

Canadian Medical Protective Association

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Modernizing CMPA Governance  
Governance Review Report

July 12, 2024

<b>Introduction and executive summary</b> .....	<b>1</b>
<b>Background and context: Modernizing CMPA's governance model to be more agile, improve decision making, and drive success</b> .....	<b>2</b>
Who is CMPA?.....	2
Why are we doing this? .....	2
Timeline of governance review process and member motion .....	3
What is governance?.....	3
What is Council, and why is governance important to CMPA?.....	3
Councillors have a fiduciary duty to CMPA and support members at national level .....	4
Past governance changes at CMPA and considerations for amending by-law .....	4
<b>Two years of study, reflection, consultation, and engagement</b> .....	<b>4</b>
CMPA led process assisted by governance expert consultants .....	5
Consultation with members: Early and often.....	5
<b>Recommendations to modernize CMPA governance – member vote required</b> .....	<b>5</b>
Non-negotiable elements that will continue to be included in CMPA governance model .....	6
<b>Recommendation 1: Progressively decrease Council size to 15-25 total to enhance agility in the rapidly evolving environment</b> .....	<b>6</b>
Current state of Council size is 25-35 members .....	7
Key considerations for changing Council size .....	7
<b>Recommendation 2: Create single nomination process to advance access to nomination and continue with regional elections to increase transparency and encourage strong candidates from across Canada</b> .....	<b>7</b>
Current nomination process has 2 streams .....	7
Current election process divides all 13 provinces/territories into 10 election areas.....	8
Key considerations for consolidating nominations and continuing regional elections .....	8
<b>Recommendation 3: Enhance diversity and skills by allowing Council to appoint up to 4 member physicians to Council <i>when needed</i> and create 12-year term limits</b> .....	<b>9</b>
Currently the Nominating Committee uses a skills and diversity matrix to identify candidates and there are no term limits .....	9
Key consideration to support skills and diversity on Council .....	9

<b>Recommendation 4: Ensure Council includes an appropriate number of family physicians, specialists, and other physicians</b> .....	<b>10</b>
Currently Council has balanced representation between Family Medicine (CFPC/CMQ) and other specialties (RCPSC/CMQ) .....	10
Key considerations to ensure representation across specialties .....	11
<b>Ancillary recommendations</b> .....	<b>11</b>
Structural enhancements .....	11
Process-related changes .....	11
Housekeeping changes .....	11
<b>Governance plan to be brought to members for vote at 2024 Annual Meeting</b> .....	<b>12</b>
MOTION FOR MEMBER VOTE .....	12
<b>After 2024 member vote, what's next?</b> .....	<b>13</b>
2024-2025: Draft the amended by-law .....	13
Share proposed changes with the membership .....	14
Members attend 2025 Annual Meeting and vote on proposed by-law changes .....	14
CMPA implements governance changes .....	14
<b>Conclusion</b> .....	<b>14</b>
<b>APPENDIX A: Summary of member feedback</b> .....	<b>15</b>

# Introduction and executive summary

- At CMPA, our mission is to protect the professional integrity of physicians and promote safe medical care in Canada.
- We know the healthcare environment is rapidly changing, and we need to be ready and able to adapt to this ever-changing world to continue to support our members.
- We also know that our members want CMPA to be agile and responsive.
- We are therefore proposing, for members' consideration at the 2024 Annual Meeting, this report, which lays out a renewed governance model that focuses on:
  - Progressively decreasing Council size to 15-25 members.
  - Streamlining Council nominations to a single process and maintaining regional representation on Council, which reflects the geographical diversity of practice in different provinces and territories. A single nomination process will simplify access for all members – allowing all members to submit their interest and be evaluated equally by the Nominating Committee.
  - Providing Council with the ability to appoint up to 4 Council member positions *when required* to enhance diversity, skills, and other desirable attributes on Council and creating 12-year term limits. It is anticipated that Council will develop a transparent set of criteria for making any appointments to Council.
  - Maintaining an appropriate number of family physicians, specialists, and other physicians on Council.
- At CMPA we are proud of our governing body – Council and the structures it has put in place. Council has been highly successful in serving the Association well for many years and continues to do so. See all [2023-2024 CMPA Councillors](#).
- Starting from this position of strength, Council is taking the opportunity to review the governance model and prepare CMPA for the future.
- By moving forward with an enhanced governance model, Council can support better decision making and maintain the high level of confidence of those impacted by the organization's decisions and actions.
- In addition, the CMPA also wishes to address some technical and housekeeping amendments to update the by-law.
- No matter how our governance model evolves, we will continue to be there for members with compassionate support, medico-legal protection, and data-driven learning and research to reduce medico-legal risk.

