
CMA BOARD OF DIRECTORS MARCH 2018 MEETING HIGHLIGHTS

CMA 2020's vision – A vibrant profession and a healthy population – seeks to strengthen CMA as a social enterprise advocating for issues and causes that matter. As part of our new strategy, the Board has been 'unpacking' what it means to 'bring a patient-centred perspective' to CMA's work and realizing the vision of a healthy population. The Board approved terms of reference for a new Patient Voice group to provide insights on patient engagement strategies and highlight emerging issues that matter to patients and the public. The Board also supported, subject to bylaw approval, the addition of a non-physician director to the Board to bring the patient perspective to its deliberations.

The Board also studied the results of the discussion series on physician engagement and discussed these implications for [CMA 2020](#) and realizing the vision of a vibrant profession. Building a vibrant profession starts with the health and wellness of our members. Developing a new understanding of medical professionalism that reflects contemporary professional responsibilities and expectations is also key to delivering on this vision. The Board will continue its deliberations in May on next steps in this area.

Research is underway on issues and causes that would best support and achieve the objectives set out in CMA 2020. The Board is expected to hold a session in May to look at a preliminary set of issues and criteria to support CMA's vision. A workshop is also planned during the [Health Summit](#) this August.

Advocacy initiatives

[Proposed tax changes](#) – We're continuing our partnership with the [Coalition for Small Business Tax Fairness](#) and raised our concerns with government on the proposed changes to taxation. We also provided a [reaction](#) to the federal government's announcement on income sprinkling in December 2017. On March 1, President-Elect Dr. Gigi Osler was a panel member at the [Canadian Club of Ottawa](#) discussion on tax reform, sharing concerns with the gender implications of the proposed changes. And, in follow up to the federal budget, tabled on Feb. 27, CMA issued two statements. The first was in reaction to the [revisions to the CCPC](#) while the second focused on [seniors care](#). Over 40,000 letters have been sent since we launched our campaign last summer and we continue to support our members' local advocacy efforts, including meeting with their MPs.

[Regulating and legalizing cannabis](#) – In early February, we submitted a [series of recommendations](#) to Health Canada on the proposed regulations on health products containing cannabis. Despite being regulated by Health Canada, health products containing cannabis undergo different levels of scrutiny compared to prescription drugs. In our submission, we recommended that government and health professionals design cannabis labeling and packaging to emphasize the health risks associated with consumption. Like tobacco and cigarettes, cannabis packaging and labeling provide an opportunity to raise awareness of the health, social and economic harms of use, especially in youth.

[National seniors' strategy](#) – We now have 60,000 public supporters on [Demand A Plan](#). We've recently released two new videos on the need for improved home care ([Home for the holidays](#) and [Now it's time to fight for the rights of our seniors](#)), and have a third on healthy communities planned for the near future. We also recorded our first-ever [podcast](#) on innovation in seniors' care with Bruyère Continuing Care in Ottawa.

[Policy initiatives](#) – The Board approved a request for stakeholder consultations on a new Code of Ethics and Professionalism; approved new CMA Guidelines for Smartphone Clinical Photo Taking and Sharing in Canada (available shortly at <http://policybase.cma.ca/dbtw-wpd/CMAPolicy/PublicB.htm>); and conducted its annual policy review and rescinded as appropriate CMA policy documents, resolutions and briefs that were out of date or superseded by newer policy.

[Health Summit](#) – CMA's new [Health Summit](#) will engage and mobilize a large number of participants on the theme of 'Inspiring a Future of Better Health.' Join us on Aug. 20-21 in Winnipeg (online registration coming later this month) to explore how we can:

- embrace innovation to achieve culturally inclusive and more accessible care;
- leverage technology to enable and encourage patient-centred care;
- prepare patients and physicians for the world of AI, robotics and disruption;
- accelerate change and embrace technology to better serve vulnerable populations; and
- prioritize the values of humanity, inclusivity and responsive care when designing a future of better health.

Annual General Meeting – Draft agenda Aug. 22, 2018:

- Presentation of Annual Report (incl. 2019 membership fees)
- Appointment of Auditors
- Approval of Bylaw Amendments
- Installation of President and inaugural address

FAQs to address transitions to the AGM from General Council and new member proposals are available [here](#) (online submission forms will be available on [cma.ca](#) later this spring – so please check back).

General Council – Draft agenda Aug. 22, 2018:

- Code of Ethics 150th anniversary celebration and revisions
- Elections

This year's GC will be special in many ways but most notably as attendees review a new Code of Ethics and Professionalism and celebrate the 150-year anniversary of CMA's first Code.

Awards – The Board approved honorary memberships (which will be presented at respective PTMA meetings) and the recipients of the awards of distinction for 2018. Awards will be presented during the gala in Winnipeg, on Tuesday, Aug. 21.

Registration information will be available shortly on [cma.ca](#). In the meantime, save the date – Aug. 19-22, 2018 in Winnipeg – and attend the summit, AGM and General Council.

Governance – Future Board Model – Subject to the approval of bylaw amendments at the AGM in August, the Board is recommending moving forward with a model that would reduce the Board's size in 2019 to one seat for each province/territory, as well as seats for our students and residents. The new model would also allow us to add a seat for a non physician who can bring a patient perspective to our deliberations and help us deliver on CMA 2020. There would also be seats for the President, President-Elect and Immediate Past President and a Chair (total seats 18-19).

Governance – Elections – With the potential culmination of General Council in 2018, the current election process needs to be replaced. Inclusion of the membership in electing key positions supports CMA's efforts to be a more member focused organization. The Board is recommending that elections for the President-Elect and Directors take place electronically (online voting) within each province/territory for each respective/available seat (as is currently done with the president-elect nominee elections). Results would be announced to the membership and successful candidates introduced at the AGM. Changes are subject to bylaw approval in August. If approved, a call for available positions would be sent this fall.

Governance – Committee structure – In addition to the above, the Board is also recommending that due to the potential culmination of General Council, the election of at-large members to committees, including the Committee on Ethics, as well as committee reporting would move to the Board. The Board would continue to use working groups and task forces for topic-specific projects.

CMA Foundation – New Healthy Canadians grants will be disbursed to Canadian charitable organizations across Canada (one-year pilot funding commitment of \$150,000 in total for 14 grants). Each grant will support projects to improve the quality of life of Canadian patients and at-risk populations. Each application must have a physician sponsor. The program is designed to support innovative health initiatives that are community run. Details to be available on [cma.ca](#) shortly.