BCMJ
BC Medical Journal

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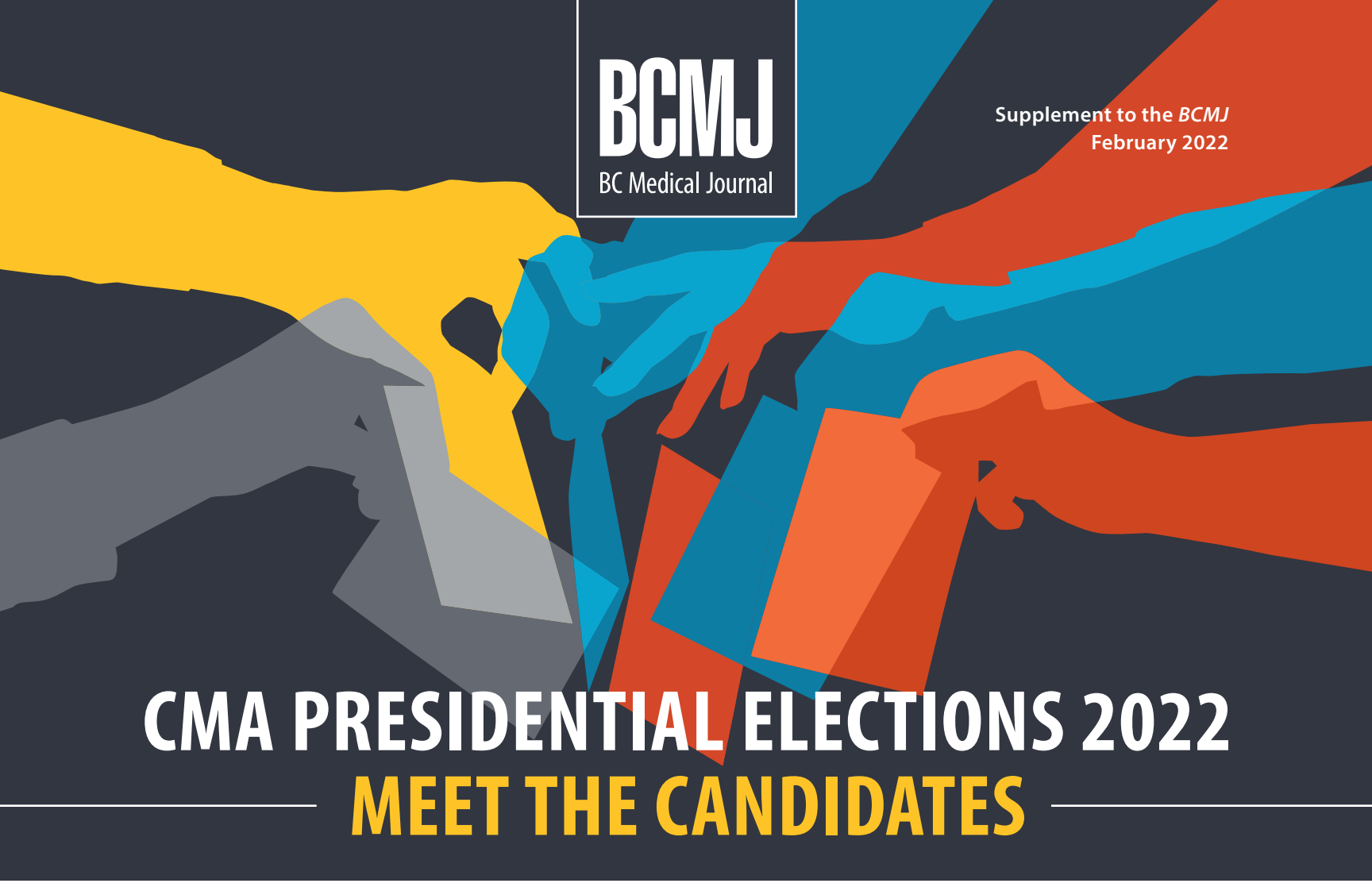


