look at our model, maybe this will work,” Bajwa says.

Many of the clinics have opened in the year since the MMPR came into effect and each operates differently depending on provincial college policies.

In Ontario, for example, health practitioners must follow the College of Physicians and Surgeons’ policy on prescribing medicinal marijuana, which

Other provincial colleges appear to be more concerned about the use of telemedicine than payment.

In British Columbia, the college’s new rules around when telemedicine is appropriate, stipulate that the physician must have a long-term relationship with the patient, or be in direct communication with another physician or nurse practitioner who has such a relationship.

“Health Canada has put the burden on doctors to prescribe and most of them are not willing to prescribe....”

approves of telemedicine as long as the physician complies with the policy. But as for charging patients for a consultation, Ontario college spokesperson, Kathryn Clarke says the policy is clear: “Physicians must not charge patients or licensed producers of dried marijuana for completing the medical document, or for any activities associated with completing the medical document.” According to Bajwa the fee charged by his clinic for the physician consultation goes to National Access Cannabis, not the physician.

Other clinic owners say that some doctors charge a “risk compensation.” Recently, the College of Physicians and Surgeons of Manitoba began investigating reports that a doctor is charging \$300 a note to buy medical marijuana at a Winnipeg dispensary.

The registrar for the College of Physicians and Surgeons of British Columbia, Dr. Heidi Oetter, says “our caution around doing it by telemedicine simply reflects the fact that we think it’s a service that’s best provided face to face.” She adds, “It’s the one-offs that we’re concerned about.”

Prince Edward Island’s college also prohibits physicians from using the medical document to prescribe marijuana through telemedicine. Dr. Cyril Moyse, the registrar of the PEI College of Physicians and Surgeons, says “one of the issues is that you have to continue to monitor the patient for effectiveness.”

Not all the cannabis clinics use telemedicine. Pauline Garrard, the CEO of Canna Relief Consulting Canada in Mississauga, Ont. says she found it

unreliable. “We want to stay on the straight and narrow and doing all the required things that keep the doctors safe and that keeps us safe. We just want to make sure we do the right thing for patients.”

At her one-year-old clinic, staff educate and help clients sort their documents. If a member’s physician will prescribe the drug, membership costs \$150; if not, the fee is \$300, which includes finding a physician who will meet the client at an off-site clinic.

“The whole obstacle is that Health Canada has put the burden on doctors to prescribe and most of them are not willing to prescribe because they don’t have the information. So patients are the ones who lose because they don’t have access,” Garrard says.

In Vancouver, Medicinal Cannabis Resource Centre Inc., which opened in 2010, claims to be the first such clinic. It offers a hybrid of telemedicine and off-site clinics. The annual membership fee is \$275, walk-in appointments at an off-site clinic are \$275, and Skype consultations cost \$375.

CEO Terry Roycroft says “Physicians that have entrepreneurial spirit are looking at it as a new way to create a specialty line. — Shannon Lough, *CMAJ*

This is part one of a two-part series on medical cannabis clinics. Coming up: another clinic model is emerging that won’t cost the patient a dime.

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New CMA president tackles demographic issues

With the early call for a federal election, new CMA President Dr. Cindy Forbes hit the road running — at a pace that threatens to continue all year. Not that it will faze Forbes. As a runner and competitive paddler, the 56-year-old family physician from Waverley, Nova Scotia, knows about endurance. And she also knows medical politics after 30 years in the fray, beginning in medical school.

First up on her agenda is making the strategy for seniors’ health care a pivotal election issue, not only to prepare

for the future but also to ensure the survival of Canada’s health system. Over-65ers already account for nearly half of health spending; by 2031, their number will double and the load will threaten the entire system.

“We’ll be asking [the new government] to call a first ministers’ meeting on the seniors’ strategy within 60 days of their mandate,” says Forbes, who began her term Aug. 26. “That’s our main focus, but we’re really looking for the federal government to get back into the health care.”

The gap in federal attention is apparent in myriad ways, including the lack of impetus in establishing rules for physician-assisted dying, which are due in February. CMA will continue working on that thorny issue under Forbes. “CMA has been in the lead in bringing the physician voice to those discussions,” says the Halifax-born Forbes.

Professionalism, pharmacare and medicinal marijuana may also be on her agenda. And it’s going to be a busy year at CMA itself, with decisions on

whether to renovate or replace its aging head office, plus the branding of NewCo, CMA's new subsidiary of for-profit enterprises, including *CMAJ*.

In addition, Forbes will nurture her pet issue: bringing the voices of young physicians to CMA. She sees this as mutually beneficial: younger doctors acquire leadership skills and an understanding of medical politics, and their involvement guides CMA's efforts to be more relevant to its future members.

"When [younger people] do join CMA, it's not for reasons doctors joined several decades ago. We need to make sure that the CMA is relevant and valuable to them." At this year's General Council, CMA expanded its ambassador program and sponsored 30 younger members. CMA is also assessing its communications and the way it conducts business and meetings. "Those are all things that we recognize that we need to improve," says Forbes. Products and services such as CMA's clinical library, online resources and MD Management will also undergo a demographic rethink.

Forbes says she feels "connected" to this initiative, in part because her daughters, Andrea and Kristie, are in their twenties, and Forbes began her career teaching health and science to young people. That interest in teaching is what led her to medicine. She assumed she'd be a university professor — until she started practising family medicine. "The foundation of family medicine is the relationship you build with patients over time. ... That trusting relationship is what's really rewarding."

However, she quickly realized there were many factors that are crucial to delivering medicine: "the way the system works, regulations around medicine, how we were compensated — I was interested early on in understanding how it worked."

She got involved with the Medical Society of Nova Scotia (MSNS) and became the provincial representative on the College of Family Physicians of Canada's Council on Continuing Medical Education, among other activities. "I honestly really enjoy understanding how it all works and then having the chance to have some influence or input," says Forbes.

Greg Forbes

Forbes takes health promotion personally; she placed fourth in solo kayaking and third in K2 at the 2013 World Masters Games.

Forbes was president of the MSNS in 1996/7 — its youngest ever: "Just so people don't think I'm 100 years old," she laughs. In that role, she attended CMA president's and CEO's meetings, which launched her into the national sphere. She became a member of CMA's Political Action Committee and chair of its Committee on Health Care and Promotion.

Her work on the latter harks back to her interest in health promotion, which she emphasizes through sport. Forbes was spokesperson for Sport Nova Scotia's "Sport Makes a Difference" campaign and did guest appearances on a Global TV health program. On a personal level, she runs some 30 kilome-

tres a week, kayaks and paddles with a war canoe team.

Her years of political involvement "made me realize how important it is to have a strong national physician voice," says Forbes. "As Canadian physicians we have much more in common than we have differences. There's much to be gained from a national approach to the problems we face day-to-day in our offices. ... We can influence and improve health care for our patients. And that is the mission of the CMA: help physicians care for patients. That's the essence of it for me." — Barbara Sibbald, *CMAJ*

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