables and a member survey that received over 6,000 responses to inform legislative developments and update the CMA policy on MAiD. President Dr. Sandy Buchman and other CMA representatives also participated in federal consultation roundtables in Toronto, Winnipeg, Quebec City and Montréal.

- **Health care in Quebec** – AMC au Québec tabled a pre-budget submission to the minister of finance recommending support for seniors and caregivers, the introduction of a tax on tobacco and vaping products, and investment in the “Choisir avec soin” program in Quebec.

- **Seniors care** – The CMA issued a statement welcoming the federal government’s release of new interim guidance on infection prevention and control of COVID-19 in long-term care (LTC) homes, and a subsequent statement calling for immediate action in response to reports on the deplorable living conditions of seniors in some LTC homes.

  The CMA continues to be involved in advocacy for seniors’ care through the Demand a Plan and Health Advocates campaign. We also held a meeting with the Quebec minister for seniors and caregivers to discuss proposed legislation on caregivers and LTC, and opportunities for the CMA to collaborate with government and other stakeholders.

- **Pharmaceuticals** – The CMA has been participating in the Health Canada Multi-Stakeholder Steering Committee on Drug Shortages and the Health Canada Tier Assignment Committee.
New CMA policies

On International Women’s Day in March, the CMA launched its Policy on Equity and Diversity in Medicine and the CMA Statement on Equity and Diversity in Medicine, which provide guiding principles and recommendations for medical organizations, institutions and physician leaders. Members and stakeholders played a key role in the development of the policy, with more than 100 physicians and medical learners providing feedback to the CMA.

GUIDING PRINCIPLES

Respect for persons
The principles of equity and diversity are grounded in the fundamental commitment of the medical profession to respect for persons. Respect for persons means that everyone has equal and inherent worth, has the right to be valued and respected, and to be treated with dignity.

Empowerment
When we address equity and diversity, we are opening the conversation to include the voices and knowledge of those who have historically been under-represented and/or marginalized. It is a process of empowerment—where a person can engage with and take action on issues they define as important. Empowerment involves a meaningful shift in experience that fosters belonging in the profession.

Solidarity
Solidarity means standing alongside others by recognizing our commonality, shared vulnerabilities and goals, and interdependence. It is enacted through collective action and aims. To show solidarity within the profession means making a personal commitment to recognizing others as equals, cultivating respectful, open, and transparent dialogue and relationships, and role modelling this behavior.

In June, the CMA issued a statement condemning racism in all its forms and reaffirming the commitment to holding ourselves accountable to recognizing and challenging behaviours, practices and conditions that hinder equity and diversity, including racism.

In response to COVID-19, the CMA released a Framework for Ethical Decision Making During the Coronavirus Pandemic, based on six recommendations published in the New England Journal of Medicine, to support physicians and health care workers in making difficult ethical decisions.

Federal election

The CMA mobilized physicians and the public to give health a strong voice during the 2019 federal election, pressing candidates to learn what they and their parties could do to improve the health of Canadians.

As a result of the CMA’s unprecedented advocacy campaign during the election, we succeeded in getting detailed commitments from almost all political parties. The governing Liberals continued to make health a priority following the election, committing to deliver on CMA’s priorities in the Speech from the Throne and the mandate letters of cabinet ministers.
The CMA also conducted in-depth focus groups and extensive opinion research with physicians and Canadians about their views on the health care system. This process prompted the CMA to call for the following commitments from federal political parties:

**Put health back on the agenda**

1. **Access to care** – Increase access to care by focusing on solutions to strengthen primary care and support the next generation of physicians.
2. **Seniors care** – Address the impact of an aging population with a demographic top-up to the Canada Health Transfer, which would support the creation of programs for seniors and caregivers.
3. **Virtual care** – Invest in the infrastructure necessary to deliver care virtually and establish a national physician licence.
4. **Pharmacare** – Implement pharmacare and take immediate measures to prevent and resolve drug shortages.
5. **Youth mental health** – Demonstrate national leadership and provide funding for integrated mental health and addiction services for youth.
6. **Climate change and health** – Develop a comprehensive climate change plan to ensure our health care and public health systems can deal with the growing health impact.
Governance

CMA ENTERPRISE

The CMA Enterprise is structured to ensure that it meets best governance practices. It comprises the CMA, the CMA Foundation, CMAH 2018 Inc., CMA Investco Inc., and Joule Inc. An organizational chart that lists the board members of each entity is available on page 20.

Enterprise highlights

- **CMA Foundation** – Created by the CMA, the CMA Foundation provides impactful charitable giving to registered Canadian charities and qualified donees that further excellence in health care.

- **Joule Inc.** – As a wholly owned subsidiary of CMAH 2018 Inc., Joule Inc. assists physicians in the pursuit of clinical excellence by supporting physician-led innovation and by inspiring physician-adopter of knowledge products and innovative technologies and services.

- **CMA Investco Inc.** – As a wholly owned subsidiary of CMAH 2018 Inc., CMA Investco Inc. serves as the CMA’s investment arm and has a board of investment experts.

PRESIDENTIAL ROTATION

In keeping with the AGM approval of a board composition model of one board seat per jurisdiction, the CMA’s presidential rotation was realigned. Starting in 2022, it will be based on an alphabetical model.

A STRONG ORGANIZATION

The CMA continues its prudent financial management of the organization on behalf of members. The Audit and Finance Committee reports to the Board of Directors quarterly and is responsible for the overall financial management of the CMA.

An enterprise governance structure was put in place to oversee the activities of the CMA’s wholly owned subsidiaries. The CMA board, as the ultimate parent organization, appoints the directors of all subsidiary boards. To support this governance structure, and to provide greater transparency and accountability to its members, the CMA updated its accounting framework to consolidate the results of its subsidiaries.

The 2020 operating budget, approved by the board, was prepared on the basis of the 2020 work plan and the priorities outlined in this report.
Financial statements

Overall, the CMA Enterprise is in excellent financial health, with over $2.9 billion in net assets (excluding the CMA Foundation).

- **CMA non-consolidated financial statements** – The CMA non-consolidated audited financial statements, which have been approved by the board, are included at the end of this report (Appendix B). The deficiency of revenue over expenses for the year of $76 million reflects the one-time donation of $100 million by CMA Investco Inc. to the CMA Foundation.

  These non-consolidated statements continue to be prepared specifically for the purposes of assessing the financial operations of CMA as a stand-alone entity as described in note 2 to the financial statements. PricewaterhouseCoopers (the auditor) issued an unqualified audit opinion on the CMA’s non-consolidated financial statements.

  These non-consolidated financial statements include the results of the CMA’s subsidiary, CMAH 2018 Inc., as disclosed in note 6 to the financial statements. The CMAH 2018 Inc. board has approved the audited consolidated financial statements of CMAH 2018 Inc., which include the results of operations for CMAH 2018 Inc., CMA Investco Inc. and Joule Inc., and are available upon request.

- **CMA Foundation financial statements** – The CMA is the sole member of the CMA Foundation and, in that capacity, has the right to elect the directors of the foundation, to appoint its auditors and to receive its financial statements. As such, the financial results of the CMA Foundation have been disclosed in note 7 of the CMA’s non-consolidated financial statements.

2021 membership fee

For 2021, the board approved maintaining the membership fee for practising members at $195 and waiving it for medical students, residents and retired physicians.

Appointment of auditor

As part of its regular workplan, the CMA Audit and Finance Committee periodically considers the need to issue a tender to select a qualified public accounting firm as its external auditor. This process is consistent with best practices and sound governance. In January 2020, the CMA issued a Request for Proposals for audit services, as it had been over eight years since the last tender.

Following this process, the CMA Board of Directors recommends Ernst & Young LLP to be the CMA’s external auditor for a period of up to five years, subject to annual appointment by the Annual Meeting of Members. The board’s recommendation can be found in the following section.
Annual General Meeting and General Council

The 2020 Annual General Meeting (AGM) and General Council (GC) elections will be held virtually on Sunday, Aug. 23, as set out in the [agenda](#).

