CMPA.
Empowering
better healthcare

MINUTES OF THE CMPA ANNUAL MEETING OF MEMBERS 2017

QUÉBEC CITY QC – AUGUST 23, 2017

The 2017 annual meeting of the Canadian Medical Protective Association (CMPA) was held, starting at 1:30 p.m. on Wednesday, August 23rd, 2017, in the Palais / Kent Ballroom of The Hilton Québec, 1100 René-Lévesque Boulevard East, Québec City, Québec. The meeting was conducted in English and French and simultaneous interpretation was available for all attendees. The meeting was recorded for webcasting to the membership, and said webcast is available until August 22nd, 2018 through the annual meeting page of the CMPA website. There were an estimated 152 physician-members present.

INTRODUCTION

The President, Dr. Jean-Joseph Condé from Val d'Or, Québec, welcomed the attendees and introduced the individuals at the head table:

- Dr. Debra E. Boyce from Peterborough, Ontario, 1st Vice-President
- Dr. Hartley S. Stern, Executive Director/Chief Executive Officer (CEO)
- Dr. E. Douglas Bell, Associate Executive Director and Managing Director, Office of the CEO
- Mr. Domenic Crolla of Gowling WLG, General Counsel

Dr. Condé acknowledged the presence of three past presidents, Drs. Edward T. Crosby, Lawrence E. Groves and William S. Tucker, and past Executive Director, Dr. John E. Gray. He then recognized the current and newly elected CMPA Councillors. He also welcomed and congratulated Canadian Medical Association (CMA) delegates, who have been celebrating the 150th anniversary of their organization during the past few days.

The President indicated any additional business and questions should be raised for discussion during the other business section of the meeting. He reminded the participants that only members were permitted to ask questions, raise issues or vote.

Dr. Condé noted the business portion of the meeting would be followed by an information session on *The physician's voice: Empowering better healthcare.* Stressing the value of feedback, he asked the participants to complete and return, upon conclusion of the information session, the evaluation form provided in the registration package.

CALL TO ORDER

Dr. Stern, Executive Director/CEO, read the notice of the 2017 annual meeting of the Canadian Medical Protective Association and declared the meeting to be duly constituted.

APPOINTMENT OF SCRUTINEERS

Dr. Condé indicated Drs. Philip A. Baer of North York ON, Michael R. Bow of Edmonton AB, and Florence P.M. Flambert of Québec City QC were prepared to act as scrutineers in the event a vote should be required.

A motion to accept the proposed scrutineers was moved by Dr. Michael T. Cohen, seconded by Dr. Claude Mercier, and carried.

APPROVAL OF THE MINUTES OF THE 2016 ANNUAL MEETING

The minutes of the 2016 annual meeting held in Vancouver, British Columbia had been posted on the CMPA website and copies were made available at the rear of the meeting room.

A motion to approve the minutes of the 2016 annual meeting held in Vancouver, British Columbia was moved by Dr. M. Christopher Wallace, seconded by Dr. Lawrence E. Groves, and carried.

PRESIDENT'S REPORT

Dr. Condé referred meeting attendees to the *CMPA 2016 Annual Report,* which was available on the Association's website. He noted a handout of key information was included in the meeting package and he highlighted significant points from the document.

THE ENVIRONMENT

Dr. Condé indicated, since 1901, the Association has provided medical liability protection to physicians, providing them with the confidence to make decisions that will result in better patient care. The world has changed significantly over that time and the pace of change has accelerated in recent years. While dealing with constrained resources, physicians have had to navigate new provincial and national legislation and regulations, all of which have had important effects on medical practice. Expectations around the introduction of new technologies and digital resources are also changing the way physicians practise and interact with their patients. Recognizing that change is a constant, the CMPA will continue to evolve its advice and services to meet physicians' changing medical-legal needs.

