

Minutes of the Annual General Meeting & General Council 2020

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Elected officials

AGM Chair and Vice Chair 2020

Chair	Ernst Schuster, MD
Vice-Chair	Melanie Bechard, MD

Board of Directors 2019-20

Chair	Suzanne Strasberg, MD
President	Stephen (Sandy) Buchman, MD
President-Elect	Ann Collins, MD
Past President	Gigi Osler, MD
Yukon	Rao Tadepalli, MD
Northwest Territories	Courtney Howard, MD (on leave)
British Columbia	Charles Webb, MD
Alberta	Carl Nohr, MD
Saskatchewan	Guruswamy Sridhar, MD
Manitoba	David Cram, MD
Ontario	Rachel Forman, MD
	Adam Steacie, MD
	Richard Tytus, MD
Québec	Abdo Shabah, MD
New Brunswick	Allison Kennedy, MD
Nova Scotia	Celina White, MD
Prince Edward Island	Larry Pan, MD
Newfoundland & Labrador	Yordan Karaivanov, MD
Public Member	Janet Ecker
Residents	Melanie Bechard, MD

Reports and updates

Welcome and Outline of the Meeting

1. The 153rd Annual General Meeting (AGM) was held virtually on Aug. 23, 2020. Dr. Ernst Schuster chaired the meeting; Dr. Melanie Bechard was the Vice Chair.

Annual Report from Board Chair, President's Valedictory Address and Francophone Spokesperson Update

2. Dr. Suzanne Strasberg, CMA Board Chair, presented highlights from the 2020 Annual Report to Members and thanked the membership for their dedication to the profession, their patients and communities in response to the COVID-19 pandemic. She noted that the CMA's vision of a vibrant profession and a healthy population has laid a solid foundation for an enterprise-wide strategic framework to deliver on CMA 2020, by prioritizing two flagship issues (physician health and wellness and access to care), three supporting areas of focus (virtual care, physician's financial well-being, and climate and health), driven by digital and social innovation, and guided by the principles of equity, diversity, engagement, accountability, transparency and impact.
3. Dr. Strasberg explained that the CMA Board began to discuss the next strategic plan – Impact 2040 – in the fall of 2019 by thinking further ahead into potential futures for health, health systems and the health workforce, and examining disruptive forces that could influence these futures. Unfortunately, the novel coronavirus hit North America and the CMA Enterprise had to pivot and shift its priorities to pandemic response and planning. The response has supported members and their patients in multiple ways, including advocacy for physical, mental and financial protection of physicians; championing virtual care; Joule COVID-19 Innovation grants; curated pandemic-related content in CMAJ; and notably, \$30M in grants from the CMA Foundation to support the medical community and vulnerable populations.
4. Dr. Strasberg noted that while the CMA Enterprise continues to respond to and consider the implications of the pandemic, the strategic planning process is underway at the Board level alongside periodic engagement opportunities with the membership, stakeholders, and partners. The plan is to deliver Impact 2040 in the spring of 2021.

