



# DR. CHARLES WEBB

**A BRAVE NEW VISION**

Dear Colleague,

It is a great privilege to offer myself for re-election to a director's position on the Board of the Canadian Medical Association (CMA) for the 2020-24 term. With the nation, our doctors, and our organization grappling with the pandemic I am asking for your continued support for:

- **Democratic reform** in our national body, and
- **Policy innovation** focused on **better outcomes for our patients;** and **optimized involvement for our profession.**

## Democratic Reform

You and your colleagues first trusted me with representing you in 2015 as President of the Doctors of British Columbia (DoBC). Both that DoBC presidency and the CMA directorship that followed it in 2017 were the product of joint efforts with my late and dear friend Dr. Jim Busser. Jim and I were, and I remain, **committed to a more transparent, well-governed democracy** for the profession we all share.

A specific example of action in this area are my ongoing efforts to have all members vote directly (as we do in BC) in five newly created regions that mirror the CMA regional forums hosted this spring. I hope with your support to see this direct, **regionally based voting system** replace the current federal one which, in my opinion, has been used to divide members and silence input.

In another example of this democratizing work I was pleased to welcome a non-physician to the CMA board – former Ontario Minister of Education and Social Services Janet Ecker. This move not only diversifies the voices at our table, it broadens our reach as an organization. A simultaneous move on my part, made at the tumultuous CMA Annual Meeting in 2018, aimed to improve the governance and productivity of the Board. The key here is to **support representative democracy and root out uncontested sinecures**. The changes I strongly advocated in a speech from the floor have since streamlined the Board from 26 to 19 members.

My next target is diversifying, through democratic engagement, that streamlined Board. Currently no one other than the President, is directly elected by rank-and-file members. The results – an almost totally white and male dominated board – are as predictable as they are unrepresentative of us as a profession. This needs to change.

## Policy Innovation

Having served as both a CMA director and Currently President of the Vancouver Medical Association, I have brought your voices to the national conversation. In Ottawa, acting as a registered lobbyist with the Federal Government I took opportunities to persuade the Prime Minister, personally, to **embrace team based primary care for the nation**. Working with a coalition that included the CMA, College of Family Physicians of Canada, the Canadian Nurses Association, and the Canadian Association of Social Workers, I have been at the forefront of these efforts co-hosting forums and catalyzing conversations. I am thrilled to report that this work has not gone unrewarded: Since the Liberals' re-election last autumn, and again in the latest Speech From the Throne the Federal Minister of Health has not only been mandated to move forward with team based primary care, but has also been given a \$6 billion down payment over the next 4 years to get the work done.



## Better Outcomes for Patients

With the Federal government investing in PHC we now need to focus on **devolving care from outdated overcrowded hospitals toward community-based specialists and centres of investigative and procedural excellence**. National health human resources policies need to be recast to support a future where regional hospitals are smaller and less numerous; warehouses for older adults have been closed; and healthcare teams are integrated into the communities they serve with less wasteful administration. If this sounds fanciful, one need only consider the decimating effect of the pandemic on our seniors in care homes noting that Denmark is already most of the way there.



The CMA needs to be at the leading edge of these changes, ensuring not just a grand vision, but that along the way to better patient outcomes, real policy attention is paid to physician health, virtual care, and new residency models with improved online matching. The days of our young colleagues – the future of the profession – being shipped like lost baggage all over the continent need to be behind us. National licensure is a key element here too, and I'm proud of the work already done in this area.

## Optimized Involvement for our Profession

Soon after my election to the Board, the lamentable but unavoidable sale of MD Management (MDM), placed the CMA in a position that can only be envied by the rest of the world. No other professional association on earth currently has such resources. This \$3 Billion together with the disruption and rapid shift to virtual care caused by the pandemic represents a tremendous opportunity. As the federal government has stepped into the policy vacuum of long term care to safeguard Canada's older adults, the importance of our national organization has never been more apparent. **Innovating policy to improve care requires us to transcend provincial boundaries**. And so, I am committed to deploying our newfound resources to:

- empower Regional Forums that cut across the provincial silo's presently constraining us;
- improve the online communication portals that are vital to association's democratic life;
  - » ramp up our capacity to deliver virtual AGMs, health summits, and other events that connect and inform our members
  - » support the quality improvement, change management and applied research that are necessary to understand and improve the care we deliver; and
- expand our existing communities of practice.

As the dust settles on the sale of MDM, and a vaccine for SARS-CoV-2 moves us towards greater normalcy, it is time to focus on, and invest our resources in, services for our community and improvements for our patients.






## Skill Sets and Training

Having worked, as a South African immigrant to Canada, in the North alongside Manitoba First Nations, as a GP anaesthetist, and ER MD in rural BC, now a full-service GP in Vancouver, I bring a diversity of clinical experience to my service. In gearing up to register as a professional lobbyist on your behalf, I completed both the GPSC Leadership and Management Development program and later the ICD-Rotman Directors Education Program through the University of Toronto and SFU. While on the CMA Board I have served 3 years on the Finance Committee, and last year was appointed to the Governance Committee. With these skills and experience in Ottawa in place, I am again asking for your support.

My promise to you is one of hard work focused on democratizing our association and innovating policies for our profession. I hope I can count on your continued support.

**Charles Webb**  
MB ChB DASA ICD.D

 [drcharleswebb.ca](http://drcharleswebb.ca)  
 [@webbcharleswebb](https://twitter.com/webbcharleswebb)  
 [@webbcharleswebb](https://www.linkedin.com/company/webbcharleswebb)