The 2015 annual meeting of the Canadian Medical Protective Association (CMPA) was held, starting at 1:30 p.m. on Wednesday, August 26th, 2015, in the Commonwealth Room of The Westin Nova Scotian, 1181 Hollis Street, Halifax, Nova Scotia. The meeting was conducted in English and simultaneous interpretation was available for all attendees. There were an estimated 250 physician-members present.

INTRODUCTION
The President, Dr. Edward Crosby from Ottawa, Ontario, welcomed the attendees and introduced the individuals at the head table:

- Dr. Jean-Joseph Condé from Montréal, Québec, 1st Vice-President
- Dr. Hartley Stern, Executive Director/Chief Executive Officer (CEO)
- Dr. Douglas Bell, Associate Executive Director and Managing Director, Office of the CEO
- Mr. Domenic Crolla of Gowling Lafleur Henderson, General Counsel

Dr. Crosby acknowledged the presence of three past presidents, Drs. Peter Fraser, Michael Lawrence, and William Tucker, and a past Executive Director, Dr. John Gray. He congratulated Dr. Gray on having recently been awarded the Canadian Medical Association (CMA)’s 2015 Medal of Service. Dr. Crosby also recognized the current and newly elected Councillors.

The President indicated any additional business and questions could 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. He committed to speaking to a member motion received by the CMPA, and referred meeting participants to their delegate’s package for further information.

Dr. Crosby noted the business portion of the meeting would be followed by an information session on End-of-life care: Medical-legal issues. 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.

Before having the meeting officially called to order, Dr. Crosby requested a moment of silence in recognition of the passing during the preceding year of Past President, Dr. Normand Belliveau.

CALL TO ORDER
Dr. Stern, Executive Director/CEO, read the notice of the 2015 annual meeting of the Canadian Medical Protective Association and declared the meeting to be duly constituted.

APPOINTMENT OF SCRUTINEERS
Dr. Crosby indicated Drs. Krista A. Cassell, R. Renwick Mann, and Allon Reddoch 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 Cohen, seconded by Dr. Debra Boyce, and carried.
APPROVAL OF THE MINUTES OF THE 2014 ANNUAL MEETING

The minutes of the 2014 annual meeting held in Ottawa, Ontario 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 2014 annual meeting held in Ottawa, Ontario was moved by Dr. Gerard Craigen, seconded by Dr. Barbara Kane, and carried.

PRESIDENT’S REPORT

Dr. Crosby referred meeting attendees to the CMPA 2014 Annual Report, which was available on the Association’s website, and highlighted significant points from the document.

THE ENVIRONMENT

Dr. Crosby spoke to the complex medical liability environment in which the CMPA’s over 90,000 members practice. The majority of the 25,000 case files opened in 2014 by the Association are to provide advice to the members, the number of physicians seeking advice or assistance in college matters has doubled, and the number of hospital matters has increased by 76%. All case types have experienced growth except legal actions, yet these have suffered a significant increase in associated costs over the last decade. The CMPA continues to adapt and remains fully committed to service excellence and responding to member needs and expectations, all the while accepting its collective responsibility to protect and assist physicians.

The CMPA’s commitment to expand its contribution to safe medical care will further support members in their commitment to deliver safe, quality care to patients. Given the importance of an effective and efficient medical liability protection system, the Association remains engaged with those stakeholders faced with financial pressures to find ways to contain costs within the medical liability system. CMPA protection assures physicians and their patients that their interests will be protected, which in turn promotes physician retention and supports the continuous delivery of and access to needed medical services in Canada.