CMA PRESIDENTIAL ELECTIONS 2022

MEET THE CANDIDATES

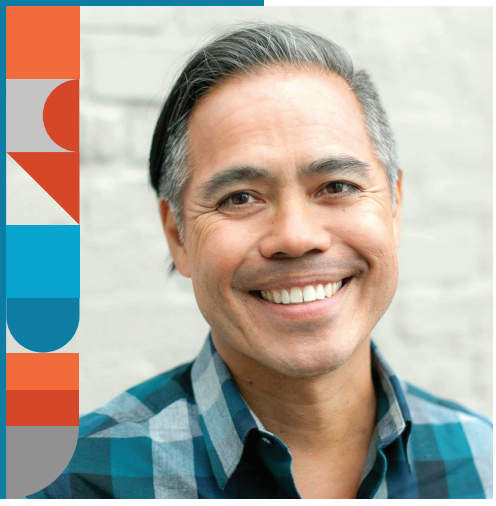
Welcome to a special supplement to the *BC Medical Journal*. As you know, British Columbia will soon be choosing the next president-elect of the Canadian Medical Association. In January, the CMA approached the journal with the idea of putting out a special supplement highlighting all of the candidates. We agreed, and on the pages that follow you will find, in the candidates' own words, information on each to help you make an informed decision when you vote between March 1–15.

Candidates are presented in alphabetical order. The *BCMJ*, the CMA, and Doctors of BC are entirely neutral as to the outcome of the election, and no opinion or preference on the part of these bodies should be inferred from anything you read here, or in its presentation. This information is a tool to help you make your decision as to whom should lead the CMA in 2023–24.

Please vote.

Dr David R. Richardson, Editor
British Columbia Medical Journal

ASSOCIATION MÉDICALE CANADIENNE
CANADIAN MEDICAL ASSOCIATION



Dr. Evan Tlesla II Adams

Dr. Evan Tlesla II Adams is from the Tla'amin First Nation near Powell River, BC, and is currently working as the Deputy Chief Medical Officer of Public Health at Indigenous Services Canada. Before joining ISC, Dr. Adams served as the Chief Medical Officer at the First Nations Health Authority in BC. He was also the first-ever Aboriginal Health Physician Advisor in the Office of the Provincial Health Officer in BC from 2007-2012 followed by the role of Deputy Provincial Health Officer from 2012-2014. Evan completed an MD at the University of Calgary, an Aboriginal Family Practice residency at St Paul's Hospital/UBC (as Chief Resident), and a Master of Public Health from Johns Hopkins University (2009). Dr. Adams served as President of the Indigenous Physicians Association of Canada (IPAC) 2005/06 and is now the Vice-President (2016 to present). Dr. Adams has received numerous awards for his leadership in health care, including the U of C Faculty Of Medicine Alumni Award (2012), Indspire Award for Health (2014) and the CFPC TD Insurance Spotlight on Achievement Award (2019). He also has Honorary Doctorates from Thompson Rivers University (2014), Simon Fraser University (2016), Vancouver Island University (2021) and Adler University (2021). Dr. Adams has led or participated in various high-level committees and working groups including the BC Medical Association Aboriginal Health Committee (2004 to 2008), Dean's Task Force on MD Undergraduate Curriculum Renewal at UBC (2009 to 2010), Board Member of Canadian Partnership Against Cancer (2011-2014), Expert Group on the Potential Canadian Healthcare and Biomedical Roles for Deep Space Human Spaceflight at the Canadian Space Agency (2017-2019), GP First Nations Representative Assembly Delegate for Doctors of BC (2017-2019), National Consortium for Indigenous Medical Education, co-chair of the Anti-Racism Working Group, Powell River Division of Family Practice Board, and the Equity Diversity & Inclusion Advisory Group of the Canadian Association of Emergency Physicians. For over 15 years, Dr. Adams has also been involved at various levels in Indigenous health research including several successful Canadian Institutes of Health Research (CIHR) grants as Principal Investigator. He has also co-authored several academic journal articles & various publications. Dr. Adams also took on numerous roles in movies and television over his career. He won a 2011 Gemini Award for co-hosting the National Aboriginal Achievement Awards. But he is best known for his iconic role as Thomas Builds-The-Fire in the movie Smoke Signals.

Honest - Leadership - Equity - Fresh Perspective

Twenty-one months into the worldwide pandemic, many of us have stepped up at great cost to ourselves to protect the Canadian public. We are tired. But the pandemic has also presented a rare window of opportunity to reflect, reimagine, and open discussions on resetting physician workplaces, physician culture and systemic issues to address workload and wellness. I am committed to supporting connection and relationship with one another and with stakeholders, looking within so that we can begin healing and holding one another up. By empowering physicians-as-leaders, we can initiate the transformation needed to address burnout, system burdens and long-term stressors.

