

Emotions flare in tense but civil CMA annual meeting

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Physicians who attended the annual general meeting (AGM) of the Canadian Medical Association (CMA) in Winnipeg were not shy in suggesting words to describe the event, and many of those words weren't flattering. Rushed. Tense. Emotional. Confusing.

"People were really upset. You could see the tension in the room rising," said Dr. Nadia Alam, president of the Ontario Medical Association. "It was difficult. It was getting unruly. It was getting very confusing. It wasn't clear what we were voting on or what we were trying to decide."

The business section of the meeting was scheduled to begin at 8:05 am and finish at 10 am, to allow time for Dr. Gigi Osler to be installed officially as CMA president and give her inaugural address. But many in attendance felt that wasn't nearly enough time to adequately discuss and vote upon

bylaw changes proposed by the CMA board.

"It was spiraling into a lack of control, which happens when you rush process, and people don't have the ability to pause and reflect on what's being said before being rushed into the next conversation or decision," said Dr. Kevin Martin, a general practitioner from Nanaimo, BC.

The board originally proposed that members vote on a single motion that would make [bylaw changes in several areas](#), including winding down general council (GC), altering the board's composition, and changing nominations and elections. But this ["omnibus bill to fundamentally transform"](#) the CMA was soon split into several motions, each voted upon separately. The motion to end the annual GC was defeated, as was the motion that included opening the election of board members and the president-elect to [all CMA members](#)

[through online voting](#). The motion to shrink the CMA board from 26 members to 19, including one nonphysician, passed.

Some physicians were critical of the CMA's attempt to make such large changes in only a couple of hours. "There is some thought that this was an intentional move to limit the amount of debate," said Martin. "I'm not sure if it was an intentional move or whether it was just poor planning, but there was absolutely no time to discuss these divisive issues. And that is a very, very significant failure and disappointment on behalf of the CMA."

Despite the tense debate about the proposed bylaw changes, everyone in the room remained civil, according to Dr. Franco Rizzuti, a medical resident in Alberta and former president of the Canadian Federation of Medical Students. "Overall, there was a very respectful demeanor, for



Darren Larsen
@larsendarren

Attempting to bring order from chaos. No more omnibus bill. Four discrete motions so members know what they are voting for and able to make informed mature decisions on the future of the [@CMA_Docs](#) [#CMA2018](#)



Bryce Durafourt
@durafourt

Lots of discussion, too little time at [#CMA2018](#) AGM regarding proposed bylaw changes for [@CMA_Docs](#)



Dennis Kendel
@DennisKendel

The tyranny of time constraint is frustrating - a major transformation warrants more time to deal this before we leave Winnipeg today [#CMA2018](#)



Kaif Pardhan
@kaifpardhan

Fundamental governance change being considered, but meeting design only allows for about 50 minutes of discussion [@CMA_Docs](#) [#CMA2018](#)



Darren Larsen
@larsendarren

A very stressful situation for the Speaker of [#CMA2018](#) Issues far too complex to be handled in 90 minutes. Now managing time instead of managing issues. She is showing grace under pressure but the situation creating this was predictable. Sigh.



Natasha Snelgrove
@natasha7md

So... we have had 1 amendment (failed), 1 motion for referral (being debated) and the possibility of splitting these up into 3 motions with 14 mins of discussion on bylaws left. Wow. Not enough time. [#CMA2018](#)



Kaif Pardhan
@kaifpardhan

Motion to refer defeated... and a hard stop in 6 minutes... [@CMA_Docs](#) [#CMA2018](#)



Natasha Snelgrove
@natasha7md

ON, BC and MB speak in favour of referring governance changes back to Governance: 90 mins not enough time to discuss and key details still missing in bylaws themselves [#CMA2018](#)

Doctors attending CMA's annual conference voiced frustration about time constraints on Twitter.

Twitter

the most part, in the room. There was good discussion with very reasonable points.”

According to CMA president Osler, the passion expressed during the meeting was exactly what the CMA wants to see from Canadian physicians. “My take-home message from the AGM was that the members were engaged and passionate about continuing to have that connection and voice at the CMA,” she said. “I really am optimistic and positive about the outcome of today’s AGM. We heard loud and clear from the members about what they wanted, and we listened.”

Mixed reviews on inaugural health summit

The CMA had proposed phasing out GC and replacing it with a “health summit.” The focus of the inaugural summit was “disruptive innovation” and “inspiring a future of better health.”

