REPORT OF THE NOMINATIONS COMMITTEE

RAPPORT DU COMITÉ DES MISES EN CANDIDATURE
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NOMINATION AND ELECTION PROCEDURES

CMA welcomes the participation of members in its electoral process and encourages diverse participation. 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 Committee on Nominations Chair will refer to these procedures during the elections.

2019 Highlights

• The Committee on Nominations enhanced 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 Committee on Nominations participated in several meetings with PTMA stakeholders to answer questions as well as to share insight into the current needs of the CMA Board.
• This heightened collaborative approach was adopted in response to feedback that the CMA strive toward a more inclusive Board of Directors that represents the diversity of its membership.

Call for nominations

• 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 Committee on Nominations approves and presents the Committee on Nominations Report to General Council.
• Nominee bios put forward by the Committee on Nominations are available here; any outstanding bios will be distributed electronically as soon as possible as set out in these procedures.

General Council

• During the AGM opening remarks, the chair will note that any additional nominations for the position of president-elect must be submitted to the speaker or the deputy speaker by the end of the AGM for consideration at General Council (nomination forms available by contacting cmagc@cma.ca). Each nomination will contain the full name and address of the nominee and the names and signatures of the five delegates making the nomination; the nomination must be accompanied by a bio.
• The Chair will also encourage members to notify the speaker if they are planning to be nominated from the floor of General Council for any other elected positions; only those individuals who notify the speaker of their intention to run for an elected position in advance of the AGM will have their bio distributed electronically.
• Delegates will be notified at the beginning of General Council if any additional nominations for the position of president-elect have come forward.
• In accordance with section 13.4 (d) of the CMA Bylaws, the immediate past president will preside over the elections at General Council.
• Prior to the elections, the Committee on Nominations Chair will refer delegates to the nominations and election procedures outlined in this document.
• Electronic voting will be employed; should any delegate ask that paper ballots be utilized, the Chair will call for a vote to select the preferred method.
• If paper ballots are chosen, the Chair will ask delegates to appoint scrutineers who will distribute and collect the paper ballots; the scrutineers will also count the ballots and one of the scrutineers will bring forward the result to the Chair. The Chair will then announce the successful candidate.
Elections

- The Chair will read the name(s) of the nominee(s) received by the Committee on Nominations (as noted in its 2019 report) and will ask if there are further nominations for each position.
- If no additional nominations are received and there is only one nominee per position, the Chair will then declare the nominee (or slate of nominees where more than one position is available) duly elected.
- If any additional nominations are received, the Chair will identify the nominee(s). Note: nominations from the floor of General Council comprise those not reported by the Committee on Nominations and must be made by a delegate present at the time of the elections or by self-nomination.
- In the event of a vote, i.e., more than one nominee for a particular position, the Chair will invite each candidate (in alphabetical order), or their designate, to address delegates for two minutes. CMA will request again this year that we use plurality voting in elections when there are three or more candidates, as noted in the rules of conduct and procedural rules and guidelines for this meeting (see Operating Rules and Procedures 18.1(i)).
- In the case of an electronic ballot, the deputy speaker will receive the vote and bring it to the Chair.
- The election results will not be projected and the tally of votes for each nominee will not be revealed unless otherwise requested by any delegate as set out in the Operating Rules and Procedures (16.2).
- The Chair will announce the successful nominee(s).
- At the end of the elections, the Chair will entertain a motion to destroy all ballots.
- All terms will commence immediately following the Health Summit.

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 elected at General Council for the position the following year, their interim year served will not count towards their term.

CMA media services

- CMA will not distribute any election material, other than the bios, on behalf of any nominee for any office.
- CMA’s news conference room is for the exclusive use of the CMA president or designates.
- Interviews and scrums can be held on-site at General Council, with the exception of the main meeting room and the news conference room.
- CMA will not produce nor distribute any material directly to the media on behalf of any organization or nominee; a nominee’s biography, news releases and other material can be placed in the media room.
- Nominees or their representatives will not have access to CMA computers, printing services, phones, or other communication services for purposes related to the elections.
- Nominees have access to the reporters’ room solely at the invitation of registered media.
- While CMA staff will not facilitate media requests for nominees, they will provide reporters with contact information for either the nominee or his/her representative.
- A participant list will be provided at the time of registration; contact information for delegates is not provided, consistent with CMA’s privacy policy.
Chapter 12. Nominations

12.1 Committee on Nominations

12.1.1 General Council shall annually elect the members of the Committee on Nominations, which shall be comprised of 1 member from each province/territory, 1 member representing the affiliate societies, 1 resident member, 1 student member and the Immediate Past President of the Association who shall chair the Committee on Nominations. The process and rules for making nominations for election to the Committee on Nominations shall be contained in the Association’s Operating Rules and Procedures. The Committee on Nominations shall meet at the request of the Board of Directors. A quorum at any meeting of the committee shall be 10.

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.

(c) any 5 delegates provided that such nomination is presented to General Council in session on the first day of General Council.

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.

12.4.3 When the report of the Committee on Nominations has been received by the General Council in session, except in the case of nominations under 12.3.4, other nominations may be proposed from the floor.

Election excerpts from the CMA Operating Rules and Procedures

12) Nominations for election to the Committee on Nominations

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

12.1 Nominations for the Committee on Nominations:

(a) shall for the divisional member, be submitted by each division or by 50 members of the division;

(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.

12.2 If there is more than one nomination for any position, a ballot shall then be taken for that position.

13) Nomination procedures for positions elected by General Council via the Committee on Nominations Report

CMA welcomes the participation of members in its electoral process and encourages diverse participation. CMA will respect its Bylaws and Operating Rules & Procedures in all elections and is committed to a fair, transparent, effective and expeditious process.

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

13.1 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;
shall, together with the bio, be transmitted to all delegates of General Council; CMA will not distribute any
election material, other than the bios, on behalf of any nominee for any office; and

may be withdrawn up to the time of the election by the request of the nominator

13.2 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 the winner by acclamation.

13.3 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.

14) 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:

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

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

15) Nomination for the position of President-Elect

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

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

15.2 Any division may submit 1 nomination for the office of President-Elect, except that in the event of a tie during a
divisional election, the division may submit more than 1 nominee.

15.3 Any 5 delegates to General Council may submit a nomination for the office of President-Elect provided such
nomination is submitted to the Committee on Nominations before the close of the AGM.

16) Voting at meetings of the Association

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

16.1 Except as otherwise provided in the Bylaws including the rules of order referenced in section 18.1 or these
Operating Rules and Procedures, questions shall be decided by a simple majority of the votes cast. In the case
of an election, if more than 2 candidates are on the ballot and no candidate receives more than 50% of the
votes cast, the candidate receiving the lowest number of votes is retired from the ballot and another vote is taken
involving the remaining candidates. This process is repeated until one candidate obtains the majority of votes
cast.