Equity, Diversity and Inclusion (EDI) are core to our future as an Association and as a profession. We are diverse. We need to draw on our existing EDI leaders and champions, broaden engagement and opportunities for learning in creative and less traditional ways, and create platforms for sharing stories and lived experiences related to the width and breadth of our patients and colleagues I so that we can create a movement for change.

CMA is well-positioned as a catalyst, enabler, influencer and convener to advance Reconciliation - specifically, to address anti-Indigenous racism and advance cultural safety and humility in the health system. As discussed in the In Plain Sight Report, while those who experience racism in health care must be intimately involved in developing solutions, much of the responsibility of this work lies with us. The CMA can lead change through shifting the culture of medicine and front line care, enabling strong leadership and strategic planning, and championing advocacy within the larger health care system.

As an Indigenous lifelong learner, learning from Knowledge Keepers and medical teachers is part of who we are. Mentorship is incredibly important to me. I aim to advance ways to connect mentors and mentees for accessible, on-going support, guidance and advice, especially throughout medical school and during career transitions.

I will lead in a good way, with humility and an open heart.

Candidates for CMA president-elect each provided a statement to introduce themselves to members during the election process. Please note the statements have been edited for length only; the views and opinions expressed are those of the candidates.

Dr. William J. Cunningham

Who am I? :

- **Values: Equity, Kindness, Courage.**
- **The Health Care system I want to see: "Excellent care for everyone, everywhere, every time."**
- **My style: Observe, Listen, engage others/develop coalitions and make change happen. Work hard, persevere. I don't just talk about it, I do it.**

My training for the position of President Elect of the CMA:

Academic:

- B.Sc. UBC Honours Biochemistry
- MD.CM. McGill University
- Rotating Internship Royal Jubilee Hospital
- CCFP
- CCFP(EM)
- CCPE (Canadian Certified Physician Executive)
- Sauder Business School (UBC) Physician Leadership Program
- UBC Appointment: Clinical Associate Professor (founding member of Dep of EM)

Clinical:

- Rural: Whitehorse, Yukon. Community Full Service FP (FSFP), in patient MRP, EM at . Whitehorse GH, Maternity, LTC, First Nations Community Carmacks, Medevacs
- Semi rural: Duncan. FP and then mostly EM at Cowichan District Hospital.
- Urban FSP in Langford and then FSP in Rock Bay (Inner city on FFS).
- Urban EM at SPH (Saanich Peninsula Hospital)

To view full bio, please visit
cma.ca/next-president-elect

The election for a President Elect of the CMA, presents a unique opportunity for 12,000 BC Physicians, both Specialists and Family Physicians, both Rural and Urban, both Community and Hospital based, to send a BC informed voice to the CMA.

The position is not only about being the voice of Canada's 80,000+ physicians, as the spokesperson for the CMA, but it also an opportunity to influence health care in Canada from a BC perspective, through the CMA. We need to embrace the opportunity and the privilege. Knowing how to influence counts. As a Past President of the BCMA/Doctors of BC (2013/2014) and CMA and BCMA Board member, numerous committees, SGP/BCFP and SSPS member and now also a Department Head and Medical Director, I understand influence and advocacy. I am an experienced leader, who doesn't just talk about things, but brings about real change. Let us not waste the opportunity.

The opportunity is only 3 years long, so we should send the individual who has the track record of having brought about significant and long lasting positive change many times. A leader who listens and observes, feels/experiences the system (as an Emergency Physician and FP, rural and urban), a leader who knows how to develop the coalitions and push through, persevering, to make real change happen.

It is difficult to represent if one has not experienced and felt what those physicians that one represents feel. My career journey has given me those experiences. I have also had the privilege in being an ally to groups not as privileged as I am, and spent my career moving barriers to equity, creating voice for the voiceless. My leadership journey has trained me well.

I try to live my values of equity, kindness and courage. I don't just talk, I do.

As President Elect and then President and Past President, I would focus on three priorities:

The Human Resource Crisis. It occurs in specialties, but it is worst in Primary Care. It creates moral distress in Family Physicians and Specialists alike and harms patients and their health and wellness. Fix that, and it is very fixable in short order and we can get to happy (or at least happier) physicians and happy patients.

