The 2019 annual meeting of the Canadian Medical Protective Association (CMPA) was held, starting at 1:00 p.m. on Wednesday, August 14th, 2019, in the Toronto I Ballroom of the Hilton Toronto, 145 Richmond Street West, Toronto, Ontario. The meeting was conducted in English and in French and simultaneous interpretation was available for all attendees. The meeting was recorded as a webcast and will be available through the annual meeting page of the CMPA website. There were an estimated 185 physician-members present.

INTRODUCTION
The President, Dr. Debra Boyce from Peterborough, Ontario, acknowledged that the land on which participants gathered was the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. She welcomed the attendees and introduced the individuals at the head table:

- Dr. Michael T. Cohen of Grand Falls-Windsor, Newfoundland, 1st Vice-President
- Dr. Hartley S. Stern, Executive Director/Chief Executive Officer (CEO)
- Dr. E. Douglas Bell, Associate Executive Director and Managing Director, Safe Medical Care
- Mr. Domenic Crolla of Gowling WLG, General Counsel

Dr. Boyce acknowledged the presence of five past presidents, Drs. Jean-Joseph Condé, Lawrence E. Groves, William S. Tucker, Peter K. Fraser, William D.S. Thomas, and past Executive Director and CEO, Dr. John E. Gray. She then recognized the current and newly elected CMPA Councillors.

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

Dr. Boyce noted the business portion of the meeting would be followed by an information session on Artificial Intelligence in Healthcare. Stressing the value of feedback, she asked participants to evaluate both the business meeting and the information session, noting a survey link will be emailed to all attendees at the end of the meeting.

CALL TO ORDER
Dr. Stern, Executive Director/CEO, read the notice of the 2019 annual meeting of the Canadian Medical Protective Association and declared the meeting to be duly constituted.

APPOINTMENT OF SCRUTINEERS
Dr. Boyce indicated Drs. Guy Moreau of Ottawa, ON, Markus C. Martin of Westmount, QC, and B. Anthony Armson of Halifax, NS, 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. Darcy E. Johnson, seconded by Dr. J. David Naysmith, and carried.
APPROVAL OF THE MINUTES OF THE 2018 ANNUAL MEETING

The minutes of the 2018 annual meeting held in Winnipeg, Manitoba 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 2018 annual meeting held in Winnipeg, Manitoba was moved by Dr. Gerard Craigen, seconded by Dr. Birinder Singh, and carried.

PRESIDENT’S REPORT

Dr. Boyce referred meeting attendees to the CMPA 2018 Annual Report, which was available on the Association’s website. She noted a handout of key information was included in the meeting package and she highlighted significant points from the report.

THE ENVIRONMENT

Dr. Boyce indicated the Association is well aware of the accelerated pace of change in Canadian healthcare. While new delivery models and technologies can improve the care provided to patients, Canadian physicians face real challenges as the changing nature of medical practice, growing expectations from patients and administrators and ongoing resource constraints generate additional pressure. Recognizing that, as medical liability protection needs are changing in response to evolving practices, the approach of the Association is one of both continuity and change.

The President reiterated that the CMPA’s philosophy of protecting the professional liability interests of its members and of improving the safety of the care delivered by physicians is unwavering. Physicians can rely on the Association to assist them with medical-legal issues arising from their professional practice and to adapt its services to meet their evolving needs. The CMPA is committed to expanding its already wide range of educational and risk management offerings, remaining current on developing situations across the country, and identifying and resolving medical-legal issues before they impact physicians’ practices.

2018 ACCOMPLISHMENTS

Dr. Boyce noted that in 2018, the CMPA had over 61,000 contacts with members on medical-legal issues, and another 22,600 on specific medical-legal matters in which advice and empathetic support was provided. The Association opened over 900 cases that involved civil litigation, 1,900 cases involving hospital privileges and complaints and 5,600 new College matters.

The CMPA launched the Member Support Program to provide tailored advice and assistance to the small percentage of physicians who find themselves in a situation where their medical-legal experience threatens their ability to continue to practise. This recently instituted program is already easing members’ stress and reducing risk in their practice, while returning their confidence and professional satisfaction.