**GC elections (ratification vote)** – The Nominations Committee report includes biographies for each nominee and the process for elections. There are no nominations from the floor as this process was discontinued under a bylaw change approved at the AGM in 2019.

**Appointment of auditors** – The board recommends to members that the resolution retaining PricewaterhouseCoopers as auditors for the 2020 fiscal year be rescinded and that Ernst & Young LLP be appointed as auditors until the next AGM or until their successors are appointed.

**MOTION PROPOSED:**
The Canadian Medical Association resolution retaining PricewaterhouseCoopers as auditors for the 2020 fiscal year is rescinded and the Canadian Medical Association hereby appoints Ernst & Young LLP as external auditors of the association, to hold office as auditors to the association until the next annual meeting of the association or until their successors are appointed.

**Bylaw amendments** – Proposed housekeeping amendments to the bylaws as well as changes related to the dissolution of the Quebec Medical Association (QMA) were reviewed by the board in April 2020 for consideration at the AGM (Appendix A). The proposed amendments become effective when adopted by a two-thirds majority vote of members present and voting at the AGM. Changes were also made to the operating rules and procedures (ORPs) in the past year to primarily capture changes warranted by the dissolution of the QMA. The [current version of the ORPs](#) was recently adopted by the Board of Directors.

**MOTION PROPOSED:**
The bylaw amendments included in Appendix A of the Canadian Medical Association 2020 Report to Members are hereby adopted as the bylaws of the association.

Looking ahead

As we look beyond CMA 2020, the CMA Enterprise will focus on the development and implementation of our new strategy, Impact 2040. We will continue to play a leadership role in addressing the immediate needs of members during COVID-19. At the same time, we’re supporting members as they resume providing health care services, and we will ensure our decisions and actions are informed by and aligned with our longer term vision.

Stay informed on our work through [news updates](#) and [Board meeting summaries](#) on cma.ca.
CMA Enterprise

Canadian Medical Association

Board of Directors
- Dr. Suzanne Strasberg, Chair
- Dr. Sandy Buchman, President
- Dr. Ann Collins, President-Elect
- Dr. Gigi Osler, Past-President
- Dr. Melanie Bechard
- Dr. David Cram
- Ms. Janet Ecker
- Dr. Rachel Forman
- Dr. Courtney Howard
- Dr. Yordan Karaivanov
- Dr. Allison Kennedy

CMAH 2018 Inc.

Board of Directors
- Dr. Christopher Carruthers, Chair
- Dr. David Naylor
- W. Iain Scott
- Mr. Tim Smith
- Dr. Guruswamy Sridhar
- Dr. Suzanne Strasberg
- Ms. Martha Tory
- Dr. Celina White

Responsible for oversight of its subsidiaries in alignment with high-level strategy and principles set by the CMA

CMA Investco Inc.

Board of Directors
- Ms. Anne Marie O’Donovan, Chair
- Ms. Gaelen Morphet
- Ms. Jill Pepall
- Mr. Tim Smith
- Mr. George Vasic

Oversees the investment and management of CMA assets

Joule Inc.

Board of Directors
- Mr. Tim Smith, Chair
- Mr. Michel Biage
- Mr. John Lee
- Mr. Jimmy Mui
- Ms. Deborah Scott-Douglas

Clinical products, publishing (CMAJ print and online media), leadership and innovation

Private foundation / registered charity

Denotes membership interest. CMA is the sole member of the CMA Foundation.

Denotes ownership interest. All subsidiaries are wholly owned.
## 2020 Honorary members

### ALBERTA
- Dr. Bill (W. W.) Anderson
- Dr. Daniel J. Barer
- Dr. Steven W. Chambers
- Dr. Rowland T. Nichol
- Dr. Ernst P. Schuster
- Dr. Linda M. Slocombe

### BRITISH COLUMBIA
- Dr. James Boyle
- Dr. Karen Buhler
- Dr. B. Jean Clarke
- Dr. Mark Corbett
- Dr. Lyle Daly
- Dr. Barry Hagen
- Dr. Khati Hendry
- Dr. Nirvair Levitt
- Dr. Walter John Mail
- Dr. Graeme Douglas McCauley
- Dr. Howard Mills
- Dr. Ormond Panton
- Dr. Shelley Perry
- Dr. Shelley Ross
- Dr. Gavin Stuart
- Dr. Brian Winsby

### QUEBEC
- Dr. Jean-Luc Dupuis
- Dr. Bruno L’Heureux
- Dr. Yvan D. Proulx

### NEW BRUNSWICK
- Dr. David Bewick
- Dr. Edouard Hendriks
- Dr. Michael Perley

### NEWFOUNDLAND AND LABRADOR
- Dr. Georgina Chalker
- Dr. David Prior

### NORTHWEST TERRITORIES
- Dr. James Corkal

### NOVA SCOTIA
- Dr. Minoli Amit
- Dr. Sally Jorgensen
- Dr. Paul Van Boxel

### ONTARIO
- Dr. Diamond Allidina
- Dr. Eric Barker
- Dr. Gail Beck
- Dr. Alan Drummond
- Dr. Gregory Flynn
- Dr. Elliot Halparin
- Dr. Gary Gale Johnson
- Dr. Marvin Kay
- Dr. Renwick Mann
- Dr. Lawrence Patrick
- Dr. Dennis Pitt
- Dr. Charmaine Roye
- Dr. Allan Studniberg
- Dr. Jeffrey Turnbull
- Dr. Richard Tytus

### MANITOBA
- Dr. Margaret Abell
- Dr. Virginia Fraser
- Dr. Murray Kesselman

### PRINCE EDWARD ISLAND
- Dr. Rosemary Henderson

### SASKATCHEWAN
- Dr. Peter Butt
- Mr. Ed Hobday
- Dr. Beverley Karras
- Dr. Tom Smith-Windsor

### YUKON
- Dr. Ngozi Ikeji

### CANADIAN MEDICAL ASSOCIATION
- Dr. Hartley Stern
Appendix A:
Bylaw amendments
THE ACT OF INCORPORATION AND BYLAWS

AS AMENDED, AUGUST 2020
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© Canadian Medical Association
An Act to Incorporate the Canadian Medical Association

S.C. 1909, c. 62, as am. by S.C. 1959, c.73 and S.C. 1993, c.48

Whereas Adam T. Shillington, Robert Wynyard Powell, Frederick Montizambert, Henry Beaumont Small and John D. Courtenay, all of the City of Ottawa, in the province of Ontario, physicians, have by their petition on behalf of the unincorporated society known as the “Canadian Medical Association,” prayed that it be enacted as hereinafter set forth and it is expedient to grant the prayer of the said petition: Therefore His Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

1. The said Adam T. Shillington, Robert Wynyard Powell, Frederick Montizambert, Henry Beaumont Small and John D. Courtenay, and all other members of the said present unincorporated society, together with such other persons as become members of the corporation, are hereby constituted a corporation under the name of the “Canadian Medical Association” hereinafter called the “Association.”

2. The objects of the Association shall be
   (a) to promote the medical and related arts and sciences and to maintain the honour and the interests of the medical profession;
   (b) to aid in the furtherance of measures designed to improve the public health and to prevent disease and disability;
   (c) to promote the improvement of medical services however rendered;
   (d) to publish the Canadian Medical Association Journal and such other periodic journals as may be authorized, together with such transactions, reports, books, brochures or other papers as may promote the objects of the Association;
   (e) to assist in the promotion of measures designed to improve standards of hospital and medical services;
   (f) to promote the interests of the members of the Association and to act on their behalf in the promotion thereof;
   (g) to grant sums of money out of the funds of the Association for the furtherance of these objects; and
   (h) to do such other lawful things as are incidental or conducive to the attainment of the above objects.

3. The Association may make such by-laws and rules, not contrary to law or to the provisions of this Act, as it may deem necessary for the government and management of its business and affairs, and especially with respect to the qualification, classification, admission and expulsion of members, the fees and dues which it may deem advisable to impose, and the number, constitution, powers and duties of its executive council, or other governing or managing committee, and of its officers, and may from time to time alter or repeal all or any of such by-laws and rules as it may see fit.