2014 ACCOMPLISHMENTS

Dr. Crosby noted the CMPA adapts to the evolving needs of its members and ensures the ways in which it provides assistance remain relevant to practice. He cited the following examples:

- With physicians facing greater medical liability pressures and turning to the Association more frequently, the CMPA has increased its capacity for medical officers to respond at the time of a member’s initial call.
- Due to its safe medical care and risk management services, in 2014, over 26,000 healthcare professionals attended one of the Association’s practice improvement presentations, conferences or symposia. Thousands more accessed its web-based library of articles, and medical school trainees and teaching faculty used the CMPA Good Practices Guide.
- Actively engaging with stakeholders, the CMPA brought its perspective to medical and healthcare organizations and governments with approximately 200 engagements and submissions, particularly in the evolving areas of end-of-life care, eHealth, and medical marijuana. The Association also engages with medical regulatory authorities and hospitals to ensure their complaint and disciplinary processes provide an appropriate level of procedural fairness and are as efficient as possible.

CMPA STRATEGIC PLAN 2015-2019

The President presented a schematic of the CMPA’s new Strategic Plan, which reaffirms its mission to protect the professional integrity of its members and to promote safe medical care in Canada. The plan also articulates the Association’s vision to be valued as an essential component of the Canadian healthcare system. Confident about the CMPA’s future direction, the CMPA’s work over the next few years will benefit both Canadian physicians and the healthcare system as a whole.

FEE REGIONS

Dr. Crosby reported, in light of evolving external and cost environments, the Association routinely reviews its fee model to ensure it aligns with its mutuality model and its commitment to member equity. Cognizant of and attuned to the impact of protection costs on its members, the CMPA’s analysis is guided by the principles of equity and membership-wide fairness to ensure the fair allocation of costs on a regional basis, where every region pays its own way. These principles continue to guide the Association’s work with respect to the regional fee structure.

The analysis of emerging trends, particularly over the last two years in the Rest of Canada region, has indicated an increasing cost differential between provinces in that
region. This divergent experience, if not addressed, would undermine the Association’s commitment to member equity in its fees. Consequently, the CMPA has adjusted its fee regions for 2016. The financial positions of the new regions take into account all transactions occurring since 2001, the date of the original regionalization exercise.

ADAPTING TO THE FUTURE
The President noted, with a clear strategic direction, the CMPA is able to provide the high level of service and quality of medical-legal advice and assistance, and to respond to the evolving needs of members while laying the foundation for those adjustments required to ensure the sustainability of the medical liability system. As one of the largest providers of continuing medical education in Canada, the Association helps members identify risks in their practice so they can improve the safety of their care, and will work with key stakeholders to advance system-level changes to improve healthcare safety.

The CMPA Council is committed to providing responsible and prudent stewardship of the resources entrusted to the Association by its members, so as to secure the sustainability of the medical liability protection system well into the future. Guided by its core values, nimble, adaptive and responsive, the CMPA is well prepared to continue to deliver on its enduring commitment to serving the best interests of its members.

2014 REPORT OF THE AUDIT COMMITTEE
Dr. Jeanne McNeill, Chair of the Audit Committee, reported KPMG audited the CMPA 2014 financial statements and, in an unmodified opinion, attested they appropriately present the results of operations in 2014 and the financial position of the Association as at December 31st, 2014. The 2014 financial statements were available to the members in attendance and on the Association’s website.

2014 FINANCIAL REPORT
Mr. Stephen Bryan, Chief Financial Officer, referred meeting attendees to the summary of the 2014 Consolidated Financial Statements, which is presented in the CMPA 2014 Annual Report, available on the Association’s website.

The CFO noted the CMPA is a not-for-profit organization and therefore does not seek to generate a profit or pay dividends to shareholders. Its goal is to maintain a fully funded position in which every dollar of assets is held towards an expected 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 those costs may not be fully known or paid for 35 years or more.

MEMBERSHIP REVENUES
Mr. Bryan noted, in 2014, over 90,000 physicians looked to the CMPA for professional liability protection. Estimated payments for the ultimate cost of providing protection for occurrences arising in the 2014 membership year are expected to be made over the next 35 years or more and are estimated to eventually total $631 million. The total expected cost for each occurrence year is to be paid by the members of the Association in that year.