(a) Tie Vote Procedure (3 or more candidates)

In an election where more than 2 candidates are on the main ballot, in the event there is a tie for the lowest
number of votes and no candidate receives more than 50% of the votes cast, a vote will be taken between
only the tied candidates (a “Tie Breaker”). In a Tie Breaker, the candidate receiving the lower number of votes is retired from the main ballot and the candidate receiving the higher number of votes is included on
the main ballot for a revote between all remaining candidates. If the Tie Breaker results in a tie, the names
of the Tie Breaker candidates shall be entered into a random draw to be made by the Chair of the meeting.
In that event, the name drawn by the Chair is included on the main ballot for a revote between all
remaining candidates, and the other Tie Breaker candidates are retired from the main ballot.

(b) Tie Vote Procedure (2 candidates)

In an election between only 2 candidates, if there is a tie, a second vote will be taken and the candidate
receiving more than 50% is the successful candidate. In the event of a tie on the second vote, the names of
the candidates shall be entered into a random draw to be made by the Chair of the meeting. In that event,
the name drawn by the Chair is the successful candidate.

16.2 Unless a poll is demanded, a declaration by the chair of the meeting as to whether or not the question or motion
has been carried shall be evidence of the fact without proof of the number or proportion of the votes recorded in
favour of or against the motion or for any candidate. On the request of any person eligible to vote, the Chair
shall announce the exact count of the poll.
16.3 With the consent of the members at a meeting of the Board of Directors or a Committee, questions may be decided on the basis of consensus without voting.

17) Vacancy in the office of President-Elect

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

17.1 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 divisions, delegates to the preceding General Council and all other 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 in writing to the Chief Executive Officer by any division or any 50 members of the Association within 30 days of the issue of the call for nominations.

(c) The Committee on Nominations shall convene a meeting by teleconference to consider the nominations and to make its recommendation.

(d) Members of the preceding General Council will be advised of the Committee on Nominations’ recommendation and be invited to submit other nominations for the office. Such nominations must be received by the Committee on Nominations within 15 days from the date of mailing the call for additional nominations.

(e) In the event that there is more than one nomination for the position, each member of the preceding General Council shall be sent a ballot containing all nominations.

(f) Ballots shall be returned to the Chief Executive Officer of the Association within 21 days of mailing.

(g) The Chief Executive Officer shall count the ballots.

(h) The Chair of the Board of Directors shall declare the person receiving the most votes elected.

17.2 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 divisions, delegates to the preceding General Council 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, for the Association year immediately following the Annual Meeting of members, shall be submitted in writing to the Chief Executive Officer by any division or any 50 members of the Association.

(c) Nominations shall be eligible for consideration by the Committee on Nominations if they are received by 5 pm, local time, on the day preceding General Council.

(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, on the day preceding General Council and before the adjournment 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.
PROCÉDURES POUR LES MISES EN CANDIDATURE ET LES ÉLECTIONS

L’AMC souhaite que les membres participent à son processus électoral et encourage une participation diversifiée. L’AMC respectera ses Règlements et ses Règles et procédures de fonctionnement dans le cadre de toutes les élections et veillera à ce que le processus soit équitable, transparent, efficace et rapide. Les procédures électorales qui ne sont pas définies explicitement dans les Règlements ou dans les Règles et procédures de fonctionnement seront soumises aux règles des assemblées délibérantes. Le président du Comité des mises en candidature se reportera à ces procédures au cours des élections.

Points saillants de 2019

- Le Comité des mises en candidature a rehaussé sa collaboration avec les associations médicales provinciales et territoriales (AMPT), la Fédération des étudiants et des étudiantes en médecine du Canada et Médecins résidents du Canada, au sujet de mises en candidatures pour les futurs postes vacants au sein du Conseil d’administration.
- Le président du Comité des mises en candidature a participé à plusieurs réunions avec des intervenants des AMPT pour répondre à des questions et pour faire connaître les besoins actuels du Conseil d’administration de l’AMC.
- Cette stratégie de collaboration rehaussée a été adoptée afin de donner suite à des commentaires pour que l’AMC cherche à créer un Conseil d’administration plus inclusif qui représente la diversité de ses membres.

Appel à candidatures

- Neuf moins avant l’AGA, l’AMC envoie un appel à candidatures à toutes les associations médicales provinciales et territoriales et aux sociétés affiliées. L’appel à candidatures est aussi affiché sur le site Web amc.ca. Il faut y répondre au plus tard cinq mois avant l’AGA. Le Comité des mises en candidature approuve le Rapport du Comité des mises en candidatures et le présente au Conseil général.
- Les notes biographiques des candidats présentés par le Comité des mises en candidature sont disponibles ici et toute note biographique manquante sera distribuée électroniquement le plus tôt possible, conformément aux procédures ci-énoncées.

Conseil général

- Au cours de son mot d’ouverture de l’AGA, le président d’assemblée signalera que toute candidature supplémentaire au poste de président désigné doit être soumise à l’orateur ou à l’oratrice adjointe avant la fin de l’AGA pour présentation au Conseil général (pour obtenir les formulaires de mise en candidature, il faut s’adresser à cmagc@cma.ca. Chaque mise en candidature contiendra le nom et l’adresse au complet du candidat, ainsi que les noms et signatures de cinq délégués qui proposent la candidature, à laquelle il faut joindre une note biographique.
- Le président d’élection encouragera aussi les membres à prévenir l’orateur s’ils prévoient proposer, à partir du parquet du Conseil général, une candidature à tout autre poste électif. Seules les personnes qui préviendront l’orateur de leur intention de se présenter à un poste électif avant l’AGA pourront faire distribuer leur note biographique électroniquement.
- Les délégués seront prévenus au début du Conseil général si d’autres candidatures au poste de président désigné ont été présentées.
- Conformément à l’alinéa 13.4 d) des Règlements de l’AMC, le président sortant présidera les élections au Conseil général.
- Avant les élections, le président du Comité des mises en candidature renverra les délégués au présent document.
- Les délégués voteront par scrutin électronique. Si un délégué demande l’utilisation de bulletins papier, le président d’élection passera au vote pour choisir la méthode préférée.
- Si les délégués choisissent les bulletins papier, le président d’élection leur demandera de nommer des scrutateurs qui distribueront et recueilleront les bulletins de vote. Les scrutateurs les compteront et l’un d’entre eux présentera le résultat au président d’élection. Celui-ci annoncera ensuite le nom de la personne élue.

Élections

- Le président d’élection lira les noms des candidats reçus par le Comité des mises en candidature (tel qu’indiqué dans son Rapport aux membres 2019) et demandera s’il y a d’autres candidatures à chaque poste.
• S’il n’y a pas d’autres candidatures et s’il y a une seule candidature par poste, le président d’élection déclarera alors le candidat (ou chaque candidat de la liste lorsque plus d’un poste est disponible) dûment élu.

• S’il y a d’autres candidatures, le président d’élection identifiera les personnes en cause. Remarque : les mises en candidature à partir du parquet du Conseil général sont celles qui ne figurent pas dans le rapport du Comité des mises en candidature et ces candidatures doivent être proposées par un délégué présent au moment des élections ou par la personne qui pose elle-même sa candidature.

• En cas de vote, c.-à-d. si plus d’une personne pose sa candidature à un poste en particulier, le président d’élection invitera chaque candidat (en ordre alphabétique) ou son représentant désigné à s’adresser au Conseil général pendant deux minutes. Lorsqu’il y a trois candidats ou plus, l’AMC demandera encore cette année que l’on utilise un scrutin pluralitaire pour les élections, comme indiqué dans les règles d’assemblée, les règles de procédure et les lignes directrices énoncées pour cette assemblée (voir les Règles et procédures de fonctionnement, alinéa 18.1.i)).