Indigenous Health. Let us listen to Indigenous peoples. Let us be allies and act. First we need to recognise the harm caused by settler peoples and colonialism on the health and wellness of indigenous peoples. As Physicians we then need to work to surface the truth, recognize our collective responsibility, participate in healing and reconciliation and address systemic racism, to ensure that indigenous people can receive equitable and culturally safe health and wellness care. As an organization we need to be a champion ally. Listen, hear and act.

COVID Recovery. Let us learn from COVID pandemic. Let us come back better. Yes, let is continue managing the experience and Long term effects and yet not forget the opioid crisis made worse by COVID and the increased suicides. Let us not forget the consequences of delayed care. Just as, or even more important, are the inequities that became so obvious in our society and our health care system and fix them. The spotlight is on the harm done to Indigenous and racialized/BIPOC Canadians, the elderly, women and girls, now let us stop just talking and act.

Candidates for CMA president-elect each provided a statement to introduce themselves to members during the election process. Please note the statements have been edited for length only; the views and opinions expressed are those of the candidates.

Dr. Sanjiv Karamchand Gandhi

Sanjiv K. Gandhi has been the Chief of Pediatric Cardiovascular and Thoracic Surgery at British Columbia Children's Hospital since July 2010 and is a Clinical Professor of Surgery at the UBC School of Medicine. He is experienced in all aspects of congenital heart surgery, with particular expertise in pediatric electrophysiology, cardiopulmonary transplantation, and mechanical support for pediatric heart failure.

Prior to joining BC Children's Hospital, Dr. Gandhi was an Assistant Professor of Surgery at the University of Pittsburgh School of Medicine in Pittsburgh, Pennsylvania from 2001-2004 and an Associate Professor of Surgery at Washington University School of Medicine in Saint Louis, Missouri from 2004-2010.

Dr. Gandhi received his medical degree from McGill University in Montreal. He completed a general surgery residency at St. Louis University School of Medicine, a cardiothoracic surgery research fellowship at Washington University School of Medicine, a cardiothoracic surgery residency at the University of Pittsburgh, a pediatric cardiothoracic surgery fellowship at the Children's Hospital of Pittsburgh, and a pediatric cardiovascular surgery fellowship at the Hospital for Sick Children in Toronto.

Dr. Gandhi is certified by the American Board of Surgery, the American College of Surgery, the American Board of Thoracic Surgery, and the Royal College of Physicians and Surgeons of Canada - Cardiac Surgery. Dr. Gandhi is a member of several prestigious clinical societies, including the American Association for Thoracic Surgery, the Congenital Heart Surgeons Society, the Society for Thoracic Surgeons, the International Pediatric Transplant Association, the International Society of Heart and Lung Transplantation, and the American College of Surgeons.

Dr. Gandhi has been actively involved in numerous local, regional, and national medical organizations throughout his career and has a keen interest in improving the health care delivery system for all patients across Canada.

Goals

As a Pediatric Cardiothoracic Surgeon, I have spent my career, both in Canada and the United States, caring for some of the most acutely ill children that present to tertiary medical care. Why would I want to assume the role of President of the CMA? Much of my impetus to return to Canada in 2010 was due to the glaring inequities I observed in American healthcare. The altruistic goal of wanting to care for fellow human beings that led most of us to medical school was not fully attained in the US. Socioeconomic status made a huge difference in health care outcomes, not just for advanced therapy like congenital heart surgery but for more basic medical care, like primary, prenatal, and emergency room care. The return to Canada was, in one sense, extremely gratifying. To be again immersed in a system where all members of society had equal access and where the encumbrances of the private insurer were not in play was a pleasure. However, the Canadian system is far from perfect. There are many challenges to offering the best care for patients, challenges created by a system enveloped in bureaucracy, layers of red tape far too thick, and government and hospital leaders and administration that often know little about actual clinical care. Capacity is lacking, ERs are too full, surgical wait times are too long, and the list of problems continues. Most ascribe problems in government-controlled systems to lack of money. However, substantial improvements in the health care system can be accomplished by changes that improve efficiency and hence improve care, without increasing cost but rather decrease cost. Another myth about health care access is that the system requires more doctors. Some super specialists are in high demand but more doctors are not always the answer. We need to think outside of the traditional box of doctors and hospitals. Modern hospitals have evolved into technologically advanced and very expensive institutions, designed for caring for ill patients requiring intense medical, nursing, and other supports. They are terrific places to get treatment for a congenital heart defect or if one is involved in a serious MVA. However, they are not ideal locations for caring for those whose degree of illness can legitimately be managed at home. Many health problems require innovative approaches to assure adequate treatment and monitoring that is focused on the home which could offer better care for patients in a more friendly, familiar environment, provides far less disruption to family dynamics, and provides financial savings to the health care system and strengthens the general economy by minimizing lost family wages when employment is disrupted by inpatient management of a loved one. Reallocation, rather than addition, of resources, can quickly transform theory into practice. There is tremendous work happening all over the Canadian health care system and much to be proud of. This system is perhaps one of the most cherished social programs of its citizens but major improvements do not require reinvention of the wheel. The vision of the CMA ("achieve a health system that's sustainable, more accessible and patient partnered, a new medical culture... focused on physical and mental well-being, and a society where every individual has equal opportunities to be healthy") aligns perfectly with my observations and goals for the future.

