

CMA annual meeting sees rare contested election for presidency

A rare contested election to lead the association and a seemingly innocuous non-smoking resolution prompted intense lobbying during the CMA's August annual meeting in Winnipeg.

By the time the meeting concluded Aug. 20, the CMA had a president-elect, Windsor GP Albert Schumacher, who had not been the official nominee from Ontario. And a resolution that would have forced the CMA to hold its annual meetings only in cities with public smoking bans was amended because of the logistical problems.



Dr. Albert Schumacher: nominated from the floor

Coming into the meeting, Dr. John Tracey, a GP from Brampton, Ont., and a newcomer to national medical politics, had been the official candidate to lead the CMA after the 2004 annual meeting (*CMAJ* 2003;168[11]:1455). Although only about 30% of members cast ballots, he had defeated 5 former Ontario Medical Association (OMA) past presidents in a runoff (*CMAJ* 2003;168[9]:1170). Tracey is a founding member of the Coalition of Family Physicians of Ontario, which has challenged the OMA's moves to negotiate alternative funding mechanisms for family doctors.

During the meeting, however, 2 unsuccessful candidates from the Ontario election, Schumacher and Dr. Ron Wexler, were nominated as president-elect from the floor, a rare although not unprecedented situation. Similar elections were held in 1979 and 1998.

In his nomination speech, Tracey urged delegates to respect the "democratic voice of the physicians of Ontario" and ratify his nomination, while Schumacher stressed his longstanding involvement in medical politics and advocacy on behalf of physicians and Wexler discussed fundamental issues facing the medical profession. Wexler was eliminated after the first round of voting, and Schumacher emerged as the successful candidate after the second round.

The other issue to prompt intense lobbying involved an attempt by Mani-

toba physicians to force the CMA by 2005 to limit its annual meeting sites to cities that have 100% indoor smoking bans in place.

If adopted, the motion would have forced the association to cancel contracts that have already been arranged for annual meetings up to 2008. More significantly, because of the limited number of cities across Canada with strong non-smoking bylaws, it would have prompted a fundamental reassessment of the CMA's traditional policy of electing a president from the province in which the annual meeting is held.

"This speaks to the vision of this association," said Dr. Jay Duncan, who proposed the motion. "There will be some cost, but we can do it."

Others noted that the CMA had already passed a motion urging governments to adopt strong antismoking regulations, and they felt the CMA should also set an example.

However, some delegates questioned the proposed timeframe. "We're all against smoking" said Dr. Harry Callaghan of PEI, "but the motion is going too far too quickly."

An attempt to refer the motion to the CMA board was unsuccessful, but an amendment proposed by outgoing President Dana Hanson to remove the strict timeframe and substitute the words "once current contractual commitments are honoured" was adopted. — *CMAJ*

Restore flexibility in postgraduate education, MDs beg

Correcting fundamental problems with medical education in Canada and addressing the shortage of family physicians appeared to be major priorities for delegates to the CMA's 2003 annual meeting.

They strongly endorsed motions supporting creation of a common PGY-1 year for medical graduates in order to provide more flexibility and encourage more students to enter family medicine.

Support for some form of rotating internship or common PGY-1 year has long been endorsed by the CMA. However, the decline in the popularity of family medicine and growing complaints from students forced to choose a specialty early

in training have caused alarm bells to ring.

The resolutions were debated after a session on issues surrounding the physician shortage and problems with medical education. Dr. Alecs Chochinov, chair of the CMA's Council on Medical Education, said the proportion of medical students choosing to enter family medicine has declined from 34.7% in 1997 to 24.8% this year. He said the growing debt load is one factor forcing students to select higher-paying specialties.

Chochinov also bolstered the case for a common PGY-1 year by noting that the number of physicians starting their careers in family medicine has declined from 80%

in the early 1990s to 45% today.

The only opposition came from an Ontario physician, a former nurse who said that the common entry year was "a year of service rather than education. I worked with you then. You were exhausted. You weren't learning."

Other resolutions called for:

- development of a national locum licence;
- establishment of an independent health institute for human resources to conduct research;
- more financial aid to offset escalating tuition fees for medical students. — *Pat Rich, CMAJ*