• En cas de vote électronique, l’oratrice adjointe recevra le vote et le présentera au président d’élection.

• Les résultats des élections ne seront pas projetés et le décompte des votes reçus par chacun des candidats ne sera pas dévoilé, sauf si un délégué en fait la demande, conformément aux dispositions des Règles et procédures de fonctionnement (16.2).

• Le président annoncera les noms des candidats élus.

• À la fin des élections, le président acceptera une motion portant de détruire tous les bulletins de vote.

• Tous les mandats commenceront immédiatement après le Sommet sur la santé.

Démission d’un titulaire élu

En vertu de l’article 11.5.3 des Règlements, le Conseil d’administration pourvoit aux postes vacants qui surviennent en cours d’année, en raison de la démission d’un titulaire ou d’un autre événement imprévu, en nommant un titulaire intérimaire qui siège jusqu’à la fin de l’année de l’Association. Des élections, s’il y a lieu, ont lieu à l’assemblée suivante du Conseil général. Si le titulaire intérimaire nommé par le Conseil d’administration est élu par le Conseil général, la période de son intérim ne compte pas dans la durée de son mandat.

Services de média de l’AMC

• L’AMC ne distribuera aucun matériel électoral pour le compte des candidats à une charge, à l’exception de sa note biographique.

• La salle des conférences de presse de l’AMC est réservée exclusivement au président de l’AMC ou aux personnes désignées.

• Les entrevues et les points de presse peuvent avoir lieu sur place au Conseil général, sauf dans la salle de réunion et dans la salle des conférences de presse.

• L’AMC ne produira pas de matériel et n’en distribuera pas directement aux médias pour le compte de toute organisation ou des candidats. La biographie, les communiqués et autres documents des candidats peuvent être déposés dans la salle des médias.

• Les candidats ou leurs représentants n’auront pas accès aux ordinateurs, aux services d’impression, aux téléphones ni aux autres services de communication de l’AMC pour leurs besoins électoraux.

• Les candidats ont accès à la salle des journalistes seulement sur invitation des représentants des médias inscrits.

• Le personnel de l’AMC ne facilitera pas les demandes de contact entre les médias et les candidats, mais il fournira aux journalistes les coordonnées des candidats ou de leurs représentants.

• Une liste des participants sera fournie au moment de l’inscription; conformément à sa politique sur la protection de la vie privée, l’AMC ne fournira pas les coordonnées des délégués.

Extraits des Règlements de l’AMC qui concernent les mises en candidature et les élections

12.1 Comité des mises en candidature

12.1.1 Le Conseil général élit chaque année les membres du Comité des mises en candidature, qui se compose d’un membre de chaque division, d’un membre représentant les sociétés affiliées, d’un membre médecin résident, d’un membre étudiant et du président sortant de l’Association, qui préside le Comité des mises en candidature. Les procédures et les règles régissant les mises en candidature pour éléction au Comité des mises en candidature sont énoncées dans les Règles et procédures de fonctionnement de l’Association. Le Comité des mises en
candidature se réunit à la demande du Conseil d'administration. Le quorum de toute réunion du comité est de dix membres.

12.2 Admissibilité des candidats

12.2.1 Exception faite de l'administrateur non-médecin, seuls les membres de l'Association qui sont membres de la profession médicale peuvent être mis en candidature. Tous les candidats doivent soumettre aux lignes directrices des conflits d'intérêt tel qu'énoncé dans les Règles et procédures de fonctionnement. Tous les candidats doivent être résidents du Canada.

12.2.2 Seuls les membres de l’Association qui ont été membres pendant les cinq années consécutives précédentes peuvent être mis en candidature au poste de président désigné. Les candidats au poste de président désigné doivent soumettre aux lignes directrices des conflits d'intérêt tel qu’énoncé dans les Règles et procédures de fonctionnement.

12.3 Règles et procédures régissant les mises en candidature

12.3.1 Toute division ou tout groupe de 50 membres de l’Association peut présenter des candidatures aux postes d’orateur et d’orateur adjoint du Conseil général, de président du Comité d’éthique et de membre des comités d’éthique et des mises en candidature, et de membres élus des comités de la vérification et des finances, de la gouvernance et des nominations.

12.3.2 Les candidatures des membres du Comité d’éthique qui représentent respectivement les étudiants et les médecins résidents sont présentées conformément aux Règles et procédures de fonctionnement de l'Association.

12.3.3 Les mises en candidature au Conseil d’administration seront présentées au Comité des mises en candidature de la façon suivante :

a) Les candidatures des administrateurs représentant les provinces et territoires seront présentées par chaque division ou par le nombre requis de membres de la division qui sont membres de l’Association. Dix membres de l’Association d’une division comptant 99 membres ou moins de l’Association, 25 membres de l’Association d’une division comptant de 100 à 499 membres de l’Association, 40 membres de l’Association d’une division comptant de 500 à 999 membres de l’Association, ou 50 membres de l’Association d’une division comptant 1 000 membres de l’Association ou plus, peuvent présenter une candidature au poste d’administrateur représentant la province ou le territoire au Conseil d’administration.


c) Les candidatures de l’administrateur représentant les médecins résidents seront présentées par toute société affiliée représentant des médecins résidents, par 50 membres de toute société affiliée représentant des médecins résidents qui sont membres de l’Association. Seuls les médecins résidents membres de l’Association sont admissibles.

12.3.4 Les personnes ou groupes suivants peuvent présenter des candidatures au poste de président désigné, conformément aux Règles et procédures de fonctionnement de l’Association :

a) toute division;

b) tout groupe de 50 membres de l’Association;

c) tout groupe de cinq délégués, à condition qu’une telle candidature soit présentée au Conseil général réuni en session, le premier jour du Conseil général.

12.3.5 La procédure générale régissant les mises en candidature sera énoncée dans les Règles et procédures de fonctionnement de l’Association.