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Dr. Jason Kur

For the past 16 years, Dr. Jason Kur has practiced rheumatology in Vancouver, BC. He is a medical director of the Artus Health Centre in Vancouver, a large, multidisciplinary rheumatology practice in BC. He is a member of the clinical staff of Vancouver General Hospital and a Clinical Associate Professor at the University of British Columbia. For more than 14 years Dr. Kur also provided rheumatology traveling clinic outreach services to Terrace, BC.

Dr. Kur has served as the president of the BC Society of Rheumatologists since 2010. In that role, he has championed multi-disciplinary care, creating a sustainable outpatient nursing model of care in BC that has transformed this sub-specialty of medicine.

Dr. Kur has recently chaired the Canadian Rheumatology Association National Fellows Review Course. He is a member of the BC Specialist Services Committee and a past delegate to the Doctors of BC Representative Assembly. Previously he had served as the President of the Canadian Federation of Medical Students and a student member of the Board of Directors of the Canadian Medical Association.

Dr. Kur is a recent graduate of the UBC Sauder Physician Leadership Program. He was also the recipient of the 2019 Canadian Rheumatology Association Practice Reflection Gold Award as well as the 2019 University of British Columbia Rheumatology Advocacy Award.

Goals

As a future President of the Canadian Medical Association, I will advocate for improved access to care for Canadians and I will inspire my colleagues to adopt innovative models of care delivery.

My vision for health care strongly resonates with the CMA's Impact 2040 Strategy, which envisions that we must concomitantly address (i) the health of our system, (ii) the health of our physician colleagues, and (iii) the health of our communities. It is only by addressing and being cogniscant of all three of these integral aspects that fundamental improvements can be made.

One important priority for the CMA, in my opinion, is we need to continue to advocate for inclusion, and diversity in medicine. Inclusion in the sense that all members of the profession have the chance and realistic opportunity to participate in the decision-making process. Diversity in terms of a vibrant workforce that reflects more accurately the populations we serve in Canada.

Inclusion and diversity are necessary, in order to promote access to health care, and to produce safe environments for all people in Canada who need to receive care. Through promoting awareness of educational needs around inclusion and diversity, and of the importance of trauma informed practice, this can bring about transformative change. Education, and support from the CMA for members, to strive for ideals, and best practice, based on equity, fairness, human dignity, current research, has the capability to address many issues facing our system.

I hold that we are still in the very early stages of addressing inclusion and diversity in medicine. It is only in the past decade or so, that concerted reflection on the need to bring about change has really come to the fore. We, in 2021, might say that we have finally a much more heightened awareness that we need to provide culturally safe care spaces, for our Indigenous; First Nations, Inuit and Métis Peoples, and for our LGBTQ2S+ communities, and all other Canadians who have faced stigma and racism. But even with this heightened awareness, without real effort and commitment, there can be regression, all of this dependent on the tides of cultural and political dynamics.

One practical aspect in terms of improving equity, inclusion, and diversity, is in assertive action vis-a-vis health care workers being reflective of the population they serve. Twenty years ago, in our student battle against tuition deregulation, we expressed this idea, that medical students ought to emerge from diverse communities. As students we hoped to ensure equitable access to medical education for all Canadians regardless of socioeconomic and cultural backgrounds. Now, even two decades later, when more awareness has arisen, that principle still must continue to be articulated, in order that what is gained will not be lost, and what is still absent can be gained.