In summarizing the membership fee calculations, the CFO reported the net assets of two fee regions exceeded estimated liabilities, and this enabled the Association to apply a fee credit of just under $13.3 million to the 2014 fees, producing an estimate of the fees the CMPA expected to collect of $414.3 million.

INVESTMENT RETURNS
Mr. Bryan stated the CMPA’s actively managed investments performed strongly in the 2014 year and, at 11.2%, the portfolio outperformed the actuarially assumed return.

DISBURSEMENTS
Turning to the 2014 disbursements, Mr. Bryan reported, at $237 million, the compensation paid to patients on behalf of members represents the second highest total ever, and has essentially doubled over the past decade. In breaking down the $237 million paid in 2014 by the occurrence year, he noted the year-over-year variance. The CFO highlighted trends in the expenditures and identified the disparity in payments between regions; this disparity is reflected in CMPA membership fees.

While the CFO noted modest growth in legal costs for civil legal actions and in expert fees, 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, is committed to reducing these costs while ensuring a fair and appropriate process for its members. These and other efforts resulted in total 2014 legal expenditures being $10 million less than in 2013.

PROVISION FOR UNPAID CLAIMS
Mr. Bryan explained, at the end of 2013, 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 2013, was $3.187 billion. Having taken into account both payments made in 2014 and the estimated costs of providing protection for care delivered in 2014, and then re-assessing the valuation of those claims to apply the most current trends, the provision for unpaid claims, as at December 31st, 2014, was $3.468 billion.

OVERALL FINANCIAL POSITION

Mr. Bryan reported, at the end of 2014, the CMPA's total assets stood at 89% of the total estimated liabilities, resulting in a negative net asset position of $360 million, essentially the same as it was at year end 2013. The CFO stated the Association will take a measured approach to returning to full funding and recognizes that, in light of year-over-year volatility, a long term view that does not overreact to temporary deficits or surpluses is required.

2016 AGGREGATE FEE REQUIREMENTS

Dr. Hartley Stern, Executive Director/CEO, commenced a presentation of the 2016 aggregate fee requirement by defining ‘occurrence-based protection', 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 the CMPA performs a regular review of its regional fee structure to ensure costs are allocated in a fair and equitable manner. Since 2000, fees have been allocated using three regions, and each of Ontario, Québec and the remainder of the provinces and territories, or the Rest of Canada region, have borne their own costs. This regional structure recognizes the cost drivers in each of the three fee regions are different, and has served the CMPA well. However, the forecast trends for protection costs within the Rest of Canada region are diverging and Alberta and British Columbia are becoming markedly more expensive than the others. As a result, while Ontario and Québec will each remain as separate fee regions, the CMPA has chosen to adjust the current Rest of Canada group into two separate regions:

- The British Columbia and Alberta region; and

The CMPA's 2016 fees will reflect this change, which was communicated in June 2015 to the provincial and territorial medical associations involved and their respective governments.

Dr. Stern explained the CMPA uses the term “aggregate fee” to describe the total amount of funds to be collected from members in a given region. This aggregate amount is subsequently divided into individual fees based on the risk profile of the type of work involved. Summarizing slides depicting current year costs and fees, Dr. Stern proceeded with a review of the 2016 aggregate fee requirement for each of the four regions.

2016 AGGREGATE FEE REQUIREMENT FOR THE BRITISH COLUMBIA AND ALBERTA REGION

The forecast cost of providing protection in British Columbia and Alberta in 2016 is higher than that of previous years, with payments to patients on behalf of members being the primary source of this increase. 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, the outcome of which is an aggregate fee that, on a per member basis, is approximately 6.5% higher than 2015.