The Association is led by physicians who share members' commitment of contributing to safe medical care and of having a tangible impact on the healthcare system. In 2015, the CMPA launched its new Strategic Plan that identifies three strategic outcomes to advance its mission and vision: assisting physicians, contributing to safe medical care, and supporting the medical liability system. The Association continues to build on a long track record of success, while simultaneously adapting to meet evolving member needs and responding to changing stakeholder expectations.

2016 ACCOMPLISHMENTS

Dr. Condé noted that in 2016 the CMPA received nearly half a million calls regarding medical liability protection services, and cited the following examples:

- The volume of newly opened medical-legal cases increased 10% in 2016, including almost 900 new civil-legal actions and reflecting significant growth in College, hospital and advice cases. There has been a nearly 60% increase from 2007 in cases now managed by physician advisors who provide physician-to-physician advice. Service levels remain very high and the Association's most recent member satisfaction rating was at 92%.
- Building on the core value of mutuality, the CMPA's new member support program provides members with tailored support aimed at improving safety, enhancing satisfaction and reducing risk in their practice.
- In 2016, over 200 meetings and policy submissions allowed the CMPA to communicate its point of view on healthcare system issues, including the containment of medical liability protection costs and improvements in civil justice and medical regulatory authority processes.
- To support safe medical care, the Association now delivers targeted advice and education to physicians throughout the continuum of their practices. Specifically, a new Resident Symposium has been developed with the input of the Resident Doctors of Canada to help prepare new physicians for entry into practice. The program is to be piloted in the fall of 2017 with the goal of reaching all 17 medical schools by 2020. The CMPA continues to provide education to physicians, to work with its partners to advance safe care in institutions and other clinical settings, and to foster improvements at the system level.
- Finally, the CMPA has been developing new, value added services to address members' emerging requirements, as well as those of the institutions in which they practise.

2016 REPORT OF THE AUDIT COMMITTEE

Dr. J. David Naysmith, Chair of the Audit Committee, reported that KPMG audited the CMPA 2016 financial statements and, in an unmodified opinion, attested the statements appropriately present the results of operations in 2016 and the financial position of the Association as at December 31st, 2016. The 2016 financial statements were available to the members in attendance and on the Association's website.

2016 FINANCIAL REPORT

Mr. Stephen Bryan, Chief Financial Officer (CFO), referred meeting attendees to the summary of the 2016 Consolidated Financial Statements in the *CMPA 2016 Annual Report*, available on the Association's website. He noted the full financial statements were available in the meeting room.

The CFO noted the CMPA is a not-for-profit organization and does not seek to generate a profit or pay dividends to shareholders. Its goal is to maintain a fully funded position in which each dollar of assets is held towards an expected discounted liability. The Association provides occurrence-based protection that extends from the date care was provided, irrespective of when a claim is made. Given a claim may be initiated many years after the care was delivered, the CMPA must estimate the expected costs of a single year, recognizing these costs may not be fully known or paid for 35 years or more.

MEMBERSHIP REVENUES

Mr. Bryan noted, in 2016, approximately 95,000 physicians looked to the CMPA for their medical liability protection. Estimated payments for the ultimate cost of providing protection for occurrences arising in the 2016 membership year are expected to be made over the next 35 years or more. The total expected cost for each occurrence year should generally be paid by the members of the Association in that year.

In summarizing the membership fee calculations, the CFO reported the estimated liabilities of two fee regions exceeded estimated net assets, and this required the Association to apply a fee debit of $126 million to the 2016 fees in British Columbia, Alberta and Ontario, producing an estimate of the fees the CMPA expected to collect of $556 million. He demonstrated the relationship, over the preceding five years, between the expected occurrence year costs and the membership revenue, with the difference being the adjustments to reflect the financial position.

INVESTMENT RETURNS

Mr. Bryan stated the CMPA's actively managed investments in the 2016 year returned 3.4% and, over the past ten years, the portfolio averaged a 6.7% return. The assessment of Council and both the Association's external actuarial peer reviewer and the external auditor is that a 5.5% long term return remains appropriate.

