

OFFICIAL ANNOUNCEMENT OF CMA'S NEW ORGANIZATION STRUCTURE

Dear colleagues,

I am writing today to announce a number of important changes within the CMA.

These changes are the culmination of many months of effort, involving our elected leadership, our members, our partners in the health community, and of course the employees of the Association. I would like to thank each and every one of you for your questions, suggestions, and support as we made this journey together.

As you know, the recently concluded Strategic Planning process revealed a number of opportunities for CMA to make positive changes for the future, including establishing and focusing on priorities, simplifying our processes, and effectively communicating and marketing our value proposition to our members. In short, during our consultations, we heard that CMA has a clear opportunity to change the way it “does business”.

In developing a new Strategic Plan, we sought to identify new approaches that would enable us to address our shortcomings and to make positive changes for the future. We were also determined to retain and enhance our many strategic advantages, including CMA's enviable credibility as the voice of Canada's doctors, our success in shaping the national health care agenda, and our highly skilled staff.

After many months of work on the part of the Board of Directors and the staff, CMA's new Strategic Plan was approved in September. Following that approval, and after months of careful planning, we have succeeded in crafting a new organizational model for the Canadian Medical Association. The changes I am announcing today will help us become a more focussed organization; one with more productive relationships with the PTMAs, along with a better alignment with the objectives of the Strategic Plan, a more effective collaboration with our subsidiary MD, and a stronger connection with our members.

NEW ORGANIZATIONAL MODEL

Effective today, the Canadian Medical Association will operate under a new organizational model.

This new model is streamlined, with five departments instead of eight. As you can see from the new organization chart, the old departments no longer exist. The five new departments better reflect the priorities of our members, and the pillars of the Strategic Plan. Different service groups have been consolidated within new departments, in a more intuitive and efficient structure.

Finally, please note that, with the exception of the Operations Committee, the work of existing CMA internal staff committees (e.g., SMG, SIMC) is suspended. New consultative bodies, and new processes, will be unveiled in the weeks ahead, following an in-depth needs assessment and

review of best practices. In the interim, the SMT will meet to oversee the affairs of the organization.

SENIOR MANAGEMENT TEAM (SMT)

Beginning today, department heads will be called Vice-Presidents. This is more in keeping with standard practice in other organizations, including MDPS, and will make the roles easier to understand to outside stakeholders. All Vice-Presidents will report to the CEO on an equal footing. This lack of a hierarchy will help CMA become a flatter organization. The Vice-Presidents will lead the five CMA departments designed to reflect the priorities of our Strategic Plan. The title “Assistant Secretary General” is eliminated, effective today.

Position Charters have been prepared for all Vice-Presidents, outlining their responsibilities and their objectives for the coming year.

CORPORATE AFFAIRS (CA)

Bruce Squires has been named to the position of Vice-President, Corporate Affairs. Over the years, Bruce has demonstrated considerable skill managing a large and complex department, working effectively with the Board of Directors and playing a key role at General Council. Corporate Affairs is organized under four groups: Finance and Operations; Governance & Legal Affairs; Human Resources; and the new group: Strategic Planning, Monitoring and Evaluation (formerly Strategic Issues Management).

During the transition period, Darlene Kearns and Terry Albert will continue to serve on the Strategy & Implementation Transition Team, reporting directly to me. As well, Bruce Squires, in his role as Vice-President, Corporate Affairs, will now be part of this team. The Strategy & Implementation Transition Team will be charged with helping the CMA make a smooth transition to its new structure and new strategic plan. Elements it will address include: workplan development, the development of performance measurements and balanced scorecards for our various activities, job title classification, job descriptions, remuneration, employee engagement, succession planning, etc.

The IT Policy group will move to the Health Policy and Research department. The Information Services group and the Publications group, which includes the Canadian Medical Association Journal, will move to the newly created department of Professional Services and Leadership. As mentioned elsewhere in this message, Bruce will continue to have managerial responsibility for the Publications group, pending the appointment of a new VP for the Department of Professional Services and Leadership.

ADVOCACY AND PUBLIC AFFAIRS (APA)

Jacques Lefebvre will take on the role of Vice-President of Advocacy and Public Affairs. Since joining the CMA in January of this year, Jacques has quickly established himself as an effective team player and a resourceful communications and GR strategist, contributing to the successful public launch of the HCT document, as well as an important outreach exercise with patient groups and creating a national dialogue on the HCT initiative, among others. Advocacy and Public Affairs is organized under two groups: Public Affairs; and Communications.

In addition to its current responsibilities for public affairs, government relations, media relations, member communications, and social media, APA will also be responsible for CMA and physician reputation management, brand management, translation services, public opinion research and sponsorships. APA will also have the mandate to develop and strengthen the relatively new function of “stakeholder relations and alliance development”, reaching out to patient groups as well as civil society organizations with no medical connection, which nonetheless have an important stake in the health care system. Responsibility for online content (including the editorial content cma.ca) will move to the new Professional Services and Leadership department, while the Member Communications function will work with the Department of Community Building.