4. Until altered or repealed in accordance with the provisions thereof, the existing constitution, by-laws and rules of the said unincorporated society, in so far as they are not contrary to law or to the provisions of this Act, shall be the constitution, by-laws and rules of the Association.

5. The present executive council and other officers of the said unincorporated society shall continue to be the executive council and officers of the Association until replaced by others in accordance with the constitution, by-laws and regulations aforesaid.

6. No member of the Association shall, merely by reason of such membership, be or become personally liable for any of its debts and obligations.

7. The Association may receive, acquire, accept and hold real and personal property by gift, purchase, legacy, lease or otherwise, for the purpose of the Association, and may sell, lease, invest or otherwise dispose thereof in such manner as it may deem advisable for such purposes.
Bylaws

Chapter 1. General

1.1 This Association shall be known as the “Canadian Medical Association” or “Association médicale canadienne.”

1.2 Language
French and English may be used in the conduct of the business of the Association.

1.3 Definitions
Affiliate Society means a Canadian medical organization approved for affiliation by the Board of Directors according to these bylaws.

Annual General Meeting or AGM means the Annual General Meeting of Members.

Associate Society means a Canadian Medical organization that is approved for associate status by the Board of Directors according to these bylaws.

Association means Canadian Medical Association or Association médicale canadienne.

Bylaws means this bylaw and all other bylaws of the Association as amended and that are, from time to time, in force and effect.

Delegate to General Council means a person appointed pursuant to section 10.2 of these bylaws to attend General Council and includes a delegate appointed by virtue of his/her position.

Divisional Provincial/Territorial Entitlement means the formula used for determining the number of nominations for honorary membership a division province or territory may make, and the number of delegates to General Council a division province or territory may elect or appoint, pursuant to these bylaws; that number depends on the number of members who are honorary or fee-paying in the division province or territory who are members of the Association as of December 31. In the case of Quebec, the number depends on the number of members who are honorary or fee-paying and practice or reside in Quebec and are members of the Association as of December 31.

Membership Year means the membership year of the Association that runs from January 1 through December 31.

Operating Rules and Procedures means the rules prescribed by the Board of Directors pursuant to Chapter 20 of these bylaws.

Recognized Medical School is one that has been recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

Transition

1.4 The bylaw amendments adopted during the AGM in 2019 take effect immediately following the close of Health Summit in 2019. These amendments shall not affect the previous operation of any bylaw or affect the validity of any act done pursuant to any former bylaw.

[5. Notwithstanding subsection 11.2(1)(h)(i), there shall be 2 directors from the province of Ontario until the close of the Health Summit in 2020.]

Chapter 2. The Seal

2.1 The Seal of the Canadian Medical Association shall be in the custody of the Chief Executive Officer and shall be affixed by the Chief Executive Officer or delegate or by a person selected by an ordinary resolution of the Board of Directors to all documents that require to be sealed.
Chapter 3. Divisions

3.1 Subject to the approval of the Board of Directors and to such Operating Rules and Procedures as may be in place from time to time, Subject to the approval of General Council, the provincial/territorial medical association representing organized medicine in a province or in a territory may become a division and enjoy all the rights and privileges of a division in the following manner:

(a) by intimating to the Association in writing that it desires to become a division;
(b) by agreeing to amend, where necessary, its constitution and bylaws to place them in harmony with the constitution and bylaws of this Association; and
(c) by agreeing to collect from those of its members who desire to be members of the Association such annual fee as may from time to time be set for membership and remit same to this Association, unless otherwise requested by the division.

3.2 An affiliation formed under this Chapter shall mean that a friendly relationship exists between CMA and the division. There shall be no obligation on the part of either party the provincial/territorial medical association or the Association to sponsor policies or programs initiated by or on behalf of the other.

Chapter 4. Ethics and Professionalism

4.1 The Code of Ethics and Professionalism of the Association shall be the members’ guide to professional conduct.

Chapter 5. Membership

5.1 All members, as a condition of membership, shall agree to accept, uphold and be governed by the CMA Code of Ethics and Professionalism and to be governed by the bylaws. The provisions set forth in the Operating Rules and Procedures shall apply to all applicants for membership.

5.2 The membership categories of the Association shall be: full, student, resident, retired, at-large, associate and honorary, designated as follows.

5.3 Full Members

5.3.1 Every member in good standing of a division shall be a full member of the Association on payment of the applicable Association annual fee.

5.4 Student Members

5.4.1 Any medical student enrolled in a Canadian medical school who is a member of a division may be a student member of the Association on payment of the applicable Association annual fee.

5.5 Resident Members

5.5.1 Any medical practitioner enrolled in a postgraduate program at a Canadian medical school who is a member of a division may be a resident member of the Association on payment of the applicable Association annual fee.

5.6 Retired Members

5.6.1 Any individual who has retired from the practice of medicine, who is no longer engaged in professional activities and who is a member of a division may be a retired member of the Association on payment of the applicable Association annual fee.

5.7 Members-at-Large

5.7.1 Applicants from within Canada

The following residents of Canada are eligible to become members-at-large of the Association upon the payment of the applicable Association annual fee.
(a) Physicians who:
   i) have graduated from a recognized medical school;
   ii) demonstrate that they are members in good standing of a Canadian or foreign licensing authority, or were members in good standing immediately prior to their retirement; and
   iii) are ineligible for division membership. For further clarity, physicians, medical students or medical residents who practice or reside in the province of Quebec are eligible to be members-at-large of the Association.

(b) Physicians who are members of the Canadian Armed Forces.

5.7.2 Applicants from Outside of Canada
The following non-residents are eligible to become members-at-large of the Association upon the payment of the applicable Association annual fee:

(a) Physicians who:
   i) have graduated from a recognized medical school; and
   ii) demonstrate that they are members in good standing of the licensing authority of the jurisdiction in which they practise medicine or were members in good standing immediately prior to their retirement.

(b) Canadians who:
   i) are medical students enrolled in a recognized medical school; or
   ii) are medical residents enrolled in a postgraduate program at a recognized medical school.

5.8 Associate Members

5.8.1 Members of a division who are in special circumstances, as defined by the Board of Directors, and who require a reduction in the full membership fee, may become associate members upon application, approval and payment of the applicable Association annual fee.

5.9 Honorary Members

5.9.1 Persons who have distinguished themselves by their attainments in medicine, science, the humanities or who have rendered significant services to the Association may be appointed as honorary members with the unanimous approval of the Board. Honorary members shall enjoy all the rights and privileges of the Association but shall not be required to pay any Association fee. The Board may approve the following as Honorary Members:

(a) Members of the Association in good standing who have attained the age of 65 years and have been members for 10 years may be nominated for honorary membership by a member of the Association. Such nominations require the approval of the executive body of the division in which the nominees practiced, are practicing medicine or reside.

(b) Each division, in accordance with the following divisional/provincial/territorial entitlement, is entitled to nominate 1 honorary member each year for up to 1000 of its Association members and 1 additional honorary member for each further 1000 or fraction thereof. In the case of members residing in Quebec, nominations for honorary membership may be made by the Association Secretariat in accordance with the provincial/territorial formula. A division acting as host of the Annual General Meeting may nominate 1 province or territory in which the incoming president resides as entitled to 1 additional honorary member nominee that year.

(c) Persons who may or may not be members of the medical profession, who have attained eminence in science or the humanities, or who have rendered significant services to the Association may be nominated by a member or division for honorary membership. The number of these memberships shall not exceed 1 per 1000 members.

Commented [A9]: Relates to QMA dissolution: For greater certainty clause.
Commented [A10]: Relates to QMA dissolution: To extend the definition of Associate Members to physicians in Quebec (MALs). Note: this would then extend to other MALs such as Armed Forces physicians.
Commented [A11]: Housekeeping: Align with practice to nominate Honorary Members and streamlining to remove unnecessary approval level.
Commented [A12]: Housekeeping: Editorial.
Commented [A13]: Relates to QMA dissolution: Need to provide for a body which can approve nominations for honorary membership.
Commented [A14]: Housekeeping: Legacy provision. The Annual General Meeting (AGM) will typically be coupled with the Health Summit, which will only be hosted in larger centres. The intent of the provision relates to the province/territory in which the incoming president resides.
Chapter 6. Fees

6.1 Subject to section 5.9.1, the Board of Directors shall establish the applicable Association annual fee for all membership categories, and shall report the annual fee to the AGM.