PROTECTION COSTS

Turning to the 2016 protection year costs, Mr. Bryan reported, at $172 million, the compensation paid to patients on behalf of members is lower than both what it has been in the past six years and the linear trend line, which is slightly over $200 million. In breaking down the $172 million paid in 2016 by the occurrence year, he noted the year-over-year variance. The CFO highlighted trends in the expenditures and identified the cost differential in payments between regions, which is reflected in CMPA membership fees.

While the CFO noted the stability in legal costs for civil legal actions, he identified an increase in the costs of providing support to members involved with College, hospital and other matters. He stated the Association, working with Colleges and hospitals and leveraging the experience and expertise of its physician advisors, is committed to containing the growth of these costs while ensuring a fair and appropriate process for its members. These and other efforts resulted in holding 2014, 2015, and 2016 overall legal expenditures below those of 2013.

PROVISION FOR UNPAID CLAIMS

Mr. Bryan explained, at the end of 2015, the CMPA's estimate of the liability from unpaid claims resulting from medical care provided by members, in the years leading up to and including 2015, was $3.584 billion. Having taken into account both payments made in 2015 and the estimated costs of providing protection for care delivered in 2016, and then re-assessing the valuation of those claims to apply the most current trends, the provision for unpaid claims, as at December 31st, 2016, was $3.578 billion.

OVERALL FINANCIAL POSITION

Mr. Bryan reported, at the end of 2016, the CMPA's total assets stood at 105% of the total estimated liabilities, resulting in a positive net asset position of $206 million, a marked improvement from the end 2015 position of a $94 million deficit.

The CFO stated the Association takes a measured approach to returning to full funding and recognizes that, in light of the year-over-year volatility and the estimated costs being paid out over a lengthy period of time, a long term view that does not overreact to temporary deficits or surpluses is required.

2018 AGGREGATE FEE REQUIREMENTS

Dr. Stern, Executive Director/CEO, commenced a presentation of the 2018 aggregate fee requirement by explaining a CMPA member can look to the Association for medical-legal assistance regarding an occurrence that took place while he/she was a member, regardless of when the medical-legal issue arose. As a consequence of this occurrence-based protection and of the Association's commitment to maintain a fully funded position, membership fees levied in a given year are intended to cover the ultimate cost of all assistance provided to members arising from care in that year. As fees are set in advance of the occurrence

year and long before the ultimate costs of an occurrence year are known, the Association makes use of actuarial models to determine the best estimate of what these costs might be, and updates these actuarial models to reflect the most current information available.

The Executive Director/CEO indicated, recognizing there are different medical liability protection cost structures across the country and with a view to an equitable allocation of costs, the CMPA employs four fee regions. There is no subsidization or cross-assignment of costs between regions.

Summarizing the projected slides depicting current year costs and fees, Dr. Stern proceeded with a review of the 2018 aggregate fee requirement for each of the four regions.

2018 AGGREGATE FEE REQUIREMENT FOR THE BRITISH COLUMBIA AND ALBERTA REGION

The forecast cost of providing protection in British Columbia and Alberta in 2018 is slightly more than in 2017. Given the region's negative financial position, the CMPA has continued with its five year approach to returning to full funding, which results in a fee debit being added to the aggregate fee. As that fee debit is smaller than that of the preceding year the 2018 aggregate fee is, on a per member basis, approximately 4.9% lower than 2017.

2018 AGGREGATE FEE REQUIREMENT FOR THE ONTARIO REGION

The cost of providing medical liability protection in 2018, which is greater in Ontario than in any other region, is forecast to be 3.8% higher than that in 2017. Given the region continues to be in a negative, albeit improved, financial position, a fee debit is being added to the aggregate fee. As that fee debit is smaller than that of the preceding year the 2018 aggregate fee is, on a per member basis, approximately 12.1% lower than 2017.