THE CMPA’S CONTRIBUTION TO SAFE MEDICAL CARE

The President cited the following examples of the CMPA’s contribution to safe medical care:

- The Association delivers targeted advice and education to physicians throughout the continuum of their practices. A key element of this approach, the resident symposia series was provided to six medical schools in 2018, is on track to be delivered to 11 in 2019 and to all 17 medical schools in 2020. Once the program is fully deployed every resident will have the opportunity to be exposed to training that equips them for a future of safe medical care.

- Through its subsidiary Saegis, the CMPA has expanded the range of programs available to members, including to those with more specific needs. By offering the Just Culture certification program to hospitals and clinics, and through its ground-breaking SafeOR program, which leverages analysis from the OR Black Box platform to improve the safety of surgical care, Saegis is making a tangible contribution to enhancing the environment in which physicians and others practice.

WORKING TOGETHER

Committed to working collaboratively with others to achieve tangible improvements for its members and their patients, Dr. Boyce reported, over the past year, the Association has partnered with the Healthcare Insurance Reciprocal of Canada (HIROC) and the Society of Obstetricians and Gynaecologists of Canada (SOGC) to strengthen Salus Global and the Managing Obstetrical Risk Efficiently (MORE) program. It has also shared analysis with multiple organizations to improve the safety of care; worked with governments and regulatory authorities to improve the environment in which physicians practice; and collaborated with provincial and territorial medical associations and federations and the physician health programs in various
provinces to support physician wellness. 2019 will bring more work on these collaborations and reinforce the CMPA's role as an essential component of the healthcare system. The Association recognizes the responsibility inherent in being an essential component of the healthcare system includes managing its resources in a prudent manner that reflects its long-term commitment to its members.

**COUNCIL AND GOVERNANCE RENEWAL**

The President reported on the 2017 CMPA Annual Meeting motion:

**BE IT RESOLVED THAT** The CMPA 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.

Dr. Boyce reiterated the CMPA's strong support for the goal of the motion, namely to ensure Council has an optimal balance between retention of experience and new ideas. She expressed her gratitude in being able to welcome four newly elected Councillors this year, each of whom brings new ideas and new perspectives to the Association. She reported that, as sought by the motion, Council carefully considered term limits within the context of the CMPA, and having taken into account the significant challenges of amending its By-law, chose to pursue renewal through other means. These actions include but are not limited to:

- A more robust performance evaluation framework for both Council and individual Councillors
- A greater focus on attracting candidates for election from a broad range of diversity factors and experiences
- A more comprehensive communications campaign to encourage participation, including by improving member awareness of the nomination and election process
- A specific Nominating Committee mandate to consider renewal in the nomination process

The President noted the best strategy to ensure the overall health of the CMPA's governance is to attract engaged, qualified and motivated physicians to seek election to its Council. Having attested that service on Council is both demanding and professionally satisfying, she encouraged members to seek election.

**2018 REPORT OF THE AUDIT COMMITTEE**

Dr. Darcy E. Johnson, Chair of the Audit Committee, reported that the firm of KPMG audited the CMPA 2018 financial statements and, in an unmodified opinion, attested the statements appropriately present the results of operations in 2018 and the financial position of the Association as at December 31st, 2018. The 2018 financial statements were available to the members in attendance and on the Association’s website.

**2018 FINANCIAL REPORT**

Mr. Stephen Bryan, Chief Financial Officer (CFO), referred meeting attendees to the summary of the 2018 Consolidated Financial Statements in the *CMPA 2018 Annual Report*, available on the Association’s website. He indicated copies of the audited statements are available on the Association’s website and 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, over the longer term, is to maintain a fully funded position in which at least one 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 2018, just under 100,000 physicians looked to the CMPA for their medical liability protection. Estimated payments for the ultimate cost of providing protection for occurrences arising in the 2018 membership year are expected to be made over the next 35 years or more. The total estimated cost of protection for each occurrence year should generally be paid by the members of the Association practising during that year.