2016 AGGREGATE FEE REQUIREMENT FOR THE ONTARIO REGION

For many years, the Association’s positive funding position in Ontario enabled the use of fee credits to offset some of the costs. While the CMPA returned approximately $350 million in the form of fee credits to the province between 2010 and 2013, its position in this region has since become negative. The increase in occurrence year costs in Ontario of approximately 9% between 2015 and 2016 stems primarily from increased compensation payments to patients on behalf of members. With the region’s negative funding position, the Association is increasing the fee to return to a full funding position. In keeping with the five year return to full funding developed in consultation with the Ontario Medical Association (OMA) for the 2015 fees, a fee debit has been added. The fact that the 2016 fee debit is larger than was the case for 2015 is a result of the further erosion in the Ontario funding position. Given the reimbursement program negotiated by the OMA and the Ministry of Health and
Long-Term Care (MOHLTC), it is understood members’ out of pocket costs in Ontario will increase by the historical rate of consumer price index (CPI) inflation, approximately 2%.

2016 AGGREGATE FEE REQUIREMENT FOR THE QUÉBEC REGION
For a number of years, the CMPA’s forecast costs and membership fees in Québec have been aligned, enhancing fee predictability. Given the increase in the per member protection costs in this region is quite modest, the CMPA has determined the average per member fee would be held at the 2015 level.

2016 AGGREGATE FEE REQUIREMENT FOR THE SASKATCHEWAN, MANITOBA, ATLANTIC PROVINCES AND TERRITORIES REGION
As a product of the change in the regional structure, the forecast cost of protection in Saskatchewan, Manitoba, the Atlantic Provinces and the Territories is lower than it was in 2015. This region is in a positive funding position, there is no need for a catch-up fee, and the average per member fee in this region is approximately 40.1% lower than the 2015 fee members paid.

2016 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 those types of practice such as obstetrics paying more than lower risk practices. It was reported the 2016 fee schedule will be available on the Association’s website on August 27th, 2015 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 late October and members will be provided with an email notification at that time.

2015 ELECTION RESULTS
Dr. Stern reported contested elections were held in two Areas:

- Two candidates ran for one Division A (Generalist) opening and two candidates ran for one Division B (Specialist) opening in Area 1, British Columbia and Yukon; and
- Five candidates ran for three Division B (Specialist) openings in Area 5, Ontario.

Of the 11 positions open for election to the CMPA Council, the results are as follows:

Area 1 — British Columbia and Yukon
(1 Division A – Generalist and 1 Division B - Specialist position)
- Dr. David Naysmith, in plastic surgery, was elected.
- Dr. Robbert Vroom, in administrative medicine, was elected.

Area 3 — Saskatchewan, Northwest Territories and Nunavut
(Division A or B – Generalist or Specialist position)
- Dr. Susan Hayton, in family/general practice, was acclaimed.

Area 4 — Manitoba
(Division A or B – Generalist or Specialist position)
- Dr. Darcy Johnson, in family/general practice, was acclaimed.

Area 5 — Ontario
(1 Division A – Generalist and 3 Division B – Specialist positions)
- Dr. Alexander Barron, in pediatrics, was elected.
- Dr. Robert Cooper, in family/general practice, was acclaimed.
- Dr. Gerard Craigen, in psychiatry, was elected.
- Dr. Gordon Crawford, in orthopaedic surgery, was elected.

Area 6 — Québec
(3 Division B – Specialist positions)
- Dr. Jean-Hugues Brossard, in endocrinology, was acclaimed.
- Dr. Dominique Dorion, in otolaryngology, was acclaimed.
- Dr. Robert Sabbah, in obstetrics and gynecology, was acclaimed.

Dr. Stern indicated Council members serve a three-year term, commencing immediately following the 2015 CMPA Annual Meeting. He extended thanks to both the successful and unsuccessful candidates in the 2015 election for their willingness to dedicate themselves to continuing to maintain the values of the Association.
MEMBER MOTION AND OTHER BUSINESS

Dr. Crosby reported, in accordance with the requirements of the By-law, the Association has received a member motion. He noted additional information could be found in the delegate’s package, including the reasons provided by the member for presenting the motion. 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 CMPA strongly consider assisting in the defence of members in matters involving the exercise of their freedoms of conscience, religion, and professional judgement, and engage with other stakeholders to express members’ concerns about mandatory obligations that interfere with those freedoms.