2018 AGGREGATE FEE REQUIREMENT FOR THE QUÉBEC REGION

For a number of years, the costs of providing medical liability protection in Québec have not experienced the same level of year-over-year variance and have grown at a lower rate than in other parts of the country. This has enhanced fee predictability. Lower payments and better than forecast investment returns have contributed to a positive funding position in Québec, enabling the CMPA to reduce its fees through the use of fee credits. The end result is that the 2018 aggregate fee is, on a per member basis, approximately 22.7% lower than in 2017. The measured reduction of the surplus has been discussed with the *Fédération des médecins omnipraticiens du Québec* (FMOQ), the *Fédération des médecins spécialistes du Québec* (FMSQ) and the *ministère de la Santé et des Services sociaux* (MSSS). The CMPA is grateful for their support for this approach.

2018 AGGREGATE FEE REQUIREMENT FOR THE SASKATCHEWAN, MANITOBA, ATLANTIC PROVINCES AND TERRITORIES REGION

Over the past year, this region has seen a significant increase in the estimated costs of medical liability protection, largely resulting from higher levels of compensation to patients. Its smaller number of members, compared with the other three regions, adds volatility to the forecast protection costs and highlights the benefits of a longer term perspective. For the 2018 fees, a fee credit has been assigned to reduce the increase otherwise required, resulting in an overall per member increase of 7.7% over 2017.

2018 TYPE OF WORK (TOW) FEES

The Executive Director/CEO reported, once the aggregate fee by region is confirmed, the CMPA allocates fees, on a relative risk basis, within each region, with higher risk types of practice paying more than lower risk practices. It was reported the 2018 fee schedule will be posted on the Association's website on August 23rd, 2017 and copies were available at the back of the room. Members' individual fee invoices will be available online through the secure member portal on the CMPA website in early November and members will be provided with an email notification at that time.

2017 ELECTION RESULTS

Dr. Stern reported elections were held in five areas. Of the ten positions scheduled for election to the CMPA Council, the results are as follows:

Area 1 — **British Columbia and Yukon**
(1 position in Division B[1])

- **Dr. Victor Huckell,** in cardiology, was elected.

Area 2 — **Alberta**
(1 position in Division A[1] and 1 position in Division A or B)

- **Dr. Fredrykka Rinaldi,** in family medicine, was re-elected.
- **Dr. Steven Edworthy,** in rheumatology, was re-elected.

Area 5 — **Ontario**
(2 positions in Division A and 1 position in Division B)

- **Dr. Debra Boyce,** in family medicine, was re-elected and will continue to serve as the CMPA's 1st Vice-President.
- **Dr. Birinder Singh,** in family medicine, was re-elected.
- **Dr. Katy Shufelt,** in cardiology, was elected.

Area 6 — **Québec**
(1 position in Division A and 2 positions in Division B)

- **Dr. Claude Mercier,** in pediatric neurosurgery, was re-elected.
- **Dr. Michel Lafrenière,** in family practice, was acclaimed.
- **Dr. Yolande Leduc,** in general practice, was acclaimed.

Area 8 — **Nova Scotia**
(1 position in Division A or B)

- **Dr. Sally Jorgensen,** in obstetrics/gynecology, was re-elected.

Area 9 — **Prince Edward Island**
(1 position in Division A or B)

- **Dr. Patrick Bergin,** in general internal medicine, was acclaimed.

[1] In May 2016, Council approved minor terminology changes to its Division A and B descriptors, as outlined below:

- Division A - Certification from the College of Family Physicians of Canada (CFPC), or the *Collège des médecins du Québec (CMQ)* (Specialists in Family Medicine), or physicians without CFPC or Royal College of Physicians and Surgeons of Canada (RCPSC) certification (formerly "Generalists")
- Division B - Specialist certification from RCPSC or CMQ, not including Specialists in Family Medicine (formerly "Specialists")

Dr. Stern extended thanks to both the successful and unsuccessful candidates in the 2017 election for their dedication and commitment to participating in the governance of the Association.

