

Alberta Doctors' Digest

CMA president: "As physicians, we advocate for our patients every day"

Student Advocacy

Dr. Gigi Osler

Presentation to Medical Students' Association

University of Alberta

February 11, 2019

Thank you very much for coming out today. It really is a pleasure to be here. In 151 years, I'm the eighth female president and the first female surgeon. So it's always a nice place to start to be a bit of a ground-breaker. And I always start by saying 20 years ago, when I was in medical school – or over 20 years ago – I never pictured myself being up here. I think the most advanced leadership position I had in medical school was in first year, and my friend and I were the social organizing reps.

So it was first term; we're new, we're keen. We thought, "We want to make a good impression." So we organized a social, but we really wanted to make sure we made some money. So, we picked a hotel, which in retrospect was not the nicest hotel to have it in. It was a bit of a biker bar – which we didn't know until later – and not the nicest area in Winnipeg. But it was super cheap and that was why. And then we thought, "Why serve food? You know, the event will make more money if we don't have to buy food," so we didn't serve any platters. There was no food, which we found out later was illegal. But we did manage to make a little bit of money.

Part of my reason to tell you that is because I think your generation is starting off with far more leadership training and skills than generations past. And it's always exciting to see each generation come forward with more knowledge, with more skills than generations past. So, I have nothing to disclose. And if you did happen to be at the CMA meeting last August, you would have seen this slide before. And it's one of my favorite slides to use because it grounds me, and it tells you a little bit about who I am.

My mother is/was a nurse from the Philippines. She's retired now. And she raised me to be a strong and independent woman. My father was a physician from India, and that's how they met, in Winnipeg, at the then municipal hospital. And I'm an Osler through marriage, so Sir William was my husband's great-great-great uncle-in-law. And he is widely considered to be the father of modern medicine, introduced patient-centered care, and also served as the 17th president of the Canadian Medical Association. So, I get to say that I'm the only CMA president that's had sort of two kind of in-the-same-family presidents.

As physicians, we advocate for our patients every day. It's through the experience, and from the leadership training that you get, that I see a lot more medical students wanting to become better advocates and better leaders. And so, as you heard earlier, I did not start out my career thinking I would end up in this position. I did spend a number of years involved with my provincial medical association, Doctors Manitoba, and my last position there was chair of the Physician Health and Wellness Committee. But the CMA presidency rotates between the different provinces, and depending on how many members your province has, that's what determines how often your province gets a turn at the presidency. So, I'm not sure what it is for Alberta, but for Manitoba, for example, we get a turn about every 16 years. Ontario gets a turn every four to five years.

So, it was about September 2016, and I was at a meeting with a colleague from Doctors Manitoba and we were talking about the meeting that was going to be in Winnipeg in 2018. We knew the president would come from Manitoba and be installed at that meeting. But you have to spend a year as president-elect first. And there was going to be an election that winter in Manitoba to select the president-elect. And as we thought about who was going to run, they turned to me and they said, "Why don't you do it, Gigi? You should run. I think you'd be great because of this, this and this." And my initial response was, "Me? Who's going to vote for me? Why me?"

And in retrospect, it was a little bit of imposter syndrome and a little bit of not knowing that to be CMA president, all you had to be was a CMA member and get 10 people to sign your nomination form, and be willing to run in the election. I had thought you had to be a past president of your medical association, or at least on the board, which I wasn't. So I thought about it all night because the prospect of running terrified me and excited me. By the end of the morning, it excited me more than it terrified me, so I decided to run. And what excited me most about the possibility of running was to elevate a lot of the discussions I'd been having with my colleagues from that provincial level to the national level.

Physician health at that time was still something that you sometimes talked about. There were certainly no national initiatives. Different provinces had physician health programs. We had just brought one into Manitoba. But I recognized that when you step into this role, and when you have this platform, the opportunity to raise issues to that other level is probably the greatest thing you can have across the country. And so, as CMA president, you will hear me talk about things like pharma-care or things that the association speaks out on. But we're also going to be talking about things you may not have heard us talk about before. Things like unmatched Canadian medical grads, national licensure, climate change, diversity and equity in medicine.

And there's been a shift, sort of, in this communication that we have. We are recognizing how important our voice is as a CMA, and as physicians, and how important it is to be a voice – not just for the profession, but for our patients and for the health care system. And what I've come to realize is how important and meaningful your voice is. Even Dr. Clarke and I were talking outside earlier about how important the voices of medical students are. You are the future physicians and I truly believe your generation is going to be a generation of change-makers. Because you're coming into practice with more leadership and advocacy skills than generations past.

And so, at the CMA we are committed to strengthening the profession and strengthening our relationship with medical learners – our medical students and our residents – and engaging with you in a lot of our advocacy efforts. We're doing it together and not alone. And our goal is to support physicians, and all the physicians in training, to advance the health of our patients and our health care system. We do that by working with you, with our members, and more and more with our patients.

I'm sure you've heard of some of the advocacy initiatives of the CMA. They are really important touch points – physician health and wellness, equity and diversity in medicine. We are working on a new policy looking at our medical workforce. And it's not just about gender. There's this growing body of research that's showing how the more diverse our workforce is, the better the patient outcomes. We are also looking at Canada's physician workforce, and in particular some of the mismatches. Mismatches between the number of medical students graduating and residency positions. Mismatches between graduating residents and practice opportunities. Imbalances between the number of family doctors, specialists, and sub-specialists that we're training.

We're also exploring the possibility of virtual care, and how virtual care could improve access to health care for many of our patients. And, in particular, access for our marginalized patients – access for our patients that live in remote, rural, northern or Indigenous communities.

How many of you here have heard of the Ambassador Program? The Ambassador Program provides an introduction to health policy and advocacy for medical students, residents and physicians in the first five years of practice. The ambassadors learn about medical policy, connect with like-minded peers, meet and get mentorship from physician leaders. You receive funding and support to attend CMA events and you also help provide us feedback into much of the policy work that we're doing. The goal of this program is to ensure that we're meeting your needs, the next generation of medical professionals. So, if you're interested in the Ambassador Program, let us know. It really is an incredible program and we are always looking to involve medical students interested in policy, advocacy and leadership.

We also offer advocacy coaching sessions to interested medical students, residents or physicians. This program has a five-step process for building an effective advocacy campaign and it teaches participants how to apply that five-step process to any advocacy idea that you're interested in.

There are other ways to get involved. If you go to cma.ca, you can join the member voice group and we have e-panels, which are very short surveys or questionnaires that come out a couple times a year to ask questions about some of the work that we're doing. So, for example, in the early fall, we had an e-panel asking participants if they would be interested in national licensure and the results of that was overwhelmingly "yes." We've taken that feedback and we are looking at taking a leadership role in looking at the advantages and barriers to getting a single, national medical license.

We have some community engagement platforms as well. If you have a policy that you'd like to put forward, you can submit it online as a member proposal. And the annual general meeting and health summit is held every year. This year, it will be in August in Toronto. If you're interested, you can find out more information on the website, or join the Ambassador Program (then you might be able to get sent there free of charge).

So if I could leave you with one piece of advice, it's this. I look back to when I was asked to run for this position. And my initial response was "Why me?"

I've thought about it in the two years since and I think the response should have been "Why not me?"

If an opportunity comes your way, think about what you would bring to the table and what your voice would add to the conversation.

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