# Background and context: Modernizing CMPA's governance model to be more agile, improve decision making, and drive success

## In this section, readers will find information on the following:

- Who we are
- Why we are doing this
- The timeline of governance review process and 2022 member motion
- What is governance?
- What is Council, and why is governance important to CMPA?
- Councillors' fiduciary duty to CMPA and their support of members at national level
- Past governance changes at CMPA and considerations for amending the by-law

## Who is CMPA?

- CMPA is an [integral part of the Canadian healthcare system](#).
- As Canada's largest national medical association for physicians, with over 110,000 members, we are uniquely positioned to proactively enhance the safety of patient care and reduce the risk of harmful events.
- Our mission is to protect the professional integrity of physicians and promote safe medical care in Canada.
- We do this by providing real-time advice and assistance to Canadian physicians with medico-legal matters related to their practice – including defence when appropriate.
- We compensate patients, on behalf of members, when it is proven they have been injured as a result of negligent medical care (or fault in Québec).
- We support patient safety through accredited, safe medical care learning and data-driven research papers.
- We also work collaboratively with organizations across the healthcare system to contain medical liability costs and advocate for system improvements that advance healthcare delivery.
- Ultimately, our aim is to empower better healthcare at all levels of the system – for physicians and patients.
- To learn more about CMPA, watch [6 Things you should know about CMPA](#).

## Why are we doing this?

- CMPA is committed to continually reviewing our governance processes to ensure we adopt responsible, modern, and effective governance practices.
- Governance at its heart is about people coming together and making decisions to advance a purpose. But governance – like healthcare – is always evolving.
- As the environment changes more rapidly each day, we need to be ready and agile to respond to evolving member needs – modernizing our governance is a key part of this.
- This is the right time, and we are in a strong position to review and proactively enhance our governance model to ensure we continue to be able to meet the needs of our members.
- Additionally, we have identified a number of small housekeeping and technical improvements to be made to our model that we would like to enact. You can find more information in the [Ancillary recommendations](#) section.

## Timeline of governance review process and member motion

- At CMPA's 2022 Annual Meeting and Conference, a motion was passed for CMPA to review its governance model.
- This motion was very timely, as CMPA, at Council's direction, had already begun a journey to modernize our governance model. In fact, this work is a key area of focus in our [2023-2025 Strategic Plan](#).
- The member motion was fully supported, and CMPA continued to move forward with its 2 year-long governance review.

## What is governance?

- Good governance is people, process, and structures designed to improve decision making, drive success, and reduce the likelihood of poor outcomes.

## What is Council, and why is governance important to CMPA?

- CMPA's Council consists of 31 positions fully elected by the membership for 3-year terms that are renewable with no limits on the number of terms. Right now, our Council sits at 30 members. Visit [CMPA Council](#) to meet our 2023-2024 Council members.
- Council is composed of a diverse group of practising member physicians from 10 geographical areas across Canada (British Columbia and Yukon; Alberta; Saskatchewan, Northwest Territories and Nunavut; Manitoba; Ontario; Québec; New Brunswick; Nova Scotia; Prince Edward Island; and Newfoundland and Labrador).
- To ensure appropriate representation across all specialties in medicine, surgery, and family medicine, the current by-law notes that elected Council members must be considered to practice in one of two Divisions:
  - Division A has been traditionally considered to be for family medicine physicians and Division B for other specialists. See [Council representation](#) for more information.
  - We strive to maintain (and have typically achieved) a balanced distribution between Division A and B positions on Council while taking geography into account.
- Council is responsible for the governance of CMPA and oversees the management of its affairs. This includes development of strategy, financial oversight, risk identification and mitigation, and CEO oversight.
- In addition, CMPA Councillors are physicians in practice and bring insights from their practice environment to help inform decisions.
- Members are represented throughout the Association as physician advisors, members of management, and Councillors.
- Councillors are not physician advisors (PAs).
- PAs speak to members on the phone daily to provide advice, support, guidance, and learning, and to set members up with legal counsel if needed.
- Councillors are responsible for overseeing how the business of the Association is conducted and directing management, to whom Council delegates responsibilities for the day-to-day conduct of business.