MEMBER MOTION AND OTHER BUSINESS

Dr. Condé reported, in accordance with the requirements of the By-law, the Association has received an advisory member motion. He noted additional information may be found in the delegate's package, including the reasons provided by the member for presenting the motion, and the process for voting. In the interest of time and in accordance with the notice of motion process, he requested the discussion be restricted to the motion, which was presented as follows:

- BE IT RESOLVED THAT the Canadian Medical Protective Association will consider term limits for members of Council and will consider a strategy to amend By-law #52 accordingly by the date of the 2020 Annual Meeting.

Prior to opening the floor to discussion, the President reported the Association is governed by an elected Council of thirty practising physicians from ten geographic areas across Canada, with the purpose of fostering, through sound governance, the long-term success of the CMPA. The By-law outlines Council's responsibilities and composition. A CMPA Councillor's term is three years and, each year, one third of Council positions undergo election, providing for ongoing renewal and the introduction of different perspectives. At present, more than half of the Association's current Councillors have five or fewer years of tenure. Dr. Condé added the CMPA, guided by its Act of Incorporation and By-law, strives to employ sound governance practices that reflect its particular organizational needs. To ensure the best interests of the members, the Governance Committee of Council regularly reviews its governance model and practices, has adjusted these over time, and will continue to do so as required in the future.

Dr. Carl W. Nohr, a general surgeon from Medicine Hat, Alberta, and mover of the member motion, expressed appreciation for the CMPA's excellent work and thanked current and past members of Council for their contribution to the medical profession. He spoke to a principle of

governance which suggests there is value in having a balance between retention of experience and refreshment in governance, often expressed within organizations by placing term limits on directors serving in a governing body. Term limits may either occur in the form of duration or number of renewals, and in most organizations, both are used. While the CMPA currently limits the duration of a Councillor's term to three years, it places no limit on renewal.

Dr. Nohr further noted the motion is advisory, does not require an immediate amendment to the By-law, and was written to allow ample time for the consideration of how the senior leadership and Council is determined and elected to their positions on Council. The motion also provides ample time for an amendment to the By-law, should an amendment be required. Finally, the motion does not specify the number of terms to be contemplated, and allows the CMPA the latitude to make a recommendation to its membership in this regard during a future meeting.

During consideration of the member motion, the following members spoke on the subject:

Atul K. Kapur, an emergency physician from Ottawa, Ontario

Paul Clifford Blais, a family physician from Dorval, Québec

Florence P.M. Flambert, a family physician from Québec City, Québec

Caroline Y. Wang, a family physician from Richmond, British Columbia

Robin G. Cox, an anesthesiologist from Calgary, Alberta

Carole L. Williams, a family physician from Duncan, British Columbia

R. Michael Giuffre, a cardiologist from Calgary, Alberta

Alena Ladki, a physical medicine and rehabilitation physician from North Vancouver, British Columbia

David E. Esser, a surgical assistant from North York, Ontario

Of the discussion that ensued, the following points were salient:

- Any associated By-law amendments would require the endorsement of the membership during a CMPA annual meeting, then the approval of Governor in Council.
- Of the thirty members of Council, the individual who currently has the longest experience on Council, with twenty-four years, will be retiring immediately following the annual meeting. Two or three additional Councillors hold more than eighteen years of experience. Approximately half of Council holds under five years of tenure, and remaining Councillors hold between five and eighteen years of experience.
- Each year, approximately one third of the Council positions are scheduled for nomination and election, providing an opportunity for renewal.
- To a member question as to whether the intention is to adhere to current governance practices or to improve the performance of Council, Dr. Nohr clarified the motivation of the motion is to have Council reflect on the governance balance between retention of experience and refreshment. Participants were urged by the member posing the question to consider the following:
  - The culture of for-profit business entities and large not-for-profit organizations may not necessarily be transferrable to medical organizations.
  - To improve the performance of the CMPA and its Council, term limits may not be as effective as transparency, accountability, and the need to fully inform members on how to vote for their representatives.
  - There is a very small pool of physicians interested in governance positions and experience is valuable.
  - The democratic process should determine how long a representative should serve on Council.
- Members speaking in support of the motion indicated twenty years is too long for an individual to sit in a governance role and the current movement towards limited terms as a best governance practice ensures renewal and the opportunity to serve an organization. They spoke to the importance for Council to have the courage to engage in the self-reflection requested in the motion, particularly given its advisory nature only requires the consideration, not the implementation, of term limits. Some noted it may have been more appropriate to require the immediate implementation of term limits.
- Members speaking against the motion indicated the current situation does not pose issues and term limits may eradicate the lengthy experience presently held on Council, and negatively impact the governance of the Association given the long learning curve that exists for Councillors. They also questioned how a four or five year tenure would impact the offices of the President, the 1st Vice-President, and the 2nd Vice-President.