6.2 When changes are proposed, the Board of Directors shall send a notice of intent to the divisions and the members no later than 30 days before the AGM. The fee changes shall be effective at the start of the Association’s next membership year.

Chapter 7. Rights and Privileges of Members

7.1 All members are entitled to attend and vote at the AGM as full participants.

7.2 All members are entitled to attend open meetings of General Council as observers.

7.3 Members are eligible for services and benefits of the Association under terms and conditions established from time to time by the Board of Directors.

7.4 The Board of Directors shall call a Special Meeting of members on its own volition or within 100 days from receipt by the Chief Executive Officer of a written request signed by not fewer than 500 Association members. Such a request shall state the object of the proposed meeting. Any Special Meeting shall consider only such business as shall be specified in the notice calling the meeting. For all such meetings, 30 days’ notice must be given to the members. Such notice shall state the nature of business to be transacted at the meeting in sufficient detail to permit a member to form a reasoned judgement on such business and state the text of any special resolution to be submitted to the meeting. A two-thirds majority vote of members entitled to vote and in attendance at the meeting is required to pass a resolution at a Special Meeting of members.

Chapter 8. Termination of Membership, Removal or Suspension of Rights and Privileges

8.1 If a member ceases to meet the conditions for membership described in Chapter 5, membership in the Association may be terminated or suspended by the Board of Directors in accordance with the Operating Rules and Procedures.

8.2 A division shall notify the Association immediately of any suspension or termination of a member of that division, at which time membership in the Association shall automatically be suspended or terminated accordingly. In that event, any membership fees that have been paid to the Association by the member shall be automatically forfeited. The division shall notify the Association of any reinstatement or readmission of the member, in which case, provided the member meets the qualifications for membership in the Association, the Association shall reinstate or readmit the member, as the case may be. These terms regarding suspension, termination and reinstatement or readmission apply to members resident in Quebec, in the event the Association learns about circumstances that would have resulted in the suspension or termination of provincial/territorial membership.

8.3 Membership in the Association shall automatically terminate if a member has not paid the applicable Association annual fee in accordance with the requirements set out in the Operating Rules and Procedures.

8.4 By accepting membership in the Association under the terms of the bylaws, each member agrees to such right of termination of membership as aforesaid and thereby specifically waives any right or claim to damages in the event of membership being so terminated.

8.5 Resignation of membership may be effected by giving notice directly to the Chief Executive Officer.
Chapter 9. Annual General Meeting

9.1 There shall be an AGM at a time and place to be decided by the Board of Directors. The time and place shall be announced to the membership in an Association publication with distribution to all members as early as possible and at least 30 days prior to the meeting.

9.2 Planning and other matters relating to the AGM are set forth in the Operating Rules and Procedures of the Association. Business conducted at the AGM shall include:

   (a) receiving the annual report to membership which includes the annual report of the Board of Directors and the Committee on Ethics, and allowing members to ask questions of the Board of Directors which may include inquiries relating to the general health and welfare of the public or the profession;

   (b) enactment, amendment or repeal of bylaws; and

   (c) appointment of an auditor.

9.3 A quorum for the AGM shall be 50 members present in person.

Chapter 10. General Council

10.1 Duties and Powers

10.1.1 General Council shall provide policy guidance and direction to the Association and the Board of Directors and more specifically, shall as far as possible deal with

   (a) the report of the Committee on Nominations and

   (b) any matter relating to the general health and welfare of the public or the profession.

10.1.2 Subject to 15.1. and the provisions in these bylaws concerning filling vacancies, General Council has sole authority for, and may not delegate, the election of the President-Elect, the directors, the Speaker and the Deputy Speaker of General Council, the Chair of the Committee on Ethics, members of the committees on Ethics and Nominations, and elected members of the Governance, Audit and Finance, and Appointments committees, in accordance with the nominations process outlined in the Operating Rules and Procedures.

10.2 Composition of General Council

10.2.1 Delegates to General Council shall be as follows:

   (a) Delegates by virtue of their position:

      i) the Chair of the Board and the Board of Directors;

      ii) the Speaker and Deputy Speaker;

      iii) the President of each division, and in the case of Quebec, the Association may invite a member from that province to be a delegate in addition to the provincial entitlement complement;

      iv) the chairs of the Committee on Ethics, the Governance Committee and the Committee on Awards;

      v) a delegate from the Royal Canadian Medical Service, at the direction of the Surgeon General; and

      vi) past Presidents, past Speakers, past Chairs of the Board of Directors, and past Chief Executive Officers are entitled to be voting delegates at meetings of General Council for 5 years following completion of their term of office.

Commented [A19]: Housekeeping: Making explicit the ambit of AGM business.

Commented [A20]: Housekeeping: To align bylaws and confirm AGM may be held as an online-only meeting.

Commented [A21]: Housekeeping: No need to specify the Board of Directors.

Commented [A22]: Housekeeping: Migrated to AGM.

Commented [A23]: Relates to QMA dissolution: To ensure Quebec members are entitled to a full complement of delegates even if there is no divisional President.
(b) Division Provincial/territorial and Affiliate Society delegates elected or appointed subject to paragraph 10.2.2.

i) delegates from the divisions provinces territories; and

ii) the affiliate society delegates.

10.2.2 Divisional Provincial/territorial and Affiliate Entitlement for Delegates to General Council

(a) Delegates shall be appointed by divisions to General Council in accordance with the following divisional provincial territorial entitlement: each division is entitled to appoint 4 delegates for up to 100 of its Association members; 1 additional for 101 to 250; 1 additional for 251 to 500 and 1 additional for each further 500 or fraction thereof. For greater certainty, student members may be appointed by their divisions as divisional provincial territorial delegates to General Council. Delegates representing the members in Quebec may be invited to participate by the Association in accordance with the provincial territorial entitlement formula. Notwithstanding the divisional provincial territorial entitlement, the Ontario Medical Association is entitled to appoint one additional delegate to represent the Territory of Nunavut, until such time as a medical association in the Territory of Nunavut is established as a division of the Association. The individual appointed to represent the Territory of Nunavut must be currently residing and practising medicine in the Territory of Nunavut and shall be appointed in accordance with the Operating Rules and Procedures.

(b) Affiliated societies shall each be entitled to 1 delegate.

(c) Delegates must be Association members.

10.2.3 The names and addresses of delegates appointed or invited pursuant to paragraph 10.2.2 shall be submitted by divisions and affiliates to the Chief Executive Officer at least 30 days prior to the AGM before the first day of General Council. A delegate may be replaced by an alternate on notification in writing to the Chief Executive Officer by the constituency represented.

10.3 Meetings

10.3.1 General Council shall discharge its duties meet at least once in each year.

10.3.2 Special Meetings of General Council

(a) For the purposes of special meetings, the membership of General Council, unless new delegates have been appointed, shall be as at the previous meeting.

(b) The Board of Directors shall call a Special Meeting of General Council on its own volition or within 100 days from receipt by the Chief Executive Officer of a request signed by:

i) not fewer than 500 Association members, or

ii) 50 delegates from at least 3 provinces territories divisions, provided that not more than 50% are from any 1 division province territory.

Such a request shall state the object of the proposed meeting. Any Special Meeting shall consider only such business as shall be specified in the notice calling the meeting. For all such meetings, 30 days’ notice must be given to the delegates.

10.3.3 A quorum shall be 50 delegates present in person. All delegates except the Speaker and Deputy Speaker shall be eligible to vote.

10.3.4 Observers may attend open meetings of General Council in accordance with these bylaws and the Operating Rules and Procedures.