Prior to opening the floor to discussion, the Executive Director/CEO reported the Association advises its members with regard to the need for compliance with existing legislation and regulatory authority practice standards in the various jurisdictions. When appropriate, through stakeholder engagement, the CMPA will continue to make submissions related to draft and proposed laws and practice standards, with the objective of providing clarity for physicians, which they regard as crucial. In accordance with its By-law, and member assistance philosophy and principles, the CMPA has and will continue to assist physicians facing medical-legal matters arising from the professional practice of medicine. He acknowledged the challenging environment in which members work on a daily basis, and noted the Association will continue to be there for advice and assistance, including within the evolving area of end-of-life care.

Dr. Todd C. Howlett, an emergentologist from Dartmouth, Nova Scotia and mover of the member motion, indicated open dialogue with those who have different backgrounds and beliefs will move the medical profession towards developing a truly patient-focused system that embraces high quality safe patient care. Given patients’ different backgrounds, world views and experiences, in order to make the healthcare system stronger, the profession must embrace, respect and protect those physicians with dissimilar views, whether these stem from professional judgement, conscience or religion.

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

- **Brian D. Brodie**, a family physician from Chilliwack, British Columbia
- **Scott L. Cameron**, an emergentologist from Summerside, Prince Edward Island
- **Catherine Ferrier**, a family physician from Montréal, Québec
- **Linda L. Gagnon**, a family physician from Dartmouth, Nova Scotia
- **Sheila M.R. Harding**, a haematologist from Saskatoon, Saskatchewan
- **Susan L. Hayton**, a family physician from Saskatoon, Saskatchewan
- **Clover A. Hemans**, a family physician from Oakville, Ontario
- **Christopher A. Jyu**, a family physician from Scarborough, Ontario
- **Atul K. Kapur**, an emergency physician from Ottawa, Ontario
- **R. Renwick Mann**, an anesthesiologist from Peterborough, Ontario
- **Gwynedd E. Picket**, a neurosurgeon from Halifax, Nova Scotia
- **Intheran P. Pillay**, a family physician from Gravelbourg, Saskatchewan
- **Jennifer Y.L. Tong**, a family physician from Burnaby, British Columbia
- **Virginia M. Walley**, an anatomic pathologist from Peterborough, Ontario
- **Caroline Y. Wang**, a family physician from Richmond, British Columbia
- **Charles D. Webb**, a family physician from Vancouver, British Columbia

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

- Certain members indicated it may create consequences should physicians refuse to refer a patient or transfer records in a timely manner to another physician for end-of-life care. In addition, freedoms of conscience, religion, personal judgement, etc., could impact the duty of a practicing physician, and the motion encourages physicians to run their practices in an inappropriate manner. It was noted, the fact that end-of-life care is available in the community does not mean a physician must offer the service, which may be beyond his/her expertise, and there are implications associated with members imposing their personal views on patients. Said members felt the motion was broad and noted issues of professional judgement may cover many things other
than end-of-life care, such as women’s health issues, abortion, emergency contraception, discrimination against transgender individuals, etc.

- Other members indicated a patient should never be abandoned, and there is a way to ensure patient access is not impeded and physicians are protected with respect to matters of conscience. Physicians make daily decisions based on their professionalism and ethics, and must hold to their deeply held principles even if the rules change. The motion aligns perfectly with the CMPA’s mission to protect the professional integrity of physicians, and supports advocacy for robust patient safeguards, both for those who choose to engage and for those who choose to abstain in assisted death. Protecting a physician’s rights in this regard also protects vulnerable patients from being coerced inappropriately to end their lives. A physician who objects to end-of-life care upon determining it would not be in the best medical interest of the patient should have the confidence to do so.