In summarizing the membership fee calculations, the CFO reported the estimated liabilities of two fee regions exceeded estimated net assets and, to address this situation, the Association applied a fee debit to the 2018 fees in the British Columbia and Alberta and Ontario fee regions. Conversely, the Québec and the Saskatchewan, Manitoba, Atlantic provinces and territories regions were in a positive position, enabling the CMPA to reduce the fees otherwise collectible in those regions. The net result was a fee debit of $32 million, producing an estimate of the fees the CMPA expected to collect of $637 million. He demonstrated the relationship, over the preceding ten 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 provided a graphical depiction of the assumed return rate over the past ten years, and of the return generated by the benchmark portfolio. He noted the value added by the CMPA investment team over the past decade has been approximately $200 million. The Association’s assessment and that of its external actuarial peer reviewer and external auditor is that a 5.5% long-term return assumption remains appropriate.

PROTECTION COSTS
Turning to the 2018 protection year costs, Mr. Bryan reported, at $260 million, the compensation paid to patients on behalf of members is greater than any prior year and above the upwards linear trend line. The CFO highlighted trends in the expenditures and identified the cost differential in payments between regions, which is reflected in CMPA membership fees.

The CFO identified a significant increase, over the past ten years, in the costs of providing support to members involved with College, hospital and other matters.

PROVISION FOR UNPAID CLAIMS
Mr. Bryan explained, at the end of 2017, 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 2017, was $3.682 billion. Having taken into account both payments made in 2017 and the estimated costs of providing protection for care delivered in 2018, and then re-assessing the valuation of those claims to apply the most current trends, the provision for unpaid claims, as at December 31
\[\text{st}\] 2018, was $3.769 billion.

OVERALL FINANCIAL POSITION
Mr. Bryan reported, at the end of 2018, the CMPA’s total assets stood at 116% of the total estimated liabilities, resulting in a positive net asset position of $645 million, a marked improvement from the end 2014 position of a $360 million deficit.

The CFO stated the Association takes a long term approach to the management of its financial position 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.

2020 AGGREGATE FEE REQUIREMENTS
Dr. Stern, Executive Director/CEO, commenced the presentation of the 2020 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 many years 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.

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 2020 aggregate fee requirement for each of the four regions.

2020 AGGREGATE FEE REQUIREMENT FOR THE BRITISH COLUMBIA AND ALBERTA REGION
The forecast cost of providing protection in British Columbia and Alberta in 2020 is slightly less than in 2019. The 2020 aggregate fee will be, on a per member basis, approximately 1.9% lower than 2019.

2020 AGGREGATE FEE REQUIREMENT FOR THE ONTARIO REGION
The cost of providing medical liability protection in 2020, which is greater in Ontario than in any other region, is forecast to be lower than in 2019. For the first time in a number of years, the CMPA has seen a decrease in the estimated protection cost for this region. Given the region is in an improved financial position and the fee debit is less than that of the preceding year, the 2020 aggregate fee will be, on a per member basis, approximately 2.0% less than 2019. This represents a marked decrease over the past four years.

2020 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 slower 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. As a result, the 2020 aggregate fee will be, on a per member basis, significantly lower than in 2019. The measured reduction of the net assets 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 the adopted approach.

2020 AGGREGATE FEE REQUIREMENT FOR THE SASKATCHEWAN, MANITOBA, ATLANTIC PROVINCES AND THE TERRITORIES REGION

The region’s 2020 estimated cost of medical liability protection has remained generally stable, declining slightly on a per member basis. Given the region is in a positive funding position, for the 2020 fees, a fee credit has been assigned to produce an overall per member decrease of 1.4% over 2019.

2020 TYPE OF WORK (TOW) FEES

The Executive Director/CEO reported the CMPA allocates type of work fees, on a relative risk basis, within each region, with higher risk types of practice paying more than lower risk practices. The 2020 fee schedule was available on the Association’s website and copies were available at the back of the meeting room. Members’ individual fee invoices will be available online through the secure member portal on the CMPA website in January 2020, and members will be provided with an email notification at that time. This January date, which represents a departure from the CMPA’s usual timelines, results from a significant upgrade to its financial and membership systems.
2019 ELECTION RESULTS

Dr. Stern reported elections were held in five of the seven areas open for election; a member was acclaimed in two of the seven areas. The results are as follows:

Area 1 — British Columbia and Yukon
(1 position in Division A)
• Dr. Paul Anthony Farnan, in occupational and addiction medicine, was re-elected.