The following motions were considered by the membership:

The motion was moved by CMPA Member Dr. Paul Clifford Blais of Dorval, Québec, and seconded by CMPA Member, Dr. Florence P.M. Flambert of Québec City, Québec, that the motion proposed above be amended as follows:

- ***BE IT RESOLVED THAT the Canadian Medical***

Protective Association consider term limits for members of Council and consider a proposal ~~strategy~~ to amend By-law #52 accordingly by the date of the 2020 CMPA Annual Meeting.

Motion defeated.

The motion was moved by CMPA Member Dr. Carl W. Nohr of Medicine Hat, Alberta, and seconded by CMPA Member Dr. Lesley Barron of Limehouse, Ontario, as follows:

- ***BE IT RESOLVED THAT the Canadian Medical Protective Association consider term limits for members of Council and consider a strategy to amend By-law #52 accordingly by the date of the 2020 CMPA Annual Meeting.***

Motion carried.

The President expressed the CMPA's appreciation for members' guidance on this issue and reported Council will continue with its period of study and consultation both on this matter and on other governance matters already identified for review. He committed to reporting back to the members in this regard and to bring any associated recommendations forward for their consideration during the 2020 annual meeting. In response to a suggestion, he committed to also providing interim reports during the 2018 and 2019 annual meetings with respect to the CMPA's work to date in considering term limits for its Councillors.

Dr. Condé welcomed members to now pose questions or share comments regarding other business.

Dr. Laurence D. Colman, a Toronto surgical consultant, questioned whether the returns of the funds invested to offset the total obligation are split evenly among regions and types of work (TOWs), or apportioned back to these. The CFO responded there is no subsidization between regions and the actual expenses and revenues are assigned to CMPA's fee regions based on allocation principles. Aggregate investment returns are divided and assigned to each region based on the percentage of assets in the portfolio. With respect to types of work, members are getting the benefit of the investment returns based on their relative risks to the Association.

Dr. Gregory O. Athaide, an obstetrician from Whitby, Ontario spoke to the increasing trend in hospital and College complaints and asked how the CMPA would deal with perceived threats related to how it offers assistance in the future. Dr. Stern noted the following:

- The CMPA is working collaboratively with several provincial regulators to expedite and streamline College complaint processes; this should also serve to contain the growth in legal costs.
- In response to a greater than inflation increase in compensation awards to patients, the CMPA is collaborating with others to reduce associated risks both at the institutional and individual levels. The CMPA has contributed to an Ontario provincial government-sponsored review of the Ontario civil justice system as it relates to medical liability. It is hoped this review, undertaken by Mr. Justice Steven Goudge, will offer recommendations that will lead to lower litigation and member costs while preserving compensation to patients.
- With respect to hospital matters, improved expertise among physician leaders in understanding how to manage those who struggle with behavioral issues and how to ensure the provision of resources required would be helpful. The CMPA has developed programs and has been working with others to assist physician leaders.

To a follow-up question from Dr. Athaide, the Executive Director/CEO indicated the CMPA is indeed weighing the merits of peer tribunal perspectives and of standing alongside physicians through a process that can become lengthy and very expensive.