- Certain members noted the motion comprises two distinct elements. The first relates to the notion the CMPA will support physicians who are following their freedoms of conscience, and the second refers to discussions the CMPA will have with stakeholders concerning potential mandatory obligations to participate in physician-assisted dying that may be imposed by the regulatory authorities across Canada. The President entertained a motion to divide the motion into two.

- Members requested clarity on a number of items associated with the motion, and sought reassurance the CMPA would assist physicians with respect to matters arising from physician-assisted death, especially if they refuse to be involved, including refusing to provide a referral. In response to a series of associated questions, the President and other CMPA representatives clarified the following:
  - The Association exercises discretion in assisting members.
  - In working with its General Counsel, the CMPA considered the fact the motion is a restatement of its current principle to provide assistance. Since it did not contravene the Act of Incorporation or the CMPA By-law, or infringe on the appropriate management of the affairs of the Association, the motion was deemed acceptable for presentation during the annual meeting.
  - The Association protects physicians for incidents that occurred during the professional practice of medicine. The CMPA is committed to becoming familiar with existing and newly passed legislation, as well as with regulatory authority implemented practice standards and processes in various jurisdictions, in order to advise its members with regard to the need for compliance. The CMPA works with the regulatory bodies and health ministries to reshape current policy so as not to encounter difficulties in defending members, but cannot always influence the final decisions of those bodies.

- Motions presented during the annual meeting are for guidance, are advisory in nature, and are meant to be taken into consideration by Council and management. Should the motion pass, by necessity, there will be a report back to the membership the year following, but it does not bind the Association to any particular path.

- To a request the Association provide a set of guidelines under which it would not be able to support members, the President responded CMPA guidance in that respect is that members be aware and remain compliant with the law in Canada and with the directives of the regulatory authorities.

- The President took note of a request from the President-Elect of the Saskatchewan Medical Association (SMA) that the CMPA provide input on the policy currently being amended by the College of Physicians and Surgeons of Saskatchewan (CPSS), as it may place members at risk of CMPA fee increases, etc.

Upon conclusion of the discussion, the following motions were considered by the membership:

- The motion was moved by CMPA Member Dr. Todd C. Howlett and seconded by CMPA Member Dr. Philip J. Fitzpatrick that the CMPA strongly consider assisting in the defence of members in matters involving the exercise of their freedoms of conscience, religion, and professional judgement, and engage with other stakeholders to express members’ concerns about mandatory obligations that interfere with those freedoms.

- The motion was moved by CMPA Member Dr. Virginia M. Walley and seconded severally that the motion proposed above be divided into the two following motions:
  - BE IT RESOLVED THAT the CMPA strongly consider assisting in the defence of members in matters involving the exercise of their freedoms of conscience, religion, and professional judgement.
  - BE IT RESOLVED THAT the CMPA engage with other stakeholders to express members’ concerns about mandatory obligations that interfere with those freedoms.

Motion carried.
The motion was moved by CMPA Member Dr. Todd C. Howlett and seconded by CMPA Member Dr. Philip J. Fitzpatrick that the CMPA strongly consider assisting in the defence of members in matters involving the exercise of their freedoms of conscience, religion, and professional judgement. Following a count performed by the scrutineers, the motion carried.

The motion was moved by CMPA Member Dr. Todd C. Howlett and seconded by CMPA Member Dr. Philip J. Fitzpatrick that the CMPA engage with other stakeholders to express members’ concerns about mandatory obligations that interfere with those freedoms. Motion carried.

The President reminded meeting participants the motions are for guidance and will be considered by the CMPA’s Council. He committed to reporting back to the members in this regard during the CMPA’s 2016 annual meeting.