There needs to be ongoing commitment to diversity and inclusion in all aspects of medicine, and ways to do this include ensuring the CMA builds stronger connections with underrepresented groups in medicine.

I commit myself wholeheartedly to work for diversity and inclusion, for the betterment of all my colleagues, and for our evolving system.

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Dr. Kathleen Ross

Dr. Kathleen Ross is a Family Physician in Coquitlam and New Westminster with clinical work in community primary care, obstetrics and surgical assist work, including cardiovascular surgery, at Royal Columbian Hospital. She is a wife and mother of two. She holds a M.Sc. in Pathology and a M.D. from UBC and continues to teach in the UBC Department of Medicine Undergraduate and Postgraduate Programs. Numerous leadership roles have provided Dr. Ross opportunity to establish healthcare policy and lead grassroots improvement to both community and acute care services, including: Past President of Doctors of BC; Founding member and Chair of the Fraser Northwest Division of Family Practice, RCH Collaborative Services Council, and FNWDFP Shared Care Committee; and President of the RCH Medical Staff.

Dr. Ross is recognized for her interest in advancing technology in front line clinical care. She has served as the Physician Lead and Chair of the Pathways Patient Referral Association from inception to its current state as an irreplaceable online clinical and referral resource directory tool for Physicians in BC and the Yukon. Volunteerism is important to Dr. Ross. She has twice been recognized by Rotary International District 5050 for her healthcare educational training project work in remote Andean regions of Peru. She is a board member of Rotary World Help and the International Affairs Committee Chair for Rotary Club of Coquitlam. Dr. Ross works to awaken and empower young women and girls to their possibilities via Girl Guides of Canada. In recognition of long standing community and international service work, Dr. Ross was inducted into the Terry Fox Wall of Fame in Port Coquitlam in 2019.

In pursuit of her commitment to ongoing quality improvement in healthcare, Dr. Ross recently completed the IHI Physician Quality Improvement Certificate Program targeting increased antenatal awareness of fetal movement changes to reduce adverse pregnancy outcomes at RCH.

As a founding member of Doctors of BC Diversity and Inclusion Advisory Group in 2018 and Physician Lead for the RCH Antiracism and Unconcious Bias Working Group in 2021, Dr. Ross remains commited to learning, increasing awareness, education, and ongoing implementation of inclusive, diverse, and antiracism practices in healthcare.

The COVID-19 pandemic is fundamentally shifting the delivery of health care in Canada, an unprecedented disruption opportunity. My many interactions with Canadians and all levels of government reveal that we have their attention. The pandemic's exposure of systemic inequalities, deficiencies and racism demands a major shift in our approach to care. The impact of climate change on health can no longer be ignored.

Healthcare Reform: To be most effective and efficient, healthcare should be rooted in the community, guided by nationally established expected standards of care. Our commitment to collaboration and respectful relationships with indigenous people and communities is essential to this reform. Services should be accessible, high-quality and delivered in a culturally safe fashion close to home. Yet, primary care is in critical overload and acute care waitlists are growing. Smart integration between community and acute care, primary and consultant care, and home and residential care will be needed. New models to address the multiple root causes of the primary care crisis and to address the backlog of acute care services will require new investment. I will use my experienced voice to advocate for new resources in primary and community based care infrastructure and enhanced acute care services, including imaging and surgical procedures. Continued development and leveraging of enabling technologies to empower patients, enhance patient care and reduce physician workload is required to address such burdens as: continuity of medical records; information sharing between providers; team based care; virtual support for longitudinal primary care; and real time access to specialty consultation to improve patient care and smooth the patient's journey.

Physician Wellness: The tenuous nature of our healthcare workforce is now highlighted, in particular the systemic and medical culture issues driving burn out and moral distress. Urgently addressing our physical and psychological safety as we deliver healthcare is long overdue. Together physicians, patients, communities, and governing bodies can proactively define our new Canadian healthcare system and the evolving role of Physicians to optimize use of our skills in a safe environment to the benefit all.