12.4 Responsabilités du Comité des mises en candidature

12.4.1 La tâche première du Comité des mises en candidature consiste à assurer le recrutement d’un leadership solide et équilibré pour l’Association. Plus particulièrement, les devoirs du Comité des mises en candidature sont les suivants :

a) lancer à l’ensemble des membres, des divisions et des sociétés affiliées, pas moins que neuf mois avant la prochaine AGA, un appel de candidatures aux postes suivants de l’Association dont le titulaire est élu : président désigné, orateur et orateur adjoint du Conseil général, administrateurs, président du Comité d’éthique et membres des comités d’éthique et des mises en candidature. L’appel de candidatures visera aussi, sous réserve des vacances survenues, jusqu’à deux membres du Comité de la gouvernance, jusqu’à
deux membres du Comité de la vérification et des finances et un membre du Comité des nominations. Seules les candidatures reçues au moins cinq mois avant l’AGA ou faites par le Comité des mises en candidature conformément à l’alinéa 12.4.1 e) peuvent être présentées au Conseil général par le Comité des mises en candidature;

b) interagir avec les divisions et les sociétés affiliées afin de rechercher et d’encourager des candidatures reflétant la diversité et la composition démographique des effectifs médicaux, et plus particulièrement l’équilibre entre les âges, les sexes, les cultures et les régions, ainsi que les exigences particulières de l’Association pour chacun des postes vacants à combler;

c) mettre sur pied et gérer un mécanisme permettant aux candidats de démontrer leur admissibilité et leur engagement;

d) mettre sur pied un mécanisme afin d’assurer que tous les candidats au poste d’administrateur comprennent les responsabilités qui incombent à cette charge et s’engagent à s’en acquitter;

e) choisir des candidatures uniquement parmi celles dont il a été saisi de la façon décrite aux présents Règlements ou dans les Règles et procédures de fonctionnement de l’Association; s’il n’est saisi d’aucune candidature admissible à un poste, le comité peut mettre en candidature une personne de son choix;

f) présenter à sa discrétion au Conseil général plus d’une candidature à n’importe quel poste;

g) en s’acquittant des devoirs susmentionnés, veiller au respect des exigences de l’Association pour l’admissibilité des candidats, énoncées à l’article 12.2 et dans les règles et procédures établies pour les mises en candidature par les Règles et procédures de fonctionnement de l’Association.

12.4.2 Le rapport du Comité des mises en candidature est remis à tous les délégués au Conseil général au moins 15 jours avant la réunion de celui-ci et il est présenté au Conseil général. Toute mise en candidature supplémentaire reçue par le Comité conformément aux présents Règlements et aux Règles et procédures de fonctionnement est alors présentée au Conseil général.

12.4.3 Lorsque le Conseil général réuni en session a reçu le rapport du Comité des mises en candidatures, d’autres candidatures peuvent être proposées du parquet, à l’exception de candidatures régies par l’article 12.3.4.

Extrait des Règles et procédures de fonctionnement de l’AMC qui concernent les élections

12) Candidatures au Comité des mises en candidature

Les dispositions suivantes s’appliquent conformément à l’article 12.1 des Règlements.

12.1 Les candidatures au Comité des mises en candidature sont présentées,

a) dans le cas des représentants des divisions, par toute division ou par tout groupe de 50 membres de la division;

b) dans le cas du représentant des sociétés affiliées, par les sociétés affiliées, ou par tout groupe de 50 membres de toute société affiliée;

c) dans le cas du représentant des étudiants en médecine, par la société affiliée d’étudiants en médecine, ou par tout groupe de 50 membres étudiants;

d) dans le cas du représentant des médecins résidents, par la société affiliée de médecins résidents, ou par tout groupe de 50 membres résidents.

12.2 S’il y a plus d’une candidature à un poste, on procédera à un scrutin pour ce poste.

13) Procédure de mise en candidature pour les postes élu par le Conseil général, par l’entremise du rapport du Comité des mises en candidature

L’AMC se réjouit de la participation des membres à son processus électoral et encourage une mobilisation diversifiée. Elle respectera ses Règlements ainsi que ses Règles et procédures de fonctionnement dans le cadre de toutes les élections et s’engage à ce que le processus soit équitable, transparent, efficace et rapide.

Les dispositions suivantes s’appliquent conformément à l’article 12.3.5 des Règlements.

13.1 Toute candidature à un poste élu par le Conseil général

a) est présentée par écrit ou par le biais d’un formulaire en ligne au chef de la direction;

b) est accompagnée d’une biographie;

c) donne le nom au complet et l’adresse;
d) doit être reçue au moins cinq mois avant l’AGA;


e) est remise par le chef de la direction au Comité des mises en candidature;


f) est communiquée avec la biographie à tous les délégués du Conseil général; l’AMC ne distribue pas de documents électoraux, sauf les biographies, pour le compte de tout candidat à toute charge;


g) peut être retirée jusqu’au moment des élections sur demande du proposant.


13.2 Le Comité des mises en candidature évaluera les candidatures, mènera des entrevues au besoin et dressera une liste de personnes candidates à l’intention des délégués au Conseil général. Dans l’éventualité où il n’y aurait qu’une seule personne candidate pour un poste, celle-ci sera déclarée élue par acclamation.


13.3 Conformément à l’article 12.2.1 des Règlements et aux lignes directrices sur les conflits d’intérêts adoptées par le Conseil d’administration, les administrateurs avec droit de vote et les présidents en exercice des associations médicales provinciales et territoriales ou des sociétés affiliées ne sont pas admissibles à un poste au sein du Conseil d’administration de l’AMC. Les personnes qui siégeaient au Conseil en mai 2018 ne sont pas visées par cette disposition et maintiennent leurs droits acquis.


14) Mises en candidature pour les postes de membre étudiant et de membre médecin résident du Comité d’éthique

Les dispositions suivantes s’appliquent conformément à l’article 12.3.2 des Règlements.

14.1 Les mises en candidature pour le poste de membre étudiant du Comité d’éthique sont présentées par la société affiliée d’étudiants en médecine, ou par tout groupe de 50 membres étudiants.

14.2 Les mises en candidature pour le poste de membre médecin résident du Comité d’éthique sont présentées par la société affiliée de résidents, ou par tout groupe de 50 membres médecins résidents.


15) Candidatures au poste de président désigné

Les dispositions suivantes s’appliquent conformément à l’article 12.3.4 des Règlements.

15.1 Le candidat doit être choisi au moyen d’un mécanisme de scrutin ouvert à tous les membres de l’Association que compte cette division et conformément à la procédure établie par le Conseil d’administration de l’Association.

15.2 Toute division peut présenter une (1) candidature au poste de président désigné, sauf dans le cas où un scrutin au sein de la division se conclut à égalité des voix; la division peut alors présenter plus d’un candidat.

15.3 Tout groupe de cinq délégués peut présenter une candidature au poste de président désigné, à condition de la présenter au Comité des mises en candidature avant la clôture de l’AGA.


16) Vote aux réunions de l’Association

Les dispositions suivantes s’appliquent conformément au chapitre 18 des Règlements :

16.1 Sauf dispositions contraires prévues dans les Règlements, y compris les règles mentionnées à l’article 18.1 de ceux-ci ou dans les présentes Règles et procédures de fonctionnement, les questions mises aux voix sont tranchées par une majorité simple des voix exprimées. Dans le cas d’une élection, s’il y a plus de deux candidats inscrits sur les bulletins de vote et qu’aucun candidat ne reçoit plus de 50 % des voix, le nom du candidat qui reçoit le moins de voix est rayé du bulletin et un autre vote porte sur les candidats restants. Le processus est répété jusqu’à ce qu’un candidat obtienne la majorité des voix exprimées.

a) Procédure relative à une égalité (3 candidats ou plus)

Au cours d’une élection où il y a plus de 2 candidats inscrits sur le bulletin de vote principal, s’il y a égalité entre les candidats qui obtiennent le moins de voix et qu’aucun candidat ne reçoit plus de 50 % des voix, un vote portera alors sur les candidats à égalité seulement (« bris d’égalité »). En cas de bris d’égalité, le nom du candidat qui reçoit le moins de voix est rayé du bulletin de vote principal et un autre vote porte sur les candidats restants. Le processus est répété jusqu’à ce qu’un candidat obtienne la majorité des voix exprimées.

b) Procédure à suivre en cas d’égalité (2 candidats)
Au cours d’une élection à 2 candidats seulement, s’il y a égalité, un deuxième vote a lieu et le candidat qui reçoit plus de 50 % des voix est élu. En cas d’égalité au deuxième tour, les noms des candidats sont entrés dans un tirage au sort auquel procède le président d’élection. La personne dont le nom est tiré par le président d’élection est alors élue.