10.4 Speaker and Deputy Speaker of General Council
10.4.1 Speaker

The Speaker:

(a) shall preside at all meetings of General Council and Chair the Annual General Meeting, and
  enforce due observance of the bylaws and the rules of order according to Chapter 18;

(b) shall remain in office for a 3-year term, and may hold office for a maximum of 2 consecutive
  terms, until the conclusion of the AGM or until such time as his or her successor is appointed; and

(c) if the office of the Speaker should become vacant, the Deputy Speaker shall assume the
  position.

10.4.2 Deputy Speaker

The Deputy Speaker:

(a) shall, when requested or when the Speaker is absent, deputize for the Speaker and assume all
  rights, duties and responsibilities of the Speaker and be Vice-Chair of the AGM;

(b) shall remain in office for a 3-year term, and may hold office for a maximum of 2 consecutive
  terms, until the conclusion of the AGM or until such time as his or her successor is appointed; and

(c) if the office of the Deputy Speaker should become vacant, the Board of Directors shall appoint
  any member of the Association to the position until a replacement is elected and the next AGM
  at the next meeting of General Council.

Chapter 11. Board of Directors

11.1 Duties and Powers

11.1.1 The Board of Directors shall be responsible for the management of the affairs of the Association,
including risk management. In particular, the Board of Directors:

(a) shall appoint a Chair of the Board, who may but need not be an elected director, but must be a
  physician and an Association member;

(b) shall appoint the Chair of the Audit and Finance Committee from its members;

(c) shall appoint a non-physician Director, and when doing so shall seek a candidate willing to
  serve 2 consecutive 3-year terms;

(d) shall appoint the Chief Executive Officer and designate the duties of the office;

(e) shall approve the budget and establish membership fees for the ensuing calendar year after
  considering the recommendation of the Audit and Finance Committee;

(f) unless otherwise stated in these bylaws, shall establish committees and task forces as
  necessary to carry out the work of the Association, set their terms of reference, appoint the
  members of such bodies, and receive their reports;

(g) shall name the signing officers of the Association and indicate limits to their authority;

(h) may authorize the payment of honoraria and travel and maintenance expenses to directors,
  officers, officials, chairs and members of committees and others engaged in Association
  business;

(i) may appoint representatives of the Association to outside bodies;

(j) shall elect a vice-chair from its members, who will chair meetings of the Board in the absence or
  at the direction of the Chair; and

Commented [A31]: Housekeeping: Reflects current practice. Moreover, presiding at meetings presupposes
enforcement of bylaws/rules of order; it is not necessary to say that here.

Commented [A32]: To tie term of office to AGM.

Commented [A33]: Housekeeping: Editorial.

Commented [A34]: To align the non-physician director’s term of office with provincial/territorial directors’ terms of
office.
shall create and amend the Operating Rules and Procedures of the Association and have authority for enactment, amendment or repeal of the bylaws for referral to the members at the AGM.

11.1.2 The Board of Directors is hereby authorized:
(a) to borrow money upon the credit of the Association in such amounts and on such terms as may be deemed expedient by obtaining loans or advances or by way of overdraft or otherwise;
(b) to mortgage, hypothecate, charge, pledge, or give security in any manner whatever upon, all or any of the property, real and personal, immoveable and moveable, undertakings and rights of the Association, present and future; and
(c) to delegate to such appointed officials, officers or directors as they may designate, all or any of the foregoing powers to such extent and in such manner as they may determine.

11.2 Composition
11.2.1 The Board of Directors shall be comprised of:
(a) The President, President-Elect, Immediate Past President elected or appointed pursuant to these bylaws, and Chair of the Board of Directors appointed pursuant to these bylaws; and
(b) the following elected directors:
   i) 1 director (includes the Chair of the Board if he or she is appointed from amongst the sitting directors) from each province or territory which has a minimum number of 40 members,
   ii) a student director;
   iii) a resident director; and
   iv) a non-physician director.

11.3 Term
11.3.1 The term of office of the directors commences immediately following the end of the AGM, General Council and (as applicable) Health Summit meeting, and shall be as follows:
(a) Officers shall hold office in accordance with the terms set out in section 13.1.
(b) Subject to section 11.3.3, student directors and resident directors shall hold office for a term of 1 year or until such time as their successors are appointed.
(c) Subject to section 11.3.3, directors from a province or territory as defined herein and non-physician directors shall hold office for a term of 3 years, or until such time as their successors are appointed.
11.3.2 Subject to section 11.3.3, student and resident directors may hold office for a maximum of 3 consecutive terms and provincial/territorial directors and non-physician directors may hold office for a maximum of 2 consecutive terms. Directors are generally expected to serve two three year terms.
11.3.3 If an incumbent becomes a provincial/territorial director, student, or resident director as a result of filling a vacancy under Section 11.5.3, the time spent filling the vacancy shall not count toward the length or number of terms that the incumbent is entitled to under these bylaws.

11.4 Removal of Directors, Officers, Electees and Appointees
11.4.1 The Board of Directors may by extraordinary resolution requiring two-thirds majority vote, remove any director, officer, electee or appointee from office before the expiration of such person’s term if their conduct has been found likely to bring the Association or the profession into disrepute, if malfeasance has been found, if there has been a gross violation of the Code of Ethics and Professionalism, or for any...
other reason that the Board of Directors in its discretion may determine to be valid. The Board may appoint a qualified individual to fill the resulting vacancy for the remainder of the term of the director, officer, electee or appointee so removed. Any such removal shall be carried out in accordance with the requirements set out in the Operating Rules and Procedures. Notwithstanding this section, the members of a meeting may remove the chair of the meeting by following the procedures set out in the Rules of Order designated in these bylaws.

11.5 Vacancies

11.5.1 An office, a seat on the Board of Directors or on a committee shall be declared vacant:
(a) if the incumbent resigns in writing to the Chief Executive Officer;
(b) if the incumbent is found by a court to be of unsound mind;
(c) except in the case of the non-physician director, if the incumbent ceases to be a member of the Association;
(d) if the incumbent is removed by the Board of Directors in accordance with section 11.4;
(e) if no candidate is confirmed elected by General Council;
(f) on the death of the incumbent.

11.5.2 Unless otherwise stated in the bylaws, vacancies are filled by the Board of Directors.

11.5.3 A vacancy on the Board of Directors shall be filled by the Board of Directors, as follows:
(a) A vacancy among the student and resident directors shall be filled by the Board with a nominee from the constituency concerned for the remainder of the incumbent’s term.
(b) A vacancy among the provincial/territorial directors shall be filled by the Board with a nominee from the constituency concerned, until the end of the next AGM, General Council and (an applicable) Health Summit meeting.
(c) A vacancy among the officers shall be filled in accordance with the requirements in Chapter 13.1.
(d) A vacancy in the position of the non-physician director shall be filled by the Board of Directors, and such an appointment begins the first of two consecutive 3-year terms of office a non-physician director is eligible to serve.

11.6 Meetings of the Board of Directors.

11.6.1 Notice of the time and place of each meeting shall be given to each director not less than 48 hours before the meeting is to be held. A director may waive notice of or otherwise consent to a meeting.

11.6.2 The Board of Directors shall meet at the call of the Chair.

11.6.3 On the request in writing by [4] directors representing at least 2 provinces/territories, the Chair of the Board shall call a special meeting of the Board.

11.6.4 In the absence of the Chair of the Board, the chair shall be the Vice-Chair and in the absence of both the Chair of the Board and the Vice-Chair, the President shall chair the meeting.

11.6.5 The quorum shall be [50% of the directors] plus [2].

Commented [A38]: Housekeeping: Aligning bylaws with bylaw change from 2019.

Commented [A39]: Housekeeping: To clarify that the term for a person filling a vacancy lasts until the multi-day AGM/GC/Health Summit meetings are concluded, until new directors begin their terms (see 11.3.1). If there is no Health Summit, the term lasts until the end of the GC elections/AGM meeting.

Commented [A40]: Housekeeping: Previously 6 of 25 directors; suggesting 4 of 18 (not including the Chair), which approximates the prior proportion. Research on best practices in this area suggests that stating a number is recommended (Robert’s Rules of Order) but there is no legal requirement to state the number.

Commented [A41]: Housekeeping: Reflects move away from language suggesting the directors ‘represent’ a constituency.