## Councillors have a fiduciary duty to CMPA and support members at national level

- Councillors do not represent their province or territory, or the specific members from the area that voted for them.
- They support CMPA's work at a national level and owe a fiduciary duty to the entirety of CMPA.
- This fiduciary duty is codified in the by-law. Council members are required to:
  - abide by the duty of confidentiality to CMPA
  - act honestly and in good faith
  - act in the best interests of CMPA and with skill and care
  - avoid conflicts of interest
  - judiciously use Council's powers and CMPA resources

## Past governance changes at CMPA and considerations for amending by-law

- It is a healthy governance practice to review the governance model and the by-law from time to time.
- CMPA was created by an Act of Parliament. As such, we must go to the federal government to receive Cabinet approval and seek an Order in Council in order to approve an amendment to our by-law.
- Given the complexity of the process, Council only amends the by-law when it determines there are a significant number of important amendments required.
- We have modified the by-law in the past. In fact, our [by-law is currently the 52<sup>nd</sup> version](#), but it has not been modified since 2012.
- Since 2012, Council has had ongoing discussions about governance and has made enhancements that did not require a by-law change.
- As part of this governance review, Council has recommended important changes to enhance our governance model that require us to amend the by-law.
- Doing so will allow us to address some aspects of the by-law that are outdated or no longer useful and create flexibility to allow CMPA to respond and adapt more quickly to a changing environment and changing member needs.
- For example, we need to go to court each year to allow online voting at our Annual Meeting, as our by-law dictates voting must be in-person. Amending the by-law will help us better support member needs.

## Two years of study, reflection, consultation, and engagement

### **In this section, readers will find information on the following:**

- CMPA led process assisted by governance experts
- Consultation with members done early and often

## CMPA led process assisted by governance expert consultants

- Council has fully led the governance review, and during our journey we have worked with two consultant groups whose expertise lies in enhancing governance. They are Watson Advisors and Fullbrook Board Effectiveness.
- Working with these groups, we were able to:
  - Explore the drivers for change and consider best governance practices in place at other organizations.
  - Complete an environmental scan of similar models used in Canada, U.K., Australia, and the USA.

## Consultation with members: Early and often

- One of the key principles of our review process was to consult with members early and often, and we did this in a number of ways:
  - Reported on our progress and answered questions at the 2023 Annual Meeting and Conference.
  - Conducted a survey in fall 2023 to hear members thoughts on best governance practices.
  - Hosted 4 virtual Listening and Learning sessions for members in English and French in May 2024 to test the principles being explored and to hear members' thoughts on proposed changes.
  - Surveyed members again in spring 2024 to share the changes being considered and solicit their input. See [Appendix A](#) for a summary of all member input.

## Recommendations to modernize CMPA governance – member vote required

### **In this section, readers will find information on the following:**

- Council recommendations made after careful study, reflection, and consideration of member feedback
  - The gradual nature of the change
  - Non-negotiable items that will continue to be included in CMPA governance
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- Throughout the review process, Council met many times to discuss, debate, and thoroughly examine member feedback and discuss potential changes.
  - Following these discussions, and after careful study, reflection, and consideration of member feedback, Council has developed its final recommendations which can be found later in this document.
  - If approved by members, the recommendations below will be phased in gradually and responsibly.
  - The changes will be written into the by-law in such a way to provide CMPA with flexibility to continue to adapt to the changing environment and meet the changing needs of members, without having to amend the by-law every few years.



## Non-negotiable elements that will continue to be included in CMPA governance model

- At the beginning of the governance review process, Council made it clear that there were several elements which must be included in CMPA's governance model.
- These “non-negotiable” items are as follows:
  - **Council composition**
    - Council must maintain strong ties to its physician members.
    - Council must include significant physician representation.
    - Council must have a regional voice, which reflects the geographical diversity of practice in different provinces and territories.
    - Council leadership must be filled by physician members.
    - Council must reflect diversity and be appropriately representative of members.
  - **Elections**
    - Members must be able to participate in fair and transparent elections.
    - Candidates must be treated fairly.
  - **Council focus**
    - Council must remain focused on assisting physicians, protecting the professional integrity of our members, and promoting safe medical care.
    - Council must focus on improving the member experience and supporting the provision of excellent services to meet member needs.
    - Council must make decisions in the best interests of members.
  - **Council dynamics**
    - Council must support and foster psychological safety on Council.
    - Council must maintain a level of trust in management's expertise.
  - **Skills**
    - Council must continue to support the use of external experts on select committees (not on Council at this time).