16.2 Sauf si un vote est exigé, une déclaration du président d’élection qui indique si la question ou la motion a été adoptée ou non prouve le fait sans qu’il soit nécessaire de prouver le nombre ou le pourcentage des voix consignées pour ou contre la motion ou tout candidat. À la demande de toute personne ayant droit de vote, le président annoncera les résultats exacts du vote.

16.3 Avec le consentement des membres présents au cours d’une réunion du Conseil d’administration ou d’un comité, les questions peuvent être tranchées par consensus sans qu’un vote soit tenu.

17) Vacance au poste de président désigné

Les dispositions suivantes s’appliquent conformément à l’article 13.3.1 des Règlements.

17.1 Si le poste de président désigné devient vacant à tout autre moment que dans les 90 jours qui précèdent l’Assemblée annuelle, la procédure suivante s’applique.

a) Dès que la vacance est signalée, le chef de la direction :
   I) en avise les divisions, les délégués du Conseil général précédent et les autres membres de l’Association;
   II) lance un appel de candidatures.

b) Les candidatures au poste de président désigné sont soumises par écrit au chef de la direction par toute division ou tout groupe de 50 membres de l’Association, dans les 30 jours de l’appel de candidatures.

c) Le Comité des mises en candidature convoque une réunion par téléconférence pour étudier les candidatures et pour formuler sa recommandation.

d) Les membres du Conseil général précédent sont informés de la recommandation du Comité des mises en candidature et sont invités à soumettre à celui-ci d’autres candidatures que le Comité des mises en candidature doit avoir reçues dans les 15 jours suivant la date de mise à la poste de l’appel de candidatures supplémentaires.

e) S’il y a plus d’une candidature au poste, chaque membre du Conseil général précédent reçoit un bulletin de vote portant les noms de tous les candidats.

f) Les bulletins de vote sont renvoyés au chef de la direction de l’Association dans les 21 jours suivant leur mise à la poste.

g) Le chef de la direction compte les bulletins de vote.

h) Le président du Conseil d’administration déclare élue la personne qui a reçu le plus de votes.

17.2 Si le poste de président désigné devient vacant au cours des 90 jours qui précèdent l’Assemblée annuelle, la procédure suivante s’applique.

a) Dès que la vacance est signalée, le chef de la direction :
   I) en avise les divisions, les délégués du Conseil général précédent et tous les autres membres de l’Association;
   II) lance un appel de candidatures.


c) Le Comité des mises en candidature n’étudiera que les candidatures reçues avant 17 heures, heure locale, la veille du Conseil général.

D) Le Comité des mises en candidature étudie les candidatures et en présente une ou plusieurs au Conseil général. Si aucun candidat admissible ne lui a été présenté, le Comité peut désigner un candidat.

e) Si le poste devait devenir vacant après 17 heures, heure locale, la veille du Conseil général, et avant la fin du Conseil général, le Comité des mises en candidature sélectionne alors un ou plusieurs candidats de son choix à présenter au Conseil général.

f) Les élections se déroulent selon la procédure énoncée à l’article 13.1 des Règlements.
The names of the candidates received by the Committee on Nominations for CMA elected positions are listed below. Bios for each candidate are included following this report in the order they appear. Terms are up to 3 years, unless otherwise indicated.

### 2019 NOMINATIONS | MISES EN CANDIDATURE 2019

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<tr>
<th>POSITION</th>
<th>POSTE</th>
<th>NOMINEE</th>
<th>CANDIDATE</th>
<th>TERM</th>
<th>MANDAT</th>
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<tr>
<td>President-Elect</td>
<td>Présidente désignée</td>
<td>Ann Collins, MD</td>
<td>08/2019 – 08/2020</td>
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<td>Larry Pan, MD</td>
<td>08/2019 – 08/2022</td>
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<td>Québec</td>
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<td>Abdo Shabah, MD* **</td>
<td>08/2019 – 08/2022</td>
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<td>Residents</td>
<td>Médecins résidents</td>
<td>Melanie Bechard, MD</td>
<td>08/2019 – 08/2020</td>
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<td>Étudiants</td>
<td>Stephanie Smith, MD</td>
<td>08/2019 – 08/2020</td>
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<td>Chair</td>
<td>Président</td>
<td>Tim Holland, MD*</td>
<td>08/2019 – 08/2022</td>
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<td>08/2019 – 08/2020</td>
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<td>Yukon</td>
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<td>Résidents</td>
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<td>08/2019 – 08/2020</td>
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<td>Étudiants</td>
<td>Stephanie Smith, MD</td>
<td>08/2019 – 08/2020</td>
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* 2nd term | 2e mandat

** Committee on Nominations nominee under Bylaw provision 12.4.1(e) | Nomination par le Comité des mises en candidature en vertu de la règle 12.4.1(e) des Règlements
Dear New Brunswick Medical Society Colleagues,

Bonjour mes chères collègues,

It is with great anticipation that I seek election for CMA President-Elect for 2019. I am humbled by the colleagues who have offered me their support for my endeavour to be the spokesperson for Canadian physicians.

CMA has experienced many transitions over the last few years. It is now time to put the “rubber to the road” and be the strong and leading advocate on those issues that matter most to physicians and our patients! To have the resources to make a bold and powerful impact on the healthcare landscape is a position and opportunity held by no other organization in Canada.

Why should I be the next New Brunswick physician to hold this position? In essence, I have been “in training” for over 30 years for this job. I have experienced medical leadership and clinical care. I have developed my leadership skills through the local, provincial and national level culminating in the last five years at the Board of CMA. More importantly, I have stayed well-rooted in everyday medicine by caring for a family practice of 3000 patients, providing nursing home care and for many years working in the Emergency Department in Fredericton. Over twenty-five Family Medicine Residents have been learners in my office. I have connected with my community and beyond. My public service has included serving as the Chair of the Board of Governors at St. Thomas University. I know what it’s like to work with complex organizations – and I know how to get things done.

I can and will speak passionately on all issues of importance to the CMA in both of Canada’s Official Languages. Several key challenges impact New Brunswick doctors and those across the country.

Physician health and wellbeing will continue to be a strong focus. I will advocate for conditions that keep physicians healthy and give them a sense of satisfaction, pride and accomplishment. I believe that good physician health translates directly into good patient care.

Another area of concern for me is the care of an increasing number of our youth who are consumed by anxiety, depression, and addiction. The CMA needs to be the voice advocating for excellent systems and human resources to care for the mental health of our youth.

We need to push for a national strategy to care for seniors. Having physician resources to care for such an important population, and adequate training opportunities for the residents and young physicians who need those opportunities to practice competently, is key to our national success.