5. CMA President Dr. Sandy Buchman reiterated the need for courage in Canadian medicine as physicians continue to combat COVID-19, which has brought to light many gaps in the health care system, the tragic state of many long-term care facilities, a lack of preparedness by all levels of government, and an underfunded public health system. He also highlighted that the medical response to the pandemic has revealed the strength, resiliency, expertise, compassion and value of the profession, and shown that the CMA is well-positioned and ready to confront the challenges of the pandemic and build on our ongoing work.
6. Dr. Buchman noted that health and healthcare systems have been at the forefront for both politicians and the public since the 2019 federal election, and the pandemic has now amplified the need to critically analyze the systems' strengths and weaknesses. The CMA is leading many of these important conversations. For example, earlier in 2020, the CMA, the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada (CFPC) finalized a roadmap for virtual care in Canada as part of their Virtual Care Task Force, which was well received by government stakeholders. The CMA has also lent a strong voice to advocacy efforts for sufficient personal protective equipment (PPE) for healthcare workers and is calling out and working towards ending systemic racism in medicine and analyzing medical culture. Dr. Buchman thanked his fellow directors, CMA staff and his extended family network for their support during his presidency.
7. Dr. Abdo Shabah, CMA's Francophone Spokesperson, focused his remarks on work being done to support Quebec physicians and the CMA's response to the pandemic. Since the dissolution of the Quebec Medical Association (QMA) by its members, the CMA has forged more fulsome relationships with federations in the province, including the Fédération des médecins omnipraticiens du Québec (FMOQ) and the Fédération des médecins spécialistes du Québec (FMSQ). The CMA has also curated and made available in both official languages a variety of credible, pandemic-related web content, CMAJ articles, and wellness/resiliency webinars. From a government relations perspective, the CMA has been a strong advocate for ensuring an appropriate supply of PPE in the province and applauds the Quebec government for quickly reimbursing telemedicine consultations at the outset of the pandemic.
8. Dr. Shabah highlighted that CMA in Quebec will help to act as a liaison between Quebec physicians and the other provinces on health and medical matters, and it is in regular contact with many Quebec Ministers, including the Premier. He also noted that the CMA Foundation donated \$1M to the four faculties of medicine in the province to support learners, and close to \$2M was provided to nine municipalities to support vulnerable populations through the CMA's collaboration with the Federation of Canadian Municipalities. In closing, Dr. Shabah noted that the Quebec Student Committee will be maintained, a symposium for physician executives is being planned for November, and a physician advisory group will be created to guide the CMA in Quebec when it needs to take a position on key issues for the profession.

Chair of Audit and Finance Committee Report and Appointment of Auditors

9. Dr. Guruswamy Sridhar, Chair of the CMA Audit and Finance Committee, provided an overview of the CMA Enterprise's financial position, noting that the Enterprise is in excellent financial health and that auditors have provided an unqualified audit opinion of the CMA's 2019 financial statements. Dr. Sridhar explained that the financial statements of the Association now include the consolidated results of its subsidiary, CMAH 2018 Inc. In keeping with governance best practices, the CMA initiated a request for proposal to solicit bids from potential auditors and, upon advice from the CMA Audit and Finance Committee, has decided to engage a new auditing firm for the next five years, subject to annual approval by the membership. Dr. Sridhar noted that the membership fees for students, residents and retired physicians will remain at zero for 2021; the fee for regular members will be maintained at \$195. He also noted that this is his last year in the Chair role and that CMA Board member Dr. David Cram has been named to the position.
(All motions were duly moved and seconded.)

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

Resolution AGM 20-01

Carried

Governance Committee Report and Approval of Bylaw Amendments

10. Dr. Carl Nohr, Chair of the CMA Governance Committee, outlined the proposed bylaw amendments in two areas: those related to the dissolution of the QMA and general housekeeping amendments. Related to the QMA dissolution, he explained that amendments were being put forth to ensure that Quebec physicians have the full complement of membership resources and that mechanisms are in place so these members can continue to be part of nominations and governance processes. He noted that the most significant housekeeping amendment was to confirm the option for both the AGM and GC to be held online, while other amendments were related to removing legacy references to align with current practice, such as the transitional provisions related to Board composition passed in 2018 that were no longer necessary.
11. Members engaged in a brief Question and Answer session about the governance changes. It was noted that the Health Summit, member policy proposals, online surveys and an enhanced AGM are some of the avenues being implemented to further increase member engagement.

The bylaw amendments included in the Appendix A of the Canadian Medical Association 2020 Report to Members are hereby adopted as the Bylaws of the Association.

Resolution AGM 20-02

Carried

General council

Opening

12. The General Council component of the AGM was chaired by Gigi Osler, Chair, CMA Nominations Committee.

General Council Ratification Vote

13. Only delegates were eligible to participate in the ratification vote, and nominations from the floor were no longer possible, stemming from bylaw approval adopted at the 2019 AGM. Dr. Osler explained the process to delegates and noted that new terms would commence following the close of the meeting.