## Recommendation 1: Progressively decrease Council size to 15-25 total to enhance agility in the rapidly evolving environment

### In this section, readers will find information on the following:

- Current state of Council size is 25-35 members
- Key considerations for changing Council size
- Council's recommendation to progressively decrease Council size to 15-25

## Current state of Council size is 25-35 members

- CMPA by-law mandates that Council be comprised of 25 to 35 elected members. Currently, there are [30 members on Council](#).
- The composition of Council is determined by geography and specialty.
- All 13 provinces/territories are divided in the by-law into 10 geographical Areas.
- Each province/territory has designated representative(s) on Council, e.g. Area 1: BC and Yukon has 4 positions.
  - Councillors do not represent the provincial/territorial or regional interests of members. They have a fiduciary duty to the CMPA and support CMPA's work at a national level.

## Key considerations for changing Council size

- A reduced Council size would enhance our organizational agility in a rapidly changing environment, facilitate responsive decision-making, and reduce duplication, cost and complexity of current governance processes.
- Representation and diversity can still be achieved with a smaller Council through a robust and transparent skills-based and diversity-based nomination process, and through Council appointments when necessary (see recommendation below).
- Any reduction in Council size would be gradual.

## Recommendation to progressively decrease Council size to 15-25 members

- Recommendation that Council will work towards progressively decreasing Council size and will support a proposed change to the by-law to allow Council size to decrease to a range of 15-25 Councillors in total -- including the Vice Presidents, President, and appointed physician Councillors. (See [Recommendation 3](#) for more details on appointed Councillors).

## Recommendation 2: Create single nomination process to advance access to nomination and continue with regional elections to increase transparency and encourage strong candidates from across Canada

### In this section, readers will find information on the following:

- Current 2 stream nomination process
- Current election process, which divides all 13 provinces/territories into 10 election areas
- Key considerations for consolidating nominations and continuing regional elections
- Council's recommendation to implement a single nomination process, which advances access to nomination and to maintain regional representation across all of Canada

## Current nomination process has 2 streams

- There are currently 2 ways to [be nominated for Council](#):
  - Via the Nominating Committee: Practising members can submit their names for consideration by the Nominating Committee. The Committee reviews candidate submissions, which may include submissions from current Councillors seeking re-election. The Committee will release the names of proposed candidates through the Report of the Nominating Committee.

- Via the Membership: Practising members can be nominated through the membership. To do so, the member must sign and submit the prescribed form, which must include signatures from 10 member colleagues in the same geographical area as the nominee.

### **Current election process divides all 13 provinces/territories into 10 election areas.**

- Each Geographical Area has a designated number of representative(s) on Council, e.g. Area 1: BC and Yukon has 4 positions.
- The by-law requires no fewer than one Councillor for each Geographical Area.
- Councillors do not represent the provincial/territorial or regional interests of members. They have a fiduciary duty to the CMPA and support CMPA's work at a national level.

### **Key considerations for consolidating nominations and continuing regional elections**

- The current nomination process can be confusing because it creates two different processes that occur at separate times and are subject to their own distinct rules.
- It is crucial that members' ability to submit candidates for nomination be preserved, and that members have a robust slate of candidates.
- Changing the nomination process to a single stream where all members are able to submit their interest and be evaluated equally by the Nominating Committee based on established criteria (which are yet to be determined but will focus on the needs of Council) may advance access. This approach may allow all interested members to be on the ballot as long as they contribute to the sought-after skills and experiences needed on Council. It may also allow the Nominating Committee to put forth a larger pool of candidates.
- Including non-Council members at large in the Nominating Committee could help to mitigate any perceived bias in the single stream nomination process.
- Maintaining the current Geographical Area election model supports the national focus and fiduciary duty of Council, and it promotes geographical diversity on Council.

### **Recommendation to implement a single nomination process, which advances access to nomination and to maintain regional representation across all of Canada**

- Recommendation that Council supports a singular nomination approach which advances access for all members. This approach will allow all members to submit their interest and be evaluated equally by the Nominating Committee based on established criteria – allowing interested members to be on the ballot as long as they contribute to the sought-after skills and experiences needed on Council.
  - As part of this approach, Council recommends that the Nominating Committee include an appropriate number of non-Councillor members at large, and that the nominating process be developed and approved by Council.
- Council also recommends that membership of Council be representative of all geographical areas of Canada to reflect the geographical diversity of practice in different provinces and territories.