Physician Advocacy and Leadership: CMA's Impact 2040 outlines aspirations for a healthcare system that works better, smarter. Engaging frontline physicians to actively share their real time issues is critical to attaining ongoing system improvements. In my 18 months as Doctors of BC President, I actively captured critical physician voices in understanding, and addressing, evolving systemic barriers and limitations in healthcare delivery. I intend to use my skills to further enhance physician leadership, advocacy, and engagement at all stages of their careers, particularly in residency and early career, our future. The need for authentic, frontline, grassroots, and experienced perspective in both community and acute care has never been greater. My extensive medical and community leadership and advocacy experience is unique. I have strong skills in engagement and facilitating discussions on key issues, policies, and media. I am a servant leader who has demonstrated the ability to act on behalf of my colleagues to lead meaningful system improvements. I will bring my experience as an inspirational leader, strategic planner and passionate physician advocate to my work as CMA President Elect.

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Dr. Caroline Y. Wang

Dr. Caroline Wang is a family physician in Richmond and Vancouver, BC since 1986 with extensive leadership positions in organized medicine, community non-profits, and senior administrative experience. After graduating from UBC in1984, she was in full time practice with active staff hospital privileges at Richmond Hospital for over 20 years. In 2014 Dr Wang obtained a Master degree in Public Administration (MPA) from Robert F. Wagner Graduate School of Public Service, New York University, ranked No. 2 in Health Policy by USA Today. Her courses included strategic leadership, non-profit governance, health policy and management, conflict management and negotiations.

Dr. Wang was elected as a director on the BCMA (now DoBC) for ten years (1998-2008) including 9 years as district delegate and one year on the executive as Honorary Secretary Treasurer. She was on the CMA General Council for 5 years (2002-07). She served as President of the Vancouver Medical Association (2000-02), Chair of the Area Medical Advisory Committee, Richmond Health Services (2002-05), and numerous committees on BCMA and Vancouver Coastal Health Authority. Her community leadership roles include as Founding President of Assocation of Chinese Canadian Professionals BC (2000-02), President of the Chinese Canadian Medical Society BC (1996-97), and President of the Federation of Chinese Amercian and Chinese Canadian Medical Societies (2002-03). She is the founding President of the Coalition for Better Health Care Society (2018-).

Dr. Wang was honored with the Primus Inter Pares Award, Vancouver Medical Association (2015) and is a Fellow of the New York Academy of Medicine.

With the Covid-19 pandemic that seriously disrupted the health and health care of Canadians, the need for effective leadership from the CMA as the voice of the medical profession has never been greater. During this time of crisis, I believe that Canadian physicians must step up to seize the opportunity to work together and advance CMA's vision of a vibrant profession and a healthy population.

I believe that I have much to contribute with my experience in organized medicine and senior administration, academic training in health system policy and management, in addition to over twenty years in full-time independent family practice. As a longtime physician advocate, my aim is to strengthen the voice of the CMA and Canadian physicians to achieve the quadruple aim of better care, improved population health, reduced costs, and physician health and professional satisfaction.

Impact 2040 provides an excellent framework to advocate for policy reforms at the system level that will help achieve improved health outcomes at the individual and population, by empowering all physicians to contribute their wisdom and experiences through meaningful physician participation and engagement.

My aim is to create high impact, transformative changes by working with the membership and provincial and territorial associations to drive physician-led innovative solutions that address priority issues and root causes of system fragmentation, inequity, and physician burnout.

The CMA as enabler can enhance opportunities for physician leadership training in evidence-based policy and practice to influence policy solutions and accountability at all levels of health system leadership. A high priority is strengthening the primary care foundation with support and incentives for comprehensive family practice. CMA has a critical role in supporting physicians to co-create innovative models of integrated patient-centered care, evaluated and scaled for quality, value, and sustainability.

Now is the time for the CMA to empower the medical profession to shape the future of health care and better health for all Canadians.

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Voting period: Mar. 1–15, 2022

S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

On Mar. 1, all CMA members in BC will receive an invitation to vote via a secure third-party site. Voting will be conducted electronically by preferential ranked choice ballot, meaning that each voter will be asked to rank the candidates in order of preference. Voters will not be required to rank all candidates.

The election results will be declared on Mar. 18.

The successful candidate will be put forward for ratification at this year's CMA's Annual General Meeting, scheduled for mid-August.

Questions? Visit cma.ca/next-president-elect or contact nominations@cma.ca.

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