COMMUNITY BUILDING (CB)

The new Department of Community Building is organized under two groups: Members & PTMAs; and Professional Affairs & Strategic Health Alliances. We are currently undertaking a CMA search for the person who will take on the leadership of this group. In the interim, I will oversee the day-to-day management of this department, with the support of two very strong Directors, and their expert staff.

Creating the Department of Community Building is a sign of the primary importance I place on raising our relationships with our members, the PTMAs and other medical organizations to a new level. John Feeley will continue to have the crucial responsibility for member services, and will work closely with counterparts at MDPS on member recruitment and retention. Community Building will also be responsible for member engagement, pursuing growth opportunities and fostering a member service ethic throughout CMA.

John will also build on past achievements and redefine our partnership with the PTMAs, going beyond a purely functional relationship to something more integrated and strategic, where we use our respective strengths to work more effectively together. For example, Community Building will ensure that PTMAs are able to play an active and constructive role in the roll-out of the HCT initiative.

The Department of Community Building will also be responsible for strengthening existing relationships with CMA Affiliates and Associates; other medical organizations, such as the Royal College, CFPC, CMF and others; non-medical health care organizations; as well as establishing new strategic links with these and other organizations. The Accreditation function will also be a key component within this group. I’m pleased to announce that Dr. Todd Watkins has agreed to lead this important group. In addition to being the CMA lead with such key partners, Todd will also play a central role in the Quality & Safety agenda.

HEALTH POLICY AND RESEARCH (HPR)

Owen Adams has been named Vice-President of this redesigned department. Owen brings more than 20 years of experience to this post, as a leader, a strategic thinker, and an unrivalled researcher and public policy developer, whose most recent success is his stewardship of the HCT document. Health Policy and Research is organized under three groups: Research & Policy; Public Health; and Ethics, Professionalism & International Affairs.

In addition to the policy areas currently housed in this department, the Public Health Group (formerly the Office of Public Health), led by Dr. Maura Ricketts, moves into Health Policy and Research, reflecting their exemplary health policy work. I have no doubt that Maura and her group will greatly strengthen the policy shop, and will benefit from the synergies discovered with their new departmental teammates. IT Policy group, led by Bill Pascal will also be integrated into the revamped HPR department, under the new name “Health IT Policy”. Two other roles will also move to this new department: Environmental Scanning and Practice Policy. Ethics, Professionalism and International Affairs will continue to be a part of this department. Dr. Jeff Blackmer, the Executive Director of this group, will have a direct advisory relationship with me as the CEO, solely in the area of International Affairs. At the same time, the responsibility for public opinion research will migrate to Advocacy & Public Affairs.

PROFESSIONAL SERVICES & LEADERSHIP (PSL)

The Professional Services and Leadership Department is organized under three groups: Knowledge for Practice; Publications; and Online Content.

This new department will have a vital role to play in one of the CMA’s top priorities for the foreseeable future: the new Knowledge for Practice (K4P) service offering. K4P is intended to be the one-stop-shop, accessible through channels such as cma.ca, where Canadian physicians can get the clinical and non-clinical information they need for their practice, their professional development and their personal finances, by drawing on all the resources we offer, through both CMA and MD.

Given the importance of Knowledge for Practice within PSL, initially I will take on the leadership of this entire department myself, supported on an interim basis by a number of dedicated staff from both MDPS and CMA. An executive search is underway to identify the strong leader who can help this department, and K4P, realize its tremendous promise.

With respect to the Publications Group, I have asked Bruce Squires to serve as the interim lead on Publications and the CMAJ. Given his familiarity with the individuals and the issues involved, I am grateful that Bruce will take on this additional assignment.

As well, I am pleased to inform you that CMA's former Acting CEO Barbara Drew has agreed to lead an operational review of activities within the Publications Group. The goal of this review is to identify any opportunities for increased efficiencies and effectiveness in the context of responding to the resolutions recently passed at General Council. The study will also help and complement the efforts of our internal working group on K4P, which is considering the Knowledge for Practice (K4P) service offering, while also identifying potential gaps and possible new additions to our K4P service offering over the short, medium, and long term. I will update Publications staff on this work as it progresses.

As is well known, Barbara Drew is no stranger to the CMAJ/CMA family. We are very pleased that Barbara will bring her considerable knowledge of the CMA's publications role and her financial management expertise to this important mandate. She will present me with recommendations based on her findings in the second half of November, which will assist me in

making decisions to ensure that the organizational structure of the publications group is aligned with the priorities of the CMA's new strategic plan.

The Leadership & Professional Development Group will be an important component of this new department. It will continue to provide non-clinical continuing medical education to physicians and other health providers, as it has done for almost thirty years. It is worth noting that the Physician Management Institute (PMI) is the only accredited professional development program in Canada uniquely focused on physicians and the Canadian health care context.