## Recommendation 3: Enhance diversity and skills by allowing Council to appoint up to 4 member physicians to Council *when needed* and create 12-year term limits

In this section, readers will find information on the following:

- Current process the Nominating Committee uses to identify candidates
- Current election terms and ability to seek re-election without limit
- Key consideration to support skills and diversity on Council
- Council's recommendation to appoint a small number of member physicians to Council and create term limits

### Currently the Nominating Committee uses a skills and diversity matrix to identify candidates and there are no term limits

- All Councillors are elected physician members, and all Councillors are elected for a 3-year term and can seek re-election without limit.
- We appoint non-physician experts on some of our committees such as investment, pension, and audit, but there are no such appointments to Council.
- We have identified a desire to optimize skills and diversity on Council. Differing viewpoints and a variety of lived experiences are essential to helping us understand and support our members.
- Council values diversity, which may include language (e.g. Francophone physicians), ethnicity, age, gender, sexual orientation, religious beliefs, economic status, physical abilities, and life experience (see [our Equity, Diversity, and Inclusion Strategy](#)), as well as within the medical profession, while also ensuring participation of physicians from the entire country.

### Key consideration to support skills and diversity on Council

- We want to optimize skills and diversity on Council. Understanding and supporting our members requires different lived experiences and various viewpoints on Council.
- Significant correlations exist between diverse leadership teams and better business outcomes.
- Introducing the ability for Council to appoint a small number of physician members to Council, in addition to the elected positions, could round out the skill and diversity needs on Council in ways that may not have been satisfied through the election process.
- Being able to appoint a small number of physician members to Council would also help address representation. For example, there could be an opportunity to appoint physicians from rural communities (if rural representation is lacking) or physicians from specialties, such as obstetrics or neurosurgery. Term limits would encourage regular Council renewal, bringing on new skills. The term limit should be sufficient to allow for appropriate succession and learning.

## Recommendation to allow Council to appoint a small number of member physicians to Council and create term limits

- Recommendation that Council supports a change to the by-law which will provide Council with discretion to appoint up to 4 members of the Association to serve as Councillors, *when considered necessary*, to enhance diversity, skills, and other desirable attributes related to the practice of medicine in Canada.
  - It is anticipated that Council will develop a transparent set of criteria for making any appointments to the Council.
- Council also supports a change to the by-law to implement a 12-year term limit (inclusive of total time spent on Council) for Councillors.
- Time spent in the President or Vice-President position will not count towards the 12-year term limit. As such, a Councillor could sit on Council for 12 years and then be chosen by Council to serve as President for a two-year term – bringing the total number of years on Council to 14.
- Council will continue to elect the President and Vice-Presidents from sitting Council members.
- At this time, Council does not support appointing or electing individuals who are not physician members to Council.

## Recommendation 4: Ensure Council includes an appropriate number of family physicians, specialists, and other physicians

### In this section, readers will find information on the following:

- Currently Council has balanced representation between family medicine (CFPC/CMQ) and other specialties (RCPSC/CMQ)
- Key considerations to ensure representation across specialties
- Council's recommendation to maintain an appropriate number of family physicians, specialists, and other physicians on Council

### Currently Council has balanced representation between family medicine (CFPC/CMQ) and other specialties (RCPSC/CMQ)

- To ensure appropriate representation across all specialties in medicine, surgery, and family medicine, the current by-law notes that elected Council members must be considered to practice in one of two Divisions:
  - Division A has been traditionally considered to be for family medicine physicians (College of Family Physicians of Canada [CFPC] or Collège des médecins du Québec [CMQ] specialists) and Division B for other specialists (Royal College of Physicians and Surgeons of Canada [RCPSC] or CMQ). See [Council representation](#) for more information.
- Council has designated that 1 position within Division A is filled by a member engaged in a residency program in Canada.
- We strive to maintain (and have typically achieved) a balanced distribution between Division A and B positions on Council taking geography into account.

## Key considerations to ensure representation across specialties

- Division A has been traditionally considered to be for family medicine physicians and Division B for specialists.
- Family medicine has changed since the Division A/B system was created and is now recognized as a specialty. Further, CMQ and CFPC provide certification in family medicine.
- Members who are residents or fellows, or who do not otherwise have the listed certification, may not fit clearly in one Division or the other.