“The summit was exciting. It was different. It was that promise of technology,” said Osler. “I think it’s exciting to see that and to hear that.”

Stephanie Smith, president-elect of the Canadian Federation of Medical Students, said she found the panel discussions at the health summit to be informative. “The panel on Indigenous health, for example, was fantastic. I would have paid to go to a conference just to see something like that.”

Moving toward innovation and change is something physicians need to be thinking about, said Smith. That doesn’t mean, however, that the discussion and debates encouraged by the GC format should be abandoned. “I think seeing debate is beneficial and you learn a lot from that process,” said Smith. “I also think there is a lot of benefit to seeing panels of experts. I think a mixture of both would be great.”

Others in attendance, however, were not as inspired by the health summit. “It’s a very old-school way of doing a conference. It was very didactic. Most of medical education has moved away from that format,” said Alam. “There was very little interaction. You sat in a dark room with lights flashing and a smoke machine spewing and people talking at you.”

According to Dr. Eric Cadesky, president of Doctors of BC, there were many

interesting ideas presented at the health summit, but it was not a replacement for GC. Although GC could be improved, it still serves an important function: providing a place where doctors can gather to represent themselves, their colleagues, their patients and their communities.

“People want a strong, national organization, and they want to make sure that members continue to have a voice, and that doctors have a place where they can talk about the issues that are important to all of us in Canada,” he said. “Doctors do not want just to be told their voices count. They want to be shown their voices count.”

A smaller and more diverse CMA board

According to Osler, the CMA wanted to change the composition of its board to increase diversity. That could mean more diversity in technical skills, cultural backgrounds, gender, financial expertise, career stages and other areas. “It’s not that the current board is ineffective, but the board understands the need for change,” said Osler. “You want a board that reflects the membership.”

Reducing the size of the board received support from some of the attendees at the AGM. “It makes sense to have a tighter, more nimble board,” said Rizzuti. CFMS president-elect Smith agreed, noting that she has been a member of boards in the past, and a “board that is too big can weigh you down.”

OMA president Alam praised the addition of a nonphysician to the board but expressed concern about trying to create a board that was skills-based while remaining representative. “You either have to pick one or the other.” The bigger concerns, however, are how the board members are chosen, if the process is transparent, and how they will be held accountable, according to Alam, who said the CMA has not clearly communicated those details.

“We all want the CMA to be our national voice, but I am genuinely worried that they are disenfranchising the members that they want to speak for,” she said. “My hope for all of this is that the biggest message the CMA gets is how you communicate matters.”

No discussion on sale of MD Financial Management

The sale of MD Financial Management by CMA to Scotiabank for \$2.6 billion took many CMA members by surprise when it was announced May 31. Some physicians said they felt betrayed by the move. There was supposed to be a Q&A about the sale at the AGM, but it was cut for time.

“Many of us were coming to this AGM today to specifically ask how the sale happened and how the funds that were generated from that sale will be disbursed fairly with physician centrism at the centre of that fund disbursement,” said Martin. “We got absolutely no opportunity to discuss that, and people were disappointed by that.”

Lessons learned at the AGM

Several members who attended the AGM noted that change isn’t easy, even if that change is necessary. It may therefore be ill-advised to propose drastic change without allowing enough time for gradual transition. “I think there was an attempt to do too much too quickly,” said Dr. Mamta Gautam, a psychiatrist in Ottawa and CEO of PEAK MD. “Even if it’s the right thing to do, it’s a process. I think that was pretty clear today.”

According to Dr. Alan Ruddiman, a rural BC physician and former president of Doctors of BC, the CMA should now realize that proposing broad and sweeping bylaw amendments requires extensive consultation and frank dialogue across the entire medical profession. Only then, he said, will the CMA be able to anticipate speed bumps and have a reasonable chance of moving forward. When authority is applied in the absence of legitimacy, he suggested, the outcome is not one of compliance but rather of pushback.

“We witnessed such a pushback on a number of issues related to governance reforms being offered up at the CMA,” noted Ruddiman. “This is certainly democracy at work, and at times democracy can appear rather messy. I imagine the leadership and board as well as the governance committees at the CMA will need to regroup and come back with a revised suite of proposals that will resonate with Canada’s 85 000-plus doctors.”

Roger Collier, CMAJ