I look forward to this opportunity and need your support. Thank you.

Sincerely/cordialement,
ALLISON THOMAS KENNEDY

CURRENT POSITION: Family Practice with Horizon Health Network- Upper River Valley Zone. Work includes comprehensive family medicine in community clinic (group practice), inpatient care, emergency department shifts, weekly nursing home visit. Previously provided obstetric and anaesthesia care in community hospital.

MEDICAL EDUCATION:
- 9/80 - 5/84 - Dalhousie Medical School, Halifax, N.S.
- 6/84 - 6/85 - Rotating Internship, Royal Jubilee Hospital, Victoria B.C.
- 7/86 - 6/87 - Anaesthesia Residency Programme, Dalhousie University

MEDICAL DEGREES:
- 5/84 - M.D., Dalhousie University
- 7/85 - Diplomate of National Board of Medical Examiners
- 8/85 - Licentiate of the Medical Council of Canada (L.M.C.C.)
- 6/92 - Certificate of College of Family Physicians of Canada (C.C.F.P.)
- 11/04 - Fellow of College of Family Physicians of Canada (F.C.F.P.)

MEDICAL PRACTICE:
- 6/85 - 6/86 - Locum tenens work in British Columbia and Nova Scotia
- 7/87 - present - Family Practice, Perth-Andover Medical Clinic, Perth-Andover, NB
Larry Pan, MD, FRCPC

Dr. Larry Pan is a radiation oncologist and Head of the PEI Provincial Radiation Oncology Service. He obtained his Doctor of Medicine degree from the University of Toronto in 2004. He then completed residency training at McMaster University and received certification in Radiation Oncology as a Fellow of the Royal College of Physicians and Surgeons of Canada in 2009.

He has a strong interest in medical professionalism and health system innovation. He is motivated towards system transformational changes for sustainable high quality healthcare. At the patient level, Dr. Pan strives to provide the highest quality care possible to the patients he serves through compassionate clinical practice.

As an active member of the Medical Society of PEI, he is a member of MSPEI's Board of Directors and has served as Chair of the Board of Directors and Past-President. He also served as a member of the negotiations team (2014-2017) for negotiating the PEI physicians' contract between Health PEI, MSPEI, and Government of PEI.

Dr. Pan is also an Assistant Professor with the Department of Radiation Oncology, Dalhousie University. His other professional roles have recently included serving as Chair of the PEI Provincial Cancer Coordination Steering Committee, Chair of the Lung Action Group, and a member of the Canadian Partnership Against Cancer’s System Performance Steering Committee and Sustainable Systems Advisory Committee.

He is the recipient of PEI's Canadian Cancer Society 2017 Excellence in Medicine and Health Award.
Dr. Abdo Shabah

Dr. Abdo Shabah is an emergency physician, innovator and public health specialist. He has participated in many humanitarian missions, conducts research in information technology in disaster settings (founded HUMANITAS in 2013 to create technological solutions to assist emergency responders and others) and continues to serve in the International Emergency Response Unit with the Canadian Red Cross.

After many years practising in Quebec’s Northern regions (Nunavik), Dr. Shabah practiced in a Level I trauma centre in Montreal and has participated in aeromedical evacuations since 2007. He has been appointed medical director at many Canadian health care organizations and currently works as an associate professor at the University of Montreal while collaborating with many national and international universities and organizations for the development of humanitarian innovations.

Dr. Shabah holds an MBA from McGill University, as well as an MSc in Health care Administration and an MD from the University of Montreal. He also has a Certificate in Humanitarian Studies, Crisis/Emergency/Disaster Management from the Harvard School of Public Health.
Dr. Melanie Bechard is a fourth-year Pediatrics Emergency Medicine resident at the University of Ottawa. She served as President of Resident Doctors of Canada in the 2017-2018 academic year.

As a co-chair of RDoC’s 2016-2017 Practice Committee, Dr. Bechard helped to produce a literature review on Practice Management Training, collaborated with the CMPA to develop professionalism symposia, and developed resident career counselling tools. She has also served as a member of RDoC’s Governance & Nominating and Financial Audit & Risk Committees, as an RDoC liaison representative on over ten external committees, and as a member of the Board of Directors for the Professional Association of Residents of Ontario. Upon receiving her Doctor of Medicine in 2015, also at the University of Toronto, Dr. Bechard received the Cody Silver Medal for the third-highest standing among the 250 graduating students in the Doctor of Medicine program. She has also received the Dr. George K. Balkos Memorial Scholarship for Excellence in Bioethics, the Mary L. Cassidy Award for outstanding contributions to Faculty extracurricular activities, the Samuel J. Streight O.B.E., M.D. Scholarship in Internal Medicine, and many other awards. Currently she serves as chair of the 2018-2019 RDoC Awards Committee.
Stephanie Smith

Stephanie Smith is a 3rd year medical student at the Cumming School of Medicine. Prior to entering medical school, she was employed as a Critical Care Nursing Officer in the Canadian Armed Forces for 12 years. During that time, she completed two deployments at the Multinational Medical Unit in Kandahar, Afghanistan and a deployment with the Disaster Assistance Response Team to the Philippines following Typhoon Haiyan. Some of her favorite positions include being a senior instructor for Nursing Officers and Medical Technicians at the Canadian Forces Health Services Training Centre and nurse manager and simulation training coordinator at 1 Canadian Field Hospital.

Since arriving at medical school, Stephanie has been actively involved in the Calgary Medical Student Association as the VP External Affairs. This led to her appointment as student representative on the Alberta Medical Association and the College of Physicians and Surgeons of Alberta boards in 2017. She is currently the past-president of the Canadian Federation of Medical Students.
Tim Holland – Biography
Chair, CMA Committee on Ethics

After completing a degree in philosophy and psychology, Tim Holland began study at Dalhousie medical school in 2007. He took an elective focus in bioethics throughout his time at Dalhousie Medical School. Since completing his family medicine residency in 2013, he has continued to incorporate ethics into his life and career. He was elected as Chair of the Committee on Ethics for the CMA in 2016.

Aside from his role as Chair of Ethics, he is also a member of the Steering Committee for Canadian Clinicians for Refugee Care, Former Chair of the Policy and Health Issues Committee for Doctors Nova Scotia and the Past-President for Doctors Nova Scotia.

Aside from these "extra-curricular" pursuits, Dr. Holland splits his clinical time between Emergency Medicine and Family Medicine. In 2014, He founded the Newcomer Health Clinic in Halifax. Since that time, he has continued to be a Clinical Lead for this clinic which included overseeing the historic arrival of the Syrian Refugee Influx of 2016. Dr. Holland also shares a family practice at the Sipekne'katik Health Center in Indian Brook, Nova Scotia. He also works emergency department shifts in Truro, Nova Scotia.

During his first term as Chair of the Committee on Ethics for the CMA, he has overseen the development, drafting and publication of multiple important documents and projects. One of his first tasks as Chair was to oversee the completion of the CMA's most recent MAID policy. This was just on the heels of the MAID legislation coming into place and this issue was (and remains) very controversial with potentially polarizing perspectives. Thanks to an amazing collection of Committee members and CMA staff, the Committee on Ethics was able to publish a paper that has been widely endorsed by physicians on both sides of the debate.