Commented [A42]: Housekeeping: This is a more logical way to describe quorum and aligns with Robert’s Rules of Order.
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 from representing the affiliate societies, 1 resident member, 1 student member, Chair of the CMA Appointments Committee 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. The term of office shall be 3 years, renewable once except for the resident member and student member of the Committee on Nominations which shall be 1 year, renewable twice. The Past President shall have a term of 1 year.

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. In the case of a vacancy for the director from Quebec, the Committee on Nominations shall also seek out one or more nominees for consideration. 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. For the province of Quebec, 50 Association members may submit a nomination for a director.

(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, or the Nominations Committee in the case of a nominee from Quebec;
(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/AGM, 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 12.3.3(a), 12.3.4(a) or 12.4.1(e), shall be eligible for ratification presentation to by General Council by the Committee on Nominations;

(b) to interact with divisions and affiliates and the membership 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, including seeking candidates who are willing to serve two consecutive three year terms;

(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 elections 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.
Chapter 13. Officers

13.1 The officers of the Association shall be the President, the President-Elect, the Immediate Past President, and the Chair of the Board of Directors, and the Chair of the Audit and Finance Committee. The President, President-Elect and Immediate Past-President shall hold office for a term of 1 year or until such time as their successors are appointed. The Chair of the Board of Directors and Chair of the Audit and Finance Committee shall hold office for a term of up to 3 years and may hold office for a maximum of 2 consecutive terms or until such time as their successors are appointed. The officers of the Association shall be elected or appointed in accordance with these bylaws and the Operating Rules and Procedures. If there is more than 1 nomination for any position, a ballot shall then be taken for that position. Subject to the provisions of this Chapter, vacancies among the officers shall be filled by the Board of Directors.

13.2 The President:
(a) shall be the senior elected officer of the Association;
(b) shall perform such duties as custom requires;
(c) shall be the primary spokesperson of the Association; and
(d) with the exception of the Committee on Nominations, shall have the right to attend and vote at meetings of all committees of the Association.

13.2.1 In the event that the office of President becomes vacant, the President-Elect shall serve as Acting President.

13.3 The President-Elect:
(a) shall assist the President in the performance of the presidential duties, and in the President’s absence, or at the President’s request, preside or perform such other functions as are the duties of the President, unless otherwise provided for in these bylaws;
(b) shall assume the office of President at the close of the next AGM; and
(c) shall serve as Acting President in the event that the office of President becomes vacant, and in that capacity shall assume all the powers and duties of the President during the unfinished portion of that presidential term.

13.3.1 In the event that the office of President-Elect becomes vacant at any time prior to 90 days before the Annual Meeting and there is only 1 person nominated for the position from the call for nominations issued by the Chief Executive Officer in accordance with the Operating Rules and Procedures, the Chair of the Board of Directors shall declare that person duly elected. If there is more than 1 nomination for the position, General Council will fill the vacancy will be filled in accordance with the process described in the Operating Rules and Procedures. In the event of a vacancy in the office of President-Elect during the 90-day period before the Annual Meeting, General Council shall fill the vacancy will be filled in accordance with the process described in the Operating Rules and Procedures.

13.4 The Immediate Past President
(a) shall be a member of the Board of Directors;
(b) shall assist the President and President-Elect with spokesperson duties as delegated
(c) shall chair the Committee on Nominations; and
(d) shall preside over the elections at General Council.

13.4.1 In the event that the office of Immediate Past President becomes vacant, the preceding Immediate Past President shall serve as Immediate Past President. A person so appointed shall not assume the title of Immediate Past President.
13.5 Chair of the Board of Directors
(a) shall chair and be responsible for the calling of meetings of the Board of Directors;
(b) shall act as chief liaison officer between the Board of Directors and the Chief Executive Officer;
(c) shall be a nonvoting member of the Board of Directors;
(d) shall present the report of the Board of Directors to members.

13.6 The Chair of the Audit and Finance Committee
(a) shall be the custodian of all monies, securities and deeds that are the property of the Association and shall be accountable for the safekeeping of all funds, derived from whatever source, belonging to the Association;
(b) shall undertake the payment of all bills, monies, etc., as directed by the Board of Directors; and
(c) shall chair the Audit and Finance Committee.

Chapter 14. The Secretariat
14.1 The Chief Executive Officer:
(a) shall be appointed by the Board of Directors;
(b) shall be the chief executive officer of the Association;
(c) shall be responsible to the Board of Directors through the Chair for the general administrative supervision of the affairs of the Association, and for the organization and management of the Secretariat;
(d) shall be a nonvoting member of all committees of the Association unless otherwise directed by the Board of Directors;
(e) shall be an official representative of the Association; and
(f) shall assume or delegate such duties as may be assigned by the Board of Directors.

14.2 Other appointed officials and employees shall be responsible to the Board of Directors through the Chief Executive Officer for the performance of duties assigned to them.

Chapter 15. Committee on Ethics
15.1 Subject to 12.4.2 and this section, General Council will elect the Chair and members of the Committee on Ethics in accordance with the report of the Committee on Nominations. If there is more than 1 nomination for any position, a ballot shall then be taken for that position in accordance with the Operating Rules and Procedures. The committee shall determine its own procedure including quorum, unless otherwise determined by the Board of Directors. Committee members may serve up to 2 consecutive 3-year terms. The term of office for the Committee on Ethics Chair is three years, renewable once. The term of office for a student or resident member is one year, renewable twice.

(a) The Committee on Ethics will elaborate on, interpret, and recommend amendments to the Code of Ethics and Professionalism, address problems related to ethics referred to the Association, advise the Association on matters pertaining to ethical issues of interest or concern to the medical profession and on ethical issues related to the Association’s core strategies and priorities and perform other duties as determined by the Board of Directors.
The Committee on Ethics shall comprise:

i) 5 members selected on a regional basis (BC/Yukon, Prairie provinces/NWT, Ontario, Quebec, Atlantic provinces);

ii) 1 resident member;

iii) 1 student member;

iv) 1 member appointed by and from within the Board of Directors; and

v) a chair.

Chapter 16. Affiliate Societies and Associate Societies

16.1 Eligibility for affiliation

(a) Any Canadian medical organization representing a medical specialty that is recognized by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, the majority of whose members are physicians and are members of the Association, may become affiliated with the Association. For the purposes of this section, a medical student enrolled in a Canadian medical school shall be deemed a physician.

(b) The national organizations representing medical students and residents Canadian Federation of Medical Students and Resident Doctors of Canada may become affiliated without meeting the requirements set out in 16.1(a) and shall be entitled to all the rights and privileges thereof.

16.2 Such organization may, on application to, and approval by the Board of Directors be accepted as an affiliate society and shall be entitled to 1 delegate to General Council.

16.3 Any affiliation formed under this Chapter shall mean that a friendly relationship exists between the 2 bodies. There shall be no obligation on the part of either party to sponsor policies or programs initiated by or on behalf of the other.

16.4 Affiliation shall be on a year-to-year basis and shall continue unless either party shall give notice to the other in writing of its intention to withdraw or unless the affiliate society ceases to meet the qualifications for affiliation.

16.5 Associate Societies

16.5.1 Any Canadian medical organization that does not represent a medical specialty, other than the national organizations representing medical students and residents, the majority of whose members are physicians and are members of the Association, may become associated with the Association. The organization representing the medical regulatory authorities may become associated without meeting the requirement above. Such organization may, on application to, and approval by the Board of Directors, be accepted as an associate society. Each associate society shall be entitled to 1 observer at General Council. Any association formed under this Chapter shall mean that a friendly relationship exists between the 2 bodies. There shall be no obligation on the part of either party to sponsor policies or programs initiated by or on behalf of the other. Association shall be on a year-to-year basis and shall continue unless either party shall give notice to the other in writing of its intention to withdraw or unless the associate society ceases to meet the qualifications for association.

Chapter 17. Auditor

17.1 An Auditor shall be appointed by the members at the AGM on the recommendation of the Board of Directors.
17.2 The Auditor:
   
   (a) shall examine annually the financial statements of the Association, perform procedures to obtain
auditing standards set out in the Chartered Professional Accountants Canada Handbook – Assurance, as amended from time to time.