## Recommendation to maintain an appropriate number of family physicians, specialists, and other physicians

- Recommendation that Council supports the requirement that Council includes an appropriate number (as determined by Council) of family physicians, specialists, and other physicians.

## Ancillary recommendations

- As part of the enhancements to the governance model, Council will also be considering ancillary by-law changes related to procedural and structural issues, as well some housekeeping amendments.
- These recommendations will be developed once the 2024 Annual Meeting member vote has taken place. The changes will represent internal and operational process enhancements.
- As such, if members approve moving forward with this governance model, the changes will be developed as part of amendments to the by-law, and we will aim to bring the changes to the membership for vote in 2025.
- A summary of the changes is below.

## Structural enhancements

- Council will be considering amendments to the by-law and governance manual aimed at internal structural issues, such as the number and mandate of the various CMPA committees.

## Process-related changes

- Council will also be reviewing the by-law to consider amendments of a procedural nature that will help modernize our processes, such as permitting electronic voting, electronic notice, and hybrid Annual Meetings.

## Housekeeping changes

- Council will also recommend a number of housekeeping amendments. These changes relate to matters such as updating terminology, correcting minor errors, and addressing any textual inconsistencies.

# Governance plan to be brought to members for vote at 2024 Annual Meeting

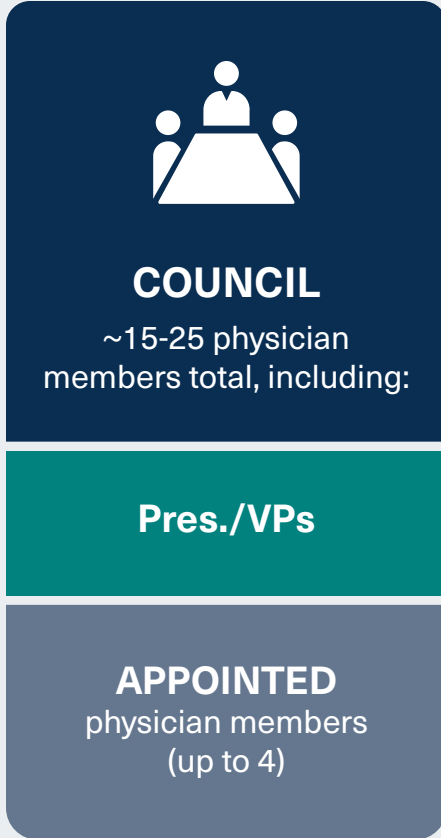
## In this section, readers will find information on the following:

- The governance plan to be put forth for vote at the [2024 Annual Meeting](#)
  - A visual representation of the recommendations
- 
- At the 2022 Annual Meeting, it was moved by the membership that CMPA would submit an enhanced governance plan to the 2024 Annual Meeting for members' consideration and approval.
  - Informed by our consultations, research, listening to and learning from our members, and focusing on enhancing agility, Council has developed final recommendations, which focus on:
    - Progressively decreasing Council size to 15-25 members.
    - Streamlining Council nominations to a single process and maintaining regional representation on Council, which reflects the geographical diversity of practice in different provinces and territories. A single nomination process will simplify access for all members – allowing all members to submit their interest and be evaluated equally by the Nominating Committee.
    - Providing Council with the ability to appoint up to 4 Council member positions *when required* to enhance diversity, skills, and other desirable attributes on Council and creating 12-year term limits.
    - Maintaining an appropriate number of family physicians, specialists, and other physicians on Council.
  - It is now time for members to have their say and vote on whether or not CMPA moves forward with these recommendations.
  - Active members who attend (virtually or in person) the [CMPA's Annual Meeting on August 14, 2024](#) will be presented with Council's recommendations and asked to vote on the motion below. In order to pass, this vote requires the approval of 50% of the members voting + 1.

## MOTION FOR MEMBER VOTE

- That this Report to Members on the Governance Review, dated July 12, 2024, is received and approved as the basis for implementing the governance model described in the Report, recognizing that any changes to the current by-law will require approval by members as set out in the current by-law.