While there have been several other important policies developed during his term, the publication of the new Code of Ethics and Professionalism is the Committee’s latest accomplishment. Whenever a new Code of Ethics is released, it is always with controversy and debate. This latest version is no exception. However, the current Code has received widespread approval and endorsement while sparking important, and much needed, debate on critical ethical issues facing our profession.

During Dr. Holland’s election speech in 2016, he provided a single election promise: He wanted people to be excited about ethics. However you feel about the new Code, the MAID policy, or any of the other policies drafted by the Committee on Ethics, you can’t deny that people are talking about Ethics. The discussion is engaged, excited and will hopefully guide our profession forward during this critical juncture in our history.
Max Deschner is a resident physician (PGY-1) in Internal Medicine at Western University. He received his medical degree from the University of Ottawa. With a background in political science, he is interested in how social mores and scientific progress influence the ever-changing ethical landscape faced by physicians. In the opportunity to serve on the CMA Committee on Ethics, he aims to represent residents’ views on challenging and often nebulous issues like Medical Assistance in Dying, cannabis legalization and the opioid crisis, as well as broader concerns about the changing nature of professionalism and accountability in medicine.

Early in medical school, Dr. Deschner took part in advocacy work as a member of the Canadian Federation of Medical Students’ “Committee on Health Policy.” He helped guide the CFMS General Assembly to endorse policy positions in support of national Pharmacare, culturally-safe improvements to Indigenous medical education and team-based primary care. Dr. Deschner also served as the Vice-President of External Affairs on the Aesculapian Society, the University of Ottawa’s medical student governing body. He represented the University of Ottawa to organizations including the Canadian Medical Association, the Ontario Medical Association, the Academy of Medicine Ottawa, the Canadian Federation of Medical Students and the Ontario Medical Students Association. In this role, he contributed to national discussions on ethical issues in Canadian healthcare. He voiced student concerns in the media on the need for uniform medical education curricula on Medical Assistance in Dying. He also re-designed the University of Ottawa’s Declaration of Professionalism by integrating evolving concepts in professionalism like social accountability, equity and quality improvement. Through this project, he became familiar with the CMA’s Code of Ethics and Charter of Shared Values.

More recently, Dr. Deschner has advocated on a personal level by writing opinion-editorials in Canadian media on important healthcare issues including improving access to opioid replacement therapy among prisoners, helping patients navigate the traumas of Adverse Childhood Experiences; and rolling out a basic income guarantee to improve food security and health outcomes in northern and Indigenous communities.

He is a recipient of a 2018 Ontario Medical Association Medical Student Achievement Award, the University of Ottawa Aesculapian Society Award and a Loran Award through the Loran Scholars Foundation.
Gali Katznelson

Brief introduction

Medical student at the Schulich School of Medicine and Dentistry, Western University, Class of 2022

Skills

- Master of Bioethics, Harvard Medical School, 2018
- Bachelor of Arts and Science, McMaster University, 2017

Additional Information

- Canadian Federation of Medical Students Committee on Health Policy member
- Ontario Medical Student Association Political Advocacy Committee member
- Schulich Political Advocacy Committee executive member
- University of Western Ontario Medical Journal Ethics and Law Section staff writer
- Class Council President
Justine Fair is a full-service rural GP who lives in Whitehorse, Yukon. Her practice includes inpatient care, obstetrics, abortion care, and she is a visiting doctor to the small town of Atlin, BC. She teaches visiting medical students and residents.

Locally she is involved in the hospital Maternal/Newborn Committee, a member at large of the Yukon Medical Association (YMA), and was a member of the YMA Negotiating Committee at the last round of negotiations. She currently sits on the CMA Committee on Nominations. She lives in Whitehorse with her 3 children.
Bio for CMA, 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=FglYakIWOK4 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.

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

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 is Past President of the Calgary and Area Physicians Association (CAPA) and a past representative to the board of the Calgary Health Region. 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.

As a 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 a current member of BOD FoodChek Inc. He serves on the Medical Advisory Board of the SADS Foundation. He is a past Board member of Unicef Canada and the Alberta Medical Association (AMA). He has been an MD-MP contact for the Canadian Medical Association.

Dr. Giuffre has served the Alberta Medical Association (AMA) as a member on numerous AMA committees, as a Board member, as President of AMA, and as a member of the Canadian Medical Association (CMA) Board of Directors.

Dr. Giuffre received a Certified and Registered Appointment by the American Academy of Cardiology, “Distinguished Fellow of the American Academy of Cardiology,” and in 2005 was awarded “Physician of the Year” by the Calgary Medical Society.
Dr. Siva Karunakaran – the SMA’s 52nd President - is a nephrologist from Regina. His connection to the SMA began when he was an RA delegate in 2006. In 2011, he joined the SMA Board of Directors. Born and raised in northern Sri Lanka, he came to Canada in 1991. He completed his medical degree at St. George’s University in Grenada and did further training in his specialty at the Medical College of Ohio in Toledo.
Dr. L. Fourie Smith

Dr. Smith has represented the Victoria District on the Board of Directors since 2011. He served as Honorary Secretary (2016-17) and Honorary Treasurer (2017-18) on the Doctors Manitoba Executive. In addition, he served as Chair of the Finance and Audit Committee (2017-2019). He previously served on the Strategic Planning Task Force (2016) and continues to serve on both the Insurance Committee and Finance and Audit Committee.

Born and raised in the Republic of South-Africa, Dr. Smith immigrated to Canada in the spring of 1998. Dr. Smith received his BSc and MBChB degrees from the University of the Orange Free State. He also holds the CCFP and FCFP designations from the College of Family Physicians of Canada.

Dr. Smith practiced rural family medicine in Vita, Manitoba from 1998 - 2003. He was the Medical Director, Family Medicine Clinic, Vita and District Health Center (2000-2003) and also served on the Standards Committee of the South-Eastman Regional Health Authority (2001-2003).

Dr. Smith moved to Winnipeg in 2004 and currently practices family medicine at the Dakota Medical Center where he serves as Medical Director. He has a special interest in Low Intensity Laser Therapy and is the Medical Director at Biotech Laser Rehabilitation Center. Another area of interest is standards as they apply to cannabinoid medicine, which led to his current position as Medical Director at CannaWay Clinic Affiliated Group, Manitoba.
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 Director’s 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 – Biography
CMA Committee on Nominations

André M. Bernard, MD, MSc, FRCPC, ICD.D
Board Chair, Doctors Nova Scotia
Staff Anesthesiologist, Nova Scotia Health Authority
Assistant 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

**Brief Introduction:**
President-Elect, New Brunswick Medical Society
General Surgeon - Fredericton, NB

**Skills:**
1993-1999 General Surgery Residency, Memorial University of Newfoundland
Fellow of the Royal College of Physicians and Surgeons of Canada
Member of the Royal College of Physicians and Surgeons of Canada
Board Representative, New Brunswick Medical Society
Dr. Wendy Graham, MD, CCFP

Originally from Rose Blanche, Dr. Graham completed both her MD (1997) and Family Medicine residency (1999) at Memorial University. She has spent her entire career in rural family practice. She also practices emergency medicine, outpatient care such as chemotherapy and inpatient care at the Dr. Charles L. LeGrow Health Centre in Port aux Basques. The Centre provides services through an interdisciplinary team approach to 9,000 residents living along the Southwest Coast. Dr. Graham makes house calls, visits personal care homes and provides palliative care in the home and in the Health Centre. She is an Associate Professor of Family Medicine with Memorial University. She teaches a high volume of both undergraduate and postgraduate learners. She is the Faculty Development coordinator for the Western Stream. Her current main research interest is in teaching rural and remote physicians research skills to improve not only their practice, but ultimately to improve healthcare in the communities they work. Wendy is a past president of the NLMA and the current co-chair of the Family Practice Renewal Committee.
Dr. Mithu Sen

Dr. Sen is Associate Professor Medicine, Divisions of Respirology, Critical Care & Sleep Medicine, Schulich Medicine & Dentistry (SSMD). She has been extensively involved in undergraduate, postgraduate, and continuing professional development since 2004.