   (b) shall file the Auditor’s report with the Chief Executive Officer by no later than May 15 each year
the report shall be submitted by the Chief Executive Officer to the Board of Directors, and be
made available to all members of the Association by June 30; and

   (c) shall examine and report on other financial affairs of the Association at any time during the year
upon the request of the Board of Directors.

Chapter 18. Rules of Order and Meetings of the Association

18.1 The rules contained in the current edition of Robert’s Rules of Order Newly Revised shall govern the
Association in all cases to which they are applicable and in which they are not inconsistent with these
bylaws, with the Operating Rules and Procedures, and any special rules of order the Association may
adopt.

18.2 Secret Ballot

18.2.1 At meetings of the Association, an election or an issue may be determined by secret ballot if so
requested by any one member present and eligible to vote.

18.3 Participation at meetings by telephone or electronic means

   (a) Any person entitled to attend a meeting of Members may participate in the meeting using
telephonic, electronic or other communications means that permit all participants to
communicate adequately with each other during the meeting, if the Association makes available
such a communication facility or the person in question has access to such a communication
facility. A person participating in the meeting by any such means shall be deemed to have been
present at that meeting. A person participating by telephonic, electronic or other communication
facility may vote by any such means if the facility, when necessary, can be adapted so that the
votes can be gathered in a manner that permits their subsequent verification and permits the
tallied votes to be presented to the Association without it being possible for the Association to
identify how a particular member or group of members voted.

   (b) Provided all of the directors or committee members consent, a director or committee member
may participate in a meeting of directors or committee members by means of an electronic,
telephonic or other communication facility that permits all participants to communicate
adequately with each other during the meeting. A director or committee member participating in
the meeting by such means shall be deemed to have been present at that meeting.

18.4 Meetings held by electronic means

   (a) If the Board calls a meeting of Members, the Board may determine that the meeting shall be
held entirely by means of a telephonic, an electronic or other communication facility that permits
all participants to communicate adequately with each other during the meeting. A person so
participating in a meeting is deemed for the purposes of this bylaw to be present at the
meeting.

   (b) Members of the Board of Directors or committees may participate at meetings by means of such
telephone or other communication facilities as permit all persons participating to communicate
with and to hear each other. A person so participating in a meeting is deemed for the purposes
of this bylaw to be present at the meeting.

Commented [A63]: Housekeeping: To align attendance at meetings held completely online (18.4) with online
technology at hybrid in person/online meetings (18.3).

Commented [A64]: Housekeeping: To align attendance at meetings held completely online (18.4) with online
technology at hybrid in person/online meetings (18.3).
18.5 Adjournment

The chair of the meeting may, with the consent of the meeting, adjourn the meeting, but no business shall be transacted at the resumption of any such adjourned meeting other than the business left unfinished at the meeting from which the adjournment took place.

18.6 Absentee Voting

The Board may, by resolution, prescribe one or more of the following methods of voting by Members not in attendance at a meeting of Members:

(a) By appointing a proxyholder in accordance with the provisions set out in the Operating Rules and Procedures;

(b) By using a mailed in ballot in the form provided by the Association provided that the Association has a system that enables the votes to be gathered in a manner that permits their subsequent verification and permits the tallied votes to be presented to the Association without it being possible for the Association to identify how each Member voted, or

(c) By means of a telephonic, electronic or other communication facility, if the Association makes available such a communication facility and the facility enables the votes to be gathered in a manner that permits their subsequent verification and permits the tallied votes to be presented to the Association without it being possible for the Association to identify how each Member voted.

18.76 Remote Ballot for the Board of Directors and committees of the Board

(a) The chair may take a remote ballot on any urgent matter or any appointment and in addition shall take a remote ballot, in the case of the Board at the request in writing of 6 directors and in the case of committees at the request in writing of 2 committee members.

(b) In the case of a resolution an affirmative vote by two-thirds of the directors or committee members who are eligible to vote shall have the same force and effect as a resolution duly passed at a regular meeting. In the case of an appointment, a candidate must receive an affirmative vote by a majority of the total directors who are eligible to vote. An appointment made by remote ballot shall have the same force and effect as an appointment at a regular meeting.

(c) A remote ballot is taken in the following manner: the questions submitted shall be in a form to which an affirmative or negative answer can be given or the appointment proposed shall be in a form by which it can be completed. The ballot shall be sent to all directors or committee members, accompanied by an explanatory note stating the circumstances of the emergency (where the matter is urgent) and giving the last date on which ballots will be received. A remote ballot may be sent to each director or committee member and returned to the Association by each such director and committee member by (i) personal delivery or courier; or (ii) electronic means. A remote ballot sent by electronic means (an “electronic ballot”) is considered to have been provided when it leaves an information system with the control of the originator or another person who provided the document on the originator’s behalf. An electronic ballot is considered to have been received when it enters the information system provided by the addressee. No ballot will be counted unless it is received by the Chief Executive Officer not later than the date given. The Chief Executive Officer shall examine the ballots, record and announce the vote.

Chapter 19. Amendments to Bylaws

19.1 Proposals for amendments to the bylaws may be submitted by 10 or more members. These proposals must be received by the Chief Executive Officer 90 days before the date of the AGM for consideration by the Board of Directors.
19.2 Amendments to the bylaws may be proposed by the Board of Directors. These proposals must be received by the Chief Executive Officer in time for a notice to be published in an Association publication with distribution to all members and on the Association website at least 30 days before the AGM.

19.3 Amendments that have been proposed and published or communicated as in Section 19.2, become effective when adopted by a two-thirds vote of the members present and voting at the AGM.

Chapter 20. Operating Rules and Procedures

20.1 The Board of Directors may prescribe and amend from time to time such operating rules and procedures not inconsistent with the bylaws relating to the management and operation of the Association and other matters provided for in this bylaw as they may deem expedient.

Chapter 21. Execution of Documents

21.1 Deeds, transfers, assignments, contracts, obligations and other instruments in writing requiring execution by the Association may be signed by any 2 of its officers. Notwithstanding the foregoing, the Board of Directors may from time to time direct the manner in which the person or persons by whom a particular document or type of document shall be executed. Any person authorized to sign any document may affix the corporate seal thereto.

Chapter 22. Liability and Indemnity

22.1 The Association will not hold the members of the Board of Directors, or any member acting on its behalf individually or collectively liable for decisions or actions taken in good faith on behalf of the Association.

22.1.1 For the protection of officers, directors, officials and members of the Association, except as otherwise provided by law:
   (a) No officer, director, official or other member or the Association is liable for any of the following acts or omissions:
       i) the acts or omissions of any other officer, director, official, member or employee;
       ii) joining in any act for conformity;
       iii) any loss, damage or expense happening to the Association
           (I) through the insufficiency or deficiency of title to any property acquired on behalf of the Association; or
           (II) for the insufficiency or deficiency of any security upon or in which any of the monies of the Association are placed out or invested;
       iv) any loss or damage arising from the bankruptcy, insolvency or tortious act of any person, firm or corporation with whom or which any monies, securities or assets are lodged or deposited;
       v) any loss, conversion, misapplication or misappropriation of any monies, securities or other assets belonging to the Association;
       vi) any damage resulting from any dealings with any monies, securities or other assets belonging to the Association; or
       vii) any other loss, damage or misfortune which may happen in the execution of or in relation to the duties of the office or trust;
unless the act or omission happens by or through the wrongful and wilful act, neglect or default of the officer, director, official or other member of the Association.

(b) No officer, director, official or other member of the Association is liable for any contract, act or transaction entered into, done or made for the Association, whether or not completed, if it has been authorized or approved by the Board of Directors;

(c) If any officer, director, official or other member of the Association
   i) is employed by or performs services for the Association other than in the individual’s role in the Association; or
   ii) is a member of a firm or a shareholder, director or officer of a company employed by or performing services for the Association;

the fact that the individual is an officer, director, official or other member of the Association shall not alter the individual’s entitlement to proper remuneration for the services performed.