Dr. R. Michael Giuffre, a cardiologist from Calgary, Alberta, posed a question regarding the Association's predictability, or calculation of variance, with respect to year over year percentage changes in fees. The CFO responded the CMPA's thirty-five year payout curve makes for a difficult estimation process. Both the external peer reviewer and external auditor accept that the CMPA's model is at the 85% confidence level. Volatility does not arise from the Association's operations but comes mainly from compensation to patients.

Dr. Vishal P. Varshney, an anesthesia resident from Calgary, Alberta who is attending the University of British Columbia, is the incoming Resident Doctors of Canada (RDoC) representative on CMPA Council. He thanked the CMPA and its physician advisors for collaborating with RDoC in developing a specific curriculum to educate residents regarding important medical legal practices (disclosure of harm, notification and consent with patients, social media policies, etc.). He indicated a pilot project would take place with residents in Toronto. The identification of communications or behavioral difficulties during residency can prevent these issues from continuing when the residents become staff physicians. Dr. Condé added the CMPA has increased its education programs to more directly target medical trainees, with the aim of having a medical trainee program in every university in Canada by 2020.

Dr. Michael R. Bow, an obstetrician from Edmonton, Alberta and President of the Society of Obstetricians and Gynaecologists of Canada (SOGC), thanked the CMPA

for its involvement in the 2016 obstetrical services report, which was created with Accreditation Canada, Salus Global and others. The report addresses many obstetrical issues and should contribute to advancing patient safety. Dr. Stern committed to continued work on obstetrical issues with the SOGC.

Dr. Paul Clifford Blais, a family physician from Dorval, Québec, posed a question regarding the subsidization of the CMPA member fees, and **Dr. Tony Blair,** a gynecologist from Rimouski, Québec, asked why the CMPA did not offer a type of work code for retired physicians. In response to both questions, Dr. Condé spoke to the importance of mutuality.

The President then indicated, given the meeting had already gone significantly over schedule, the questions could be addressed off line, or the members were welcome to call the CMPA for a more comprehensive answer.

EXECUTIVE DIRECTOR/CEO REMARKS

Dr. Stern noted that, for over 115 years, the CMPA has assisted members faced with medical legal difficulties. The Association recognizes physicians' medical liability protection and risk reduction needs are changing, and its services must continue to evolve so as to support the delivery of safe medical care across the country. The CMPA continues to make the best use of its data to deliver evidence-based safe medical care programs designed to help individual physicians and teams improve the safety of their practices.

The Executive Director/CEO announced the CMPA aims to continue to deliver the essential medical liability protection and education programs while also leveraging new opportunities to offer enhanced services to members and new audiences. Given some of these services may not be well suited to its current mutual model, Dr. Stern announced the launch of a CMPA subsidiary that will expand the continuum of the Association's services. As a member of the CMPA family, Saegis offers specialized safety programs and services for healthcare professionals and institutions, as well as practice management solutions that extend beyond the CMPA's current offerings. Saegis' in-depth safety and practice solutions will be focused on the needs of Canadian physicians and other healthcare professionals, healthcare teams, hospitals and clinics, and are designed to enhance the safety of care, improve skills, reduce liability risks, and optimize business practices, all with the goal of improving overall patient care and contributing to a safe and sustainable healthcare system. He encouraged meeting participants to learn more about the safety programs soon to be available by stopping by the Saegis booth outside the meeting room or by visiting the Saegis website.

Dr. Stern indicated he continues to be inspired by the CMPA's future direction and is confident its work over the next few years will continue to benefit both Canadian physicians and the healthcare system as a whole.

ANNOUNCEMENTS

The President reminded meeting participants to return, following a short break, to the information session on *The physician's voice: Empowering better healthcare.*

ADJOURNMENT

At 3:19 p.m., there being no further business to discuss, a motion to adjourn the meeting was moved by Dr. J. David Naysmith, seconded by Dr. Paul A. Farnan, and carried.

President

Date

Executive Director/CEO