She has been Director of Undergraduate Education, Postgraduate Education, Program Director in Critical Medicine (Adult), and is the founding Chair of the Canadian Critical Care Review Course. She has been Assistant Dean, Faculty Equity and Wellness since 2014 and was recently appointed Acting Vice Dean, Faculty Affairs, Schulich School of Medicine & Dentistry, Western University effective October 1, 2018 to June 30, 2019. This will be in addition to her current role as Assistant Dean, Faculty Equity and Wellness.

In this role, she has been the Chair of the Mentorship Oversight Committee, the Faculty Affairs Advisory Committee and the Faculty Wellness Committee. Her leadership included creating a Code of Conduct & Diversity Statement for Schulich Medicine & Dentistry. Her leadership at our school also created an international peer reviewed award winning Association of American Medical Colleges (AAMC) Faculty Wellness Program in 2016, 2017, and 2018.

Dr. Sen serves on The Associated Medical Service (AMS) Board of Directors, which oversees many aspects of education nationally including History of Medicine (including Hannah Chairs), award winning AMS Phoenix Project, and an important catalyst for healthcare innovations. She is the Chair of The AMS Grants Committee, funding innovative projects across Canada. She is an experienced Royal College of Physicians & Surgeons of Canada (RCPSC) appointed external surveyor for postgraduate training programs nationally. She is recognized nationally for her expertise in accreditation of academic institutions and training programs. She was serves on Fellowship Affairs Committee, along others (RCPSC). Her experience in health care and hospital systems, having been on the Board at London Health Sciences Centre (LHSC), Professional Staff Organization (PSO) President, and Medical Advisory Committee member, as well as Chair of LHSC Resuscitation Committee for more than 10 years, gives her experience significant breadth into hospital bylaws and important aspects of healthcare systems. She has significant insight into academic health sciences centres through her leadership journey.

She has been instrumental in developing health policy locally and nationally since 2008. Her experience as an educator and her influence is sought after in national projects and policies, including those setting precedence in the Canadian health care system, including the Fatigue, Risk, Excellence: A PanCanadian Consensus on Resident Duty Hours, published (2013), where she was recruited to serve on the Medical Education Expert Working Group (EWG) and contributing author as well as currently on the Fatigue Risk Management EWG. She presented the FRMS Symposium at the RCPSC International Conference for Residency Education in Quebec City, 2017.

Dr Sen was recruited in 2011 to The CanMEDS 2015 Project, to write milestones and elements in The Scholar, Life Long Learner EWG as a core member and a contributing author. This work is the fabric of all specialty and subspecialty program to translate into the CBME program. She has been continuing this work by writing Entrustable Professional Activities (EPA’s) at RCSPC. She was trained as trainer in the first RCPSC ASPIRE (Advancing Patient Safety in Residency Education. She was elected Chair of the Association of Faculties of Medicine of Canada Physician Health and Wellness Group, bringing undergraduate, postgraduate, and faculty affairs, work in this area and leading this initiative nationally. She is an integral member of RCSPC Steering Committee National Physician Health Strategy. She was an invited speaker at Canadian Medical Association (CMA) Canadian Conference on Physician Health (CCPH) Ottawa, 2017. She has been instrumental in the RCPSC Task Force on Physician Wellness, which was presented at The International Conference on Physician Health, Toronto 2018. She presented at the RCPSC International Conference on Residency Education in Halifax, 2018. She is the Chair of the Association of Faculties of Medicine of Canada (AFMC) Physician Health and Wellness, where her team is working on creating important wellness strategies across Canada among medical students (Canadian Federation of Medical Students, CFMS), She serves on the national RCSPC Specialty Committee, and is the Director of Education for The Canadian Critical Care Society. She serves on the curriculum Planning Committee and chaired the Ontario Thoracic Society (OTS) Better Breathing Conference in 2016. She has also been an instructor for Crucial Conversations (VitalSmarts) for over a decade.

Dr. Sen received The Cameron Gray Award (OTS) in 2000, Junior Teaching Award of Excellence in the Department of Medicine in 2008, and Dean’s Award of Excellence for Postgraduate Education in 2013. She received the AAMC “Best in Class International Award” in 2016 & 2017, for her leadership at SSMD in faculty vitality & wellness, resilience, and work life integration. The Group on Faculty Affairs (GFA), AAMC is the international expert group in Faculty Affairs, thus a great honour to win this peer reviewed international award two years in a row (2016 & 2017). This innovative work was the creation of a faculty wellness program at SSMD, Western University, that led to this prestigious international recognition of our University as a leader in this area of faculty affairs.
Dr. Michael Arget

Dr. Michael Arget is a third-year Internal Medicine resident at the University of Saskatchewan and the current President of Resident Doctors of Canada (RDoC). Dr. Arget is also a member of RDoC’s Governance & Nominating and Financial Audit & Risk Committees, as an RDoC liaison representative on numerous external committees. In 2018, he served as co-chair of RDoC’s National Resident Survey Team, overseeing the development and implementation of that nation-wide project. He has also served as RDoC Vice President (2017-2018), and as a member of the Board of Directors for Resident Doctors of Saskatchewan. Dr. Arget received his Doctor of Medicine in 2016 at the University of Calgary.

Dr. Arget served as a resident surveyor for the Royal College of Physicians and Surgeons of Canada, for an external accreditation review on behalf of the Royal College.
Stephanie Smith is a 3rd year medical student at the Cumming School of Medicine. Prior to entering medical school, she was employed as a Critical Care Nursing Officer in the Canadian Armed Forces for 12 years. During that time, she completed two deployments at the Multinational Medical Unit in Kandahar, Afghanistan and a deployment with the Disaster Assistance Response Team to the Philippines following Typhoon Haiyan. Some of her favorite positions include being a senior instructor for Nursing Officers and Medical Technicians at the Canadian Forces Health Services Training Centre and nurse manager and simulation training coordinator at 1 Canadian Field Hospital.

Since arriving at medical school, Stephanie has been actively involved in the Calgary Medical Student Association as the VP External Affairs. This led to her appointment as student representative on the Alberta Medical Association and the College of Physicians and Surgeons of Alberta boards in 2017. She is currently the past-president of the Canadian Federation of Medical Students.