Area 2 — Alberta
(1 position in Division B)
• Dr. Susan M.J. Chafe, in radiation oncology, was re-elected.

Area 3 — Saskatchewan, Northwest Territories and Nunavut
(1 position in Division A or B)
• Dr. Mansfield Mela, in forensic psychiatry, was acclaimed.

Area 5 — Ontario
(1 position in Division A and 2 positions in Division B)
• Dr. Elliot Halparin, in family/general practice, was re-elected.
• Dr. Jennifer Clara Tang, in emergency medicine, was elected.
• Dr. M. Christopher Wallace, in neurosurgery, was re-elected.

Area 6 — Québec
(2 positions in Division A)
• Dr. Jacques Bouchard, in family medicine, was elected.
• Dr. Fahimy Saoud, in family medicine, was elected.

Area 7 — New Brunswick
(1 position in Division A or B)
• Dr. Jennifer Anne Gillis-Doyle, in palliative medicine, was re-elected.

Area 10 — Newfoundland and Labrador
(1 position in Division A or B)
• Dr. Michael T. Cohen, in family/general practice, was acclaimed and will serve as the CMPA’s 1st Vice-President.

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 all of the candidates in the 2019 election for their dedication and commitment to participating in the governance of the Association. Speaking to Council renewal, he acknowledged the retirements of Dr. Michel Lafrenière after five years, of exiting CMPA President, Dr. Jean-Joseph Condé, after twenty-four years, as well as the conclusion of Dr. Michael Sullivan’s tenure on Council after three years. He thanked them for their commitment to the Association and to its members during their tenure as CMPA Councillors.

OTHER BUSINESS AND QUESTIONS

Dr. Boyce welcomed members to pose questions or share comments with the meeting.

Dr. Atul K. Kapur, an emergency medicine physician from Ottawa, Ontario, viewed the webcast from a distance and forwarded his question via email. He asked why, in the projections for the year 2040 and onwards, the legal costs were higher than patient compensation costs; he further questioned why legal costs were projected to occur such a long time after the occurrence year. The CFO responded the tail end of the long-term payout curve is affected by a very few number of cases with unusual circumstances. Final legal costs (e.g. closing costs) are incurred after a case is resolved.
Dr. Sarah Badar Danial, a psychiatrist from Niagara Falls, Ontario, remarked that there is a proliferation of non-plastic surgeons and non-otolaryngological surgeons performing cosmetic procedures. She voiced concern for the fact that family and emergency physicians who have obtained a certificate are acting as the most responsible physician in certain cases, which may impact CMPA fees for family physicians and possibly dilute the quality of care that is perceived to be delivered in cosmetic or plastic surgery offices. The President indicated that claims/case experience are followed carefully by the Association.

Dr. E. Douglas Bell, CMPA Managing Director of Safe Medical Care, added that physicians are encouraged by the Association and required by the regulatory bodies to engage in appropriate training before undertaking new procedures or activities given a lack of necessary skills and experience may lead to unintended consequences for the patient population.

In follow-up, Dr. Danial suggested that the CMPA may wish to teach medical students about the importance of communication, patient transfer, and accountability when working in collaborative models of care. Dr. Bell responded that one of the modules of the CMPA’s resident symposium series relates to the importance of delegation and supervision.

Dr. R. Wayne Bullock, a family physician from Ancaster, Ontario, posed a question regarding the 2018 decline in the CMPA’s investment income. The CFO explained that the CMPA works with a 5.5% long-term return assumption. While in certain years, the Association has achieved a return of significantly more than 5.5%, and in other years it did not, the portfolio is established for the long-term. The CMPA has a fairly high percentage of privately held assets, such as infrastructure and other investments, that are meant to generate predictable long-term results. The Investment Committee of Council, which includes four external members as well as members of Council, monitors the long-term return assumption very closely. The lower 2018 return rate did not place the CMPA financial position at material risk.

Dr. Guy Moreau, an orthopaedic surgeon from Ottawa, Ontario, and Chief of Staff at the Montfort Hospital, inquired as to the Association’s long-term plan to decrease the instance of hospital matters and College complaints, and asked whether the CMPA is committed to assisting and protecting the physicians involved. Noting that the College of Physicians and Surgeons of Ontario (CPSO) has initiated an alternate dispute resolution and mediation process between complainants and physicians, he questioned whether this has impacted the number of College complaints with which the CMPA is requested to assist physicians.