22.1.2 Indemnities to Officers, Directors and Others

Every officer, director, official or other member of the Association, or other person who has undertaken or is about to undertake any liability on behalf of the Association or any company controlled by the Association, their heirs, executors, administrators and estates are indemnified out of the funds of the Association, from and against:

(a) all costs, charges and expenses incurred in the execution of the duties of the office
   i) in or about any proceedings commenced against the individual;
   ii) in respect of any other liability; and

(b) all other costs, charges and expenses incurred in relation to the affairs of the Association;

unless the costs, charges or expenses happen by or through the individual’s wrongful and wilful act, neglect or default.

Chapter 23. Winding Up the Association

23.1 In the event of the dissolution or winding up of the Association, it is specially provided that all of the assets remaining after the payment and satisfaction of the Association’s debts and liabilities shall be distributed to 1 or more organizations in Canada carrying on similar activities or having objects similar to 1 or more of the objects of the Association.

23.2 The Association is to carry on its operations without pecuniary gain to the Association’s members, and any profits or other accretions to the Association are to be used in promoting its objects.
Appendix A: CMA Divisions and CMA-Quebec Addresses

Doctors of BC
115–1665 Broadway West
Vancouver BC V6J 5A4
Tel: 604 736-5551
Fax: 604 736-3987

Alberta Medical Association
12230–106 Avenue NW
Edmonton AB T5N 3Z1
Tel: 780 482-2626
Fax: 780 482-5445

Saskatchewan Medical Association
201 – 2174 Airport Drive
Saskatoon, SK S7L 6M6
Tel: 306 244-2196
Fax: 306 653-1631

Doctors Manitoba
20 Desjardins Drive
Winnipeg, MB R3X 0E8
Tel: 204 985-5888
Fax: 204 985-5844

Ontario Medical Association
150 Bloor Street West, Suite 900
Toronto, ON M5S 3C1
Tel: 416 599-2580
Fax: 416 340-2944

Quebec Medical Association
3210-381, rue Saint-Antoine ouest
Montréal QC H2Y 3X7
Tel: 514 686-0860
Fax: 514 686-0870

New Brunswick Medical Society
21 Alison Blvd
Fredericton NB E3C 2N5
Tel: 506 458-8860
Fax: 506 458-9853

Doctors Nova Scotia
25 Spectacle Lake Drive
Dartmouth NS B3B 1X7
Tel: 902 468-1866
Fax: 902 468-6578

Medical Society of Prince Edward Island
2 Myrtle Street
Stratford PE C1B 2W2
Tel: 902 368-7303
Fax: 902 566-3934

Newfoundland and Labrador Medical Association
164 MacDonald Drive
St. John’s NL A1A 4B3
Tel: 709 726-7424
Fax: 709 726-7525

Yukon Medical Association
5 Hospital Road
Whitehorse YT Y1A 3H7
Tel: 867 393-8749

Northwest Territories Medical Association
PO Box 1732, Station Main
Yellowknife NT X1A 2P3
Tel: 867 920-4575
Fax: 867 920-4578
Appendix B: CMA Affiliated Societies

Association of Medical Microbiology and Infectious Disease Canada
Canadian Academy of Geriatric Psychiatry
Canadian Academy of Sport and Exercise Medicine
Canadian Anesthesiologists’ Society
Canadian Association of Emergency Physicians
Canadian Association of Gastroenterology
Canadian Association of General Surgeons
Canadian Association of Medical Biochemists
Canadian Association of Nuclear Medicine
Canadian Association of Paediatric Surgeons
Canadian Association of Pathologists
Canadian Association of Physical Medicine and Rehabilitation
Canadian Association of Radiation Oncology
Canadian Association of Radiologists
Canadian Association of Thoracic Surgeons
Canadian Cardiovascular Society
Canadian Critical Care Society
Canadian Dermatology Association
Canadian Federation of Medical Students
Canadian Geriatrics Society
Canadian Neurological Society
Canadian Neurosurgical Society
Canadian Ophthalmological Society
Canadian Orthopaedic Association
Canadian Paediatric Society
Canadian Psychiatric Association
Canadian Rheumatology Association
Canadian Society for Vascular Surgery
Canadian Society of Allergy and Clinical Immunology
Canadian Society of Cardiac Surgeons
Canadian Society of Colon and Rectal Surgeons
Canadian Society of Endocrinology and Metabolism
Canadian Society of Internal Medicine
Canadian Society of Otolaryngology
— Head and Neck Surgery
Canadian Society of Palliative Care Physicians
Canadian Society of Plastic Surgeons
Canadian Thoracic Society
Canadian Urological Association
Occupational Medicine Specialists of Canada
Public Health Physicians of Canada
Resident Doctors of Canada
Society of Gynecologic Oncologists of Canada
Society of Obstetricians and Gynaecologists of Canada
Trauma Association of Canada
Appendix C: CMA Associated Societies

Canadian Association of Physicians for the Environment
Canadian Association of Physician Innovators and Entrepreneurs
Canadian Association of Physicians with Disabilities
Canadian Life Insurance Medical Officers Association
Canadian Medical Protective Association
Canadian Society of Addiction Medicine
Canadian Society of Clinical Neurophysiologists
Canadian Society of Physician Leaders
Canadian Spine Society
Federation of Medical Regulatory Authorities of Canada
Federation of Medical Women of Canada
Occupational & Environmental Medical Association of Canada
Society of Rural Physicians of Canada
Appendix B: CMA Non-consolidated financial statements

Login required - please click on the link above and enter your CMA credentials
Annex 2: Nominations Committee Report
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

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.
16.2 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>
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<tbody>
<tr>
<td>President-Elect</td>
<td>Katharine Smart, MD</td>
<td>08/2020 – 08/2021</td>
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<tr>
<td>Board of Directors</td>
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<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>
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<tr>
<td>Yukon</td>
<td>Alexander Poole, MD</td>
<td>08/2020 – 05/2023</td>
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<tr>
<td>Residents</td>
<td>Michael Arget, MD</td>
<td>08/2020 – 08/2021</td>
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<tr>
<td>Students</td>
<td>Victor Do, MD</td>
<td>08/2020 – 08/2021</td>
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<tr>
<td>Ethics Committee</td>
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<tr>
<td>Residents</td>
<td>Olivia Lee, MD</td>
<td>08/2020 – 08/2021</td>
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<tr>
<td>Students</td>
<td>Ms. Gali Katznelson*</td>
<td>08/2020 – 08/2021</td>
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<td>Audit and Finance Committee</td>
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<tr>
<td>Member-at-large</td>
<td>Christopher Jyu, MD*</td>
<td>08/2020 – 05/2023</td>
</tr>
<tr>
<td>Appointments Committee</td>
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<tr>
<td>Member-at-large</td>
<td>Alika Lafontaine, MD*</td>
<td>08/2020 – 05/2023</td>
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<tr>
<td>Nominations Committee</td>
<td></td>
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<tr>
<td>Yukon</td>
<td>Yong “Jason” Xiao, MD</td>
<td>08/2020 – 08/2021***</td>
</tr>
<tr>
<td>Northwest Territories</td>
<td>Courteney 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>
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<td>Ontario</td>
<td>Albert Ng, MD*</td>
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<td>Québec</td>
<td>Laurent Marcoux, MD*</td>
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<td>Nova Scotia</td>
<td>Andre M. Bernard, MD*</td>
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<td>New Brunswick</td>
<td>Chris Goodyear, MD*</td>
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<td>Prince Edward Island</td>
<td>Larry Pan, MD</td>
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<td>Newfoundland</td>
<td>Lynn Dwyer, MD</td>
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<td>Affiliates</td>
<td>Flordeliz “Gigi” Osler, MD</td>
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<td>Residents</td>
<td>Michael Arget, MD*</td>
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<tr>
<td>Students</td>
<td>Victor Do, MD</td>
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*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.
Michael Arget

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 in 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 addressing 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**
- 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); 1-10.1186/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 Katznelson

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

Oral Presentation:
• Katznelson, 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=FgYaklWOK4 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/.

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 practise is located in downtown St. John’s. It is a diverse general family practise, 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.