President-Elect

14. Dr. Katharine Smart (YT) was confirmed as President-Elect for the 2020-21 association year.

Board of Directors

15. The following individuals were confirmed to the Board of Directors for a 3-year term, starting on August 23, 2020:
 - Dr. Alexander Poole (YT)
 - Dr. Clare Kozroski (SK)
 - Dr. Gerard MacDonald (NS)
 - Dr. Carl Nohr (AB) (2nd term)
 - Dr. Charles Webb (BC) (2nd term)
** Subject to the results of the upcoming Doctors of BC election in December 2020 (delayed due to COVID-19)
 - Dr. David Cram (MB) (2nd term)
16. The following individuals were confirmed to the Board of Directors for a 1-year term, starting on August 23, 2020:
 - Dr. Michael Arget (Residents)
 - Dr. Victor Do (Students)

Ethics Committee

17. The following individuals were confirmed to the Ethics Committee for a 1-year term, starting on August 23, 2020:
 - Dr. Olivia Lee (Residents)
 - Ms. Gali Katznelson (Students)

Audit and Finance Committee

18. The following individual was confirmed to the Audit and Finance Committee for a 3-year term, starting on August 23, 2020:
- Dr. Christopher Jyu (Member-at-large)

Appointments Committee

19. The following individual was confirmed to the Appointments Committee for a 3-year term, starting on August 23, 2020:
- Dr. Alike Lafontaine (Member-at-large)

Nominations Committee

20. The following individuals were confirmed to the Nominations Committee for a 3-year term, starting on August 23, 2020:
- Dr. Yong “Jason” Xiao (YT)
 - Dr. Courtney Howard (NT)
 - Dr. Carole Williams (BC)
 - Dr. Michael Giuffre (AB)
 - Dr. Allan Woo (SK)
 - Dr. Cory Baillie (MB)
 - Dr. Albert Ng (ON)
 - Dr. Laurent Marcoux (QC)
 - Dr. André M. Bernard (NS)
 - Dr. Chris Goodyear (NB)
 - Dr. Larry Pan (PE)
 - Dr. Lynn Dwyer (NL)
 - Dr. Flordeliz “Gigi” Osler (Affiliates)
 - Dr. Michael Arget (Residents) – one-year term
 - Dr. Victor Do (Students) – one-year term

General Council delegates will ratify en bloc all candidates as presented in the CMA Nominations Committee booklet and as presented during the elections on August 23, 2020.