The Executive Director/CEO reported that the CMPA works with regulatory authorities to ensure new policies, standards, and regulations are framed in a way that ensures patients are well protected and physicians have access to a fair process. He complimented the CPSO for seeking alternative ways to work with physicians who are struggling with the regulatory system, including but not limited to mediation, alternate dispute resolution, and seeking ways to fast track non-meritorious complaints. He outlined additional endeavours that continue to help move in the direction of compassionate regulation, as follows:

- The CMPA uses educational programs to inform physicians about the common areas in which they may have neglected to meet regulators’ standards, largely around communications, record keeping, and transparency.
- Saegis recently licensed a University of Toronto course on opioids to expand its teachings to all physicians in the country.
- The CMPA holds annual discussions with its provincial counsel regarding the changing nature of College requirements.

Dr. Manohar M. Shroff, a diagnostic imaging physician from The Hospital for Sick Children in Toronto, Ontario, offered thanks for all he learned during the first CMPA meeting he has attended. He spoke to institutions that are inadequately resourced to perform the amount of daily work required and to the considerable burnout he sees in physicians, particularly with the fiscal constraints and annual budget cuts. He noted physician staffing issues and other operational challenges can contribute to fatigue and stress, and wondered whether the Association has strategies to work with hospitals in this regard.

Dr. Stern responded it will take a concerted effort to transform the current culture of the healthcare system to become more empathetic so as to provide physicians with a better quality of life. The CMPA is attempting to contribute at the institutional level by providing an understanding of what physicians are experiencing. Physicians are often unable to perform at their best given the fatigue and stress associated with certain difficulties such as the implementation of electronic health records, or a challenging relationship with a supervisor. The CMPA’s subsidiary, Saegis, delivers a Just Culture program to inculcate institutions with the attitude that physicians are doing their best in the face of many pressures and it may be better to nurture and value them than to punish unnecessarily. The CMPA has also been training physician leaders to identify individual physicians who are struggling so as to assist them with better coping mechanisms in this complicated healthcare system.
EXECUTIVE DIRECTOR/CEO REMARKS

Dr. Stern noted the fundamental requirement for the successful transformation of our healthcare system is trust. In advocating for strengthening trust in healthcare, Dr. Stern reminded CMPA members of the following:

▪ While trust is the foundation of the physician-patient relationship, it is being eroded from a variety of sources, such as the media.

▪ Government-physician trust is essential to healthcare transformation but it has been challenged by compensation negotiations and other issues.

▪ All parties must look for ways to strengthen trust by opening communication channels and recognizing other perspectives.

▪ At the heart of the CMPA’s value proposition is the members’ trust that the Association will be there to assist them and compensate the patient on their behalf.

▪ Members can also be confident in the CMPA’s commitment to continue to support them as the healthcare system transforms over the next number of years.

▪ The Association has earned and retained physicians’ trust by staying true to its core values. It is those same core values that will guide its future actions – members can continue to be confident that the CMPA stands with them.

The Executive Director/CEO voiced optimism regarding the future of medicine, Canadian physicians and patients. He noted, during the information session, Dr. David Naylor will speak of artificial intelligence and deep learning, which is just one element of the tremendous promise that new technologies bring to revolutionize how we care for patients. The CMPA recognizes that, while holding true to its core values, it must evolve to meet the changing needs of physicians and enhance how it assists and supports them throughout their careers. The Association’s commitment to its members is to continue to earn trust by providing empathetic assistance and support and by advocating for improvements to the safety of care. The CMPA exists to support its members and will never lose sight of that purpose.

ANNOUNCEMENTS

Dr. Boyce announced the conclusion of the meeting and reminded meeting participants to return, following a short break, to the information session on Artificial Intelligence (AI) in Healthcare.

ADJOURNMENT

At 2:16 p.m., there being no further business to discuss, a motion to adjourn the meeting was moved by Dr. Robert A. Cooper, seconded by Dr. Fredrykka D. Rinaldi, and carried.

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President

______________________________
Date

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Executive Director/CEO