EXECUTIVE OFFICE (EO)

The Executive Office staff will continue to provide support to the CEO in the day-to-day leadership of the CMA Secretariat, and to the CMA President, President Elect and Past President in the discharge of their official duties. Led by the Chief of Staff and Senior Advisor to the CEO, Joseph Mayer, the EO staff will endeavour to foster efficient and effective internal communications as well as facilitate the information flow between the CMA and outside stakeholders.

As part of the transition to the new Strategic Plan and new organizational model, roles in the Executive Office will evolve to ensure maximum operational efficiency and effectiveness. As well, the Executive Office will play an enhanced role in the coordination of briefing materials required for Presidential and CEO meetings with various people and health care stakeholders. We will put greater emphasis on the quality of the content and the presentation, in both official languages.

Finally, I want to emphasize that my door is always open for any staff members who would like to meet with me, especially during this time of transition. I recognize that different employees will require different levels of support in the months ahead. I want to ensure that everyone understands the rationale for these changes, and is ready to work with us in our new structure, clearly focused on advancing the interests of our members.

NEXT STEPS

The changes I am announcing today have resulted in the departure of a valued colleague. CMA would like to thank Dr. Briane Scharfstein for his impressive contribution to the CMA. Through the years that we worked together, I always admired and respected his commitment to the membership and his support for his staff. CMA wishes Briane well in his future endeavours.

The creation of K4P and Community Building will require a redeployment of resources within the association. That is something I will be focussing on in the next few months.

In the days ahead, the new Vice-Presidents will begin the first stage of reorganizing their departments. Over the next six months, some titles will be eliminated or replaced, and some positions will be reclassified. Your Vice-Presidents will be communicating with you shortly to discuss next steps in your specific department.

It is worth noting that, while the re-organized departments are effective as of today, staff in those departments will not be relocating until a new facilities plan is presented by Tony Panetta, CFO

and Director of Operations. As a result, for the foreseeable future staff members will continue to occupy their current workstations.

In the weeks ahead we will hold an all-staff meeting where the new organization will be discussed in greater detail. I also intend to participate in staff meetings in the new departments, to be announced in the days to come by your new Vice-Presidents.

As well, my office will be working with the different departments to organize a series of “skip level” meetings, where I will have the chance to speak with staff members in a more relaxed setting. HR will be supporting staff members in this transition period with a variety of resources. For example, all day today, there will be a counselor available to meet with staff in the Albert Hall meeting room (9:30 AM to 4:00 PM). If you prefer, you can contact EAP directly at 1-800-387-4765 for English speaking service, or 1-800-361-5676 for French speaking service. Finally, I have asked each of the Vice-Presidents to make themselves available for any members of their staff who may find it difficult to adjust to the changes we are undergoing.

To help support everyone at CMA as we make this important transition, a Change Management team has been created. Dr. Todd Watkins, Patricia Trunzo, Emily Gruenwoldt and Emmanuelle Morin have all been certified as Change Management advisors. They will be working closely with me, the Vice-Presidents and all staff members, providing strategies and tools to help us succeed in this transformative process.

I also wish to note that the text of this announcement will be posted on the Access Intranet site, in the “CMA – Acting on Our Vision” section. There you will also find the video released today, the new organization chart, and other documents related to the CMA restructuring.

In closing, I would like to leave you with these thoughts:

Our new organizational model is a very important step for the CMA, but it is only the first step in a process that will include the development of new performance measurements, the preparation of a new workplan that eliminates certain activities not aligned with the Strategic Plan, and continuous fine-tuning and course corrections to ensure that our organization remains focussed on our members’ priorities, even as those change over time. In other words, we are entering an exciting new era of ongoing improvement.

The CMA has achieved a great deal over the years. The changes we are making will help the Association reach new heights, by focussing more effectively on the priorities of our members, by working more productively with the PTMAs and our other partners, and by empowering our staff to reach their full potential, recognizing and rewarding a stronger commitment to member service.

In the months ahead, we will be adopting new ways of doing things, from fostering greater employee communications to giving staff greater latitude to make decisions and move forward with an initiative. While Vice-Presidents will be part of the Senior Management Team, I intend to include Directors in the broader Management Team, and they will also be delegated more authority by their department leads. These changes will be made in the months ahead.

I want to underline the fact that new ideas from staff will be encouraged, and these will also be recognized and rewarded when pursued and adopted.

In closing I would like to thank each and every one of you for the contribution you have made, individually and collectively, to the success of the Canadian Medical Association. I also want to express my appreciation for the support you have demonstrated throughout the strategic planning exercise. Your input has helped shape the CMA's new organizational model. I encourage you to stay engaged as we make the transition to this new model, and adopt new ways of doing our work. Together let us renew this great organization, and help ensure that it can continue to serve the physicians of Canada, and their patients, for many years to come.

Yours,

Paul-Émile