Resolution GC 20-01

Carried

Q&A SESSION

Panelists: Drs. Buchman, Strasberg, and Shabah

21. Participants engaged the CMA leadership in a Question and Answer session. Highlights included:
- *Personal Protective Equipment:* While the CMA did not make any bulk PPE purchases to provide directly to physicians during the pandemic (due to its not-for-profit status), the CMA engaged in extensive government advocacy to encourage a longer-term, sustainable supply. The CMA Enterprise, whether through the CMA Foundation (Frontline Fund support of \$10M), Joule (Innovation Grant to PPE Access Canada), CMA (PTMA support of \$2.5M) or CMA Affinity Funding (\$4.6M to support additional pandemic relief efforts), has provided significant financial support for the Canadian medical community.
 - *Virtual Care and National Licensure:* CMA leadership explained that the recommendations of the Virtual Care Task Force report released in February of 2020 proved very timely and helped guide government, physicians and patients on how to maximize the use and efficiency of virtual care at the start of the pandemic. Physicians from across the country, are advocating for adoption of pan-Canadian licensure to allow physicians to provide virtual care more easily across provincial/territorial borders. Given that there is concern that governments may try to rollback the virtual care fee codes once the pandemic has subsided, the CMA will continue to work with stakeholders to secure virtual care as a permanent alternative care solution.
 - *Physician Health and Wellness:* A dedicated Physician Wellness and Medical Culture team has been created at the CMA, led by Dr. Caroline Gérin-Lajoie. Early in the pandemic, the team helped the CMA Enterprise disseminate a suite of resources aimed at supporting physician wellness and improving resiliency and psychological safety. More recently, the team launched a Wellness Support Line for counselling and mental health support, a Wellness Connection virtual space for group sessions on a range of wellness topics, and a Wellness Hub that provides an online collection of 300 health and wellness resources for physicians and medical learners. The team will be turning its attention to investigating the systemic factors (institutional, environmental, cultural) that contribute to physician burnout.
 - *Equity, Diversity, Inclusion and Anti-racism:* A new policy to support equity and diversity at all levels of the medical system was launched in 2020, coupled with a statement on anti-racism and the establishment of a Health Equity Framework to ensure all work of the CMA is considered through a health equity lens. More specifically, the CMA Enterprise has provided financial support for: the development of a simulation tool called *Stand Up for Indigenous Health*; a three-year pilot for fourth-year medical students in Saskatchewan to teach them about the role of the practitioner in indigenous wellness; and an Indigenous health care film series. The CMA has and continues to partner with relevant stakeholders to ensure a multi-stakeholder approach is employed to address issues of systemic racism and structural inequities. The CMA is also working towards a more diverse and equitable leadership cadre, encouraging nominations and expressions of interest from more women and marginalized groups.

- *CMA in Quebec*: QMA members voted to legally dissolve the QMA in late 2019. The CMA welcomes the opportunity to foster an even stronger relationship with the more than 10,000 physicians in Quebec and to collaborate with key stakeholders. The CMA is currently striking an advisory group to foster engagement and provide insights to help ground its work and build strong connections. Joule will be launching a French edition of CMAJ starting in 2021, while continuing to offer its Physician Leadership Institute program in French.
- *Supporting Alberta Members*: In response to the recent actions taken by the Alberta government, the CMA has worked closely with the Alberta Medical Association (AMA) to advocate for a fair negotiations process, while increasing financial support to \$4M to help with the AMA's research, legal and advocacy efforts, and encouraging physicians and the public to join the open letter writing campaign. The CMA continues to consult with all PTMAs on other ways to lend their collective support.
- *Access to Care*: Improving access to care for all Canadians is one of the CMA's flagship issues and strong advocacy work continues in this area. Philanthropic donations made by the CMA Foundation have targeted improving access to mental health services, particularly for youth and marginalized groups.
- *CMA Strategic Direction*: As the CMA closes out its current strategy, CMA 2020, and prepares for the next strategic plan, Impact 2040, the organization looks forward to working with its 78,000 members to drive change and have a substantive impact for physicians and their patients. The CMA Governance Committee will be looking at options for an inclusive and diverse skills-based Board of Directors over the coming year and hopes to bring back a recommendation to the membership at a future AGM.

Installation of President and Inaugural President's Address

22. Dr. Buchman introduced Dr. Ann Collins as the CMA's new President, noting her many clinical, educational and leadership accomplishments over the course of her medical career. She was then installed as CMA President for the 2020-2021 association year.
23. Dr. Collins addressed the audience about the need for many changes in the health system, especially given the stressors and pitfalls that have come to light during the pandemic. She explained that, like many Canadian physicians, she had immediately pivoted to providing virtual care for her patients and very quickly appreciated the great potential of this modality for improving access to care in Canada. Dr. Collins also noted that COVID-19 has confirmed the need to continue to prioritize physician health and wellness, including mental health. She echoed the need for immediate and urgent action to improve the long-term care system, as well the CMA's ongoing commitment to inclusion, diversity, and equity in the fight against systemic racism in medical culture. In closing, Dr. Collins thanked her family and in her particular her father for his encouragement and support in her journey to becoming a physician.
24. The meeting adjourned at 2:40 pm ET on Aug. 23, 2020.