## Recommended Governance Model – July 2024



**Term limit:**  
12 years  
maximum



**1 stream**  
nomination  
process



Maintain **geographical diversity** of practice in different provinces & territories



**Member Councillors**  
(Majority elected by membership)



**President and Vice Presidents**  
(Elected by Council, excluded from term limits while Pres./VP)



**Maintain appropriate representation**  
from family medicine & Royal College/CMQ specialists

## After 2024 member vote, what's next?

In this section, readers will find information on what's next, including

- 2024-2025: Draft amended by-law
- Update the membership
- Bring update to 2025 Annual Meeting for members to vote
- Implement changes

### 2024-2025: Draft the amended by-law

- 2024-2025: Should this governance plan be approved by members at the 2024 Annual Meeting, the CMPA will start working to amend the by-law.



## Share proposed changes with the membership

- Once we have developed our proposed amendments to the by-law to support our new governance model, we will update all members.

## Members attend 2025 Annual Meeting and vote on proposed by-law changes

- We will strive to present a package of by-law amendments at the 2025 Annual Meeting.
- The proposed by-law amendments require a 2/3 vote of members present at the Annual Meeting to be passed.

## CMPA implements governance changes

- If member approval is obtained, we'll begin implementing the changes.

## Conclusion

- We invite all members to attend our [Annual Meeting in Halifax on August 14, 2024](#) (either virtually or in-person) to vote on the governance plan report outlining Council's recommendations for amendments to the by-law.

# APPENDIX A: Summary of member feedback

## 1. Updating Council size

Most members consulted supported a reduction in the size of Council. Concerns were expressed about the potential impact to diversity, and the ability to allow for a balance between agility and increase in workload if Council size was decreased. (Listening and Learning Sessions (LLS May 2024; Spring 2024 survey).

Potential benefits to reducing Council size were acknowledged. There was a desire for Council to be more intentional around equity, diversity and inclusion, and to make decision-making more agile and meetings more functional. There was also an expressed appreciation for Council being composed of practicing physicians from across the country. (Fall 2023 survey; Spring 2024 survey).

## 2. Streamlining the nomination and election process

### Nomination streams

There were mixed views on the nomination process. Some preferred the current approach to support inclusivity and democracy by ensuring nominating power is shared between members and Nominating Committee. (LLS May 2024).

Many supported exploring a one-stream nomination process as they find the current system confusing and believe a single stream could simplify the process and make it more transparent. (Spring 2024 survey).

A significant number prefer to maintain the current system. They believe it balances screened candidates and popular elections well, and some express concerns about potential bias in a one-stream system. (Spring 2024 survey).

Concern that members could feel excluded if the membership stream is eliminated. Others suggested streamlining the nomination process to better ensure sought-after attributes are represented on Council to improve decision-making and achieve Council diversity. Some expressed the view that the Nominating Committee was best suited to select appropriate candidates. (LLS May 2024).

Members expressed appreciation for the openness of the nomination process and the ability to vote. Some would like to see more diversity in candidates and were split on what the nomination process should be. A recurring theme is the need for greater member engagement and transparency in the nomination process, regardless of the number of streams. (Fall 2023 survey; Spring 2024 survey).

### Geographical representation

Mixed views on changing the current geographical representation framework for Council to create larger and fewer Geographical Areas in the by-law. A few felt the focus should be based on the needs of Council and not representation. Across various opinions, there is a recurring theme of the need for adequate representation, whether it is provincial, territorial, or regional, to ensure that all areas feel their interests are considered in Council decisions. (LLS May 2024; Spring 2024 survey).

### **3. Enhancing diversity and skills**

#### **Appointed Councillors**

Most supported appointing a small number of Council positions for specific expertise or to fill gaps in skills or diversity. Some questioned whether appointed members should have a vote if not elected. (LLS May 2024; Spring 2024 survey).

Members were divided on appointing non-physician experts, but were more supportive of these appointments if experts couldn't vote. Most agreed that experts could bring varied expertise or perspectives, but some felt that experts could be consulted as needed as opposed to being appointed to Council. (LLS May 2024; Spring 2024 survey).

#### **Term limits**

Most members consulted were in favour of term limits. (LLS May 2024; Fall 2023 survey; Spring 2024 survey).

### **4. Enhancing representation across specialties**

Most felt that the split between family medicine and other specialties was still relevant citing the need to maintain a balance and diversity in representation. Members noted that there are differences in practice expertise between family medicine and other specialists. Others felt it was no longer relevant to have practice divisions, citing it was time to move away from representation and towards a focus on skills, especially on a smaller Council. They also noted that family medicine is a specialty (LLS May 2024; Spring 2024 survey).