QUESTIONS

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

Dr. Thomas J. Barry, a family physician from Fredericton, New Brunswick, and Chief of Staff of the Horizon Health Network, commended the CMPA for improvements achieved in helping physicians who do not fulfill their responsibilities and obligations as active members of staff. He requested the CMPA take into account the fact that, upon considering privileges, decisions to reduce or suspend these have been made by the physician’s peers. The President thanked Dr. Barry for his positive comments, grace and endurance. He reported the CMPA recognizes the issues for its members in administrative roles and will soon be unrolling three symposia to help medical leaders better understand their own obligations to the members and create a fair environment for physicians, so the physicians can, in turn, appreciate their obligations to the institutions and to the leadership.

Dr. Mark T. Brown, a family physician from Moose Jaw, Saskatchewan and President of the SMA, noted the CPSS is in the process of passing a new guideline on conscientious objection within the next few weeks. He requested the CMPA, in the next few weeks, provide a submission to support the fact that the term “potential harm to a patient” is open to interpretation and should not be included in the guideline. The President reiterated, while the CMPA reviews and provides commentary on the policies of the regulatory authorities, the organization may choose not to support the input or implement the CMPA comments. The Executive Director/CEO agreed with Dr. Crosby and noted, while the Association reviews an astounding number of policies, there is a spectrum of views on end-of-life care that will trouble everyone. The CMPA hopes that, as these policies evolve, it can assist in ensuring they are worded in a way that provides clarity and understanding of the law by the physicians.

Dr. Vishal Varshney, a third year anesthesia resident from Vancouver, British Columbia (BC), and Vice-President of Resident Doctors of BC, indicated this year’s CMPA fee increase was difficult for residents in BC, the only province in which these fees are not reimbursed by the provincial government. The member added that because residents are lumped into one type of work code, regardless of their area of study, some are currently paying higher CMPA fees than their staff counterparts in non-procedural specialties. He requested the CMPA consider classifying resident type of work codes into specialties, or placing a freeze on the fees of residents in years to come. Dr. Crosby committed to taking this issue back to Council for discussion.

EXECUTIVE DIRECTOR/CEO’S REMARKS

In providing insight into the CMPA’s Strategic Plan 2015-2019, which was released in December 2014, the Executive Director/CEO reminded meeting participants the Association is one comprised of physicians, elected by physicians to protect physicians. He spoke to the CMPA’s fundamental commitments to members in assisting physicians, in contributing to safe medical care, and in supporting the medical liability system.

Dr. Stern noted the CMPA makes daily decisions with respect to its first strategic outcome, assisting physicians. While end-of-life care is an important issue, the Association continues to protect members on all issues that challenge physicians’ integrity. Member surveys show this is appreciated. Dr. Stern offered examples of the CMPA’s efforts to reduce members’ medical liability risk and to adapt its high quality services to meet the evolving needs of its members.
CONTRIBUTING TO SAFE MEDICAL CARE

The Executive Director/CEO noted safe work environments for physicians would foster less harm and cost, as well as happy patients and physicians. While past CMPA efforts included educational programs on safety and risk reduction, moving forward, its efforts will focus on specific areas in which safety is a concern, such as obstetrical care. The Association will work to mitigate and attempt to reduce the number of babies neurologically harmed in this country, then move onto other areas of safety. This work, which is occurring both at the individual unit and system levels, will enable the CMPA to protect physicians and prevent them from facing medical-legal difficulty.

SUPPORTING THE MEDICAL LIABILITY SYSTEM

In speaking to the sustainability of the medical liability system, Dr. Stern reported provinces are grappling with revenues being expended in healthcare, and are being asked by treasury boards to limit growth in healthcare spending while liability costs are increasing. The escalation of CMPA fees is the result of patients being harmed and of physicians being required to assume liability for incidents caused by multi-disciplinary teams. Healthcare practitioners must work together to lower liability costs, set aside dollars to protect physicians, and continue to identify ways to return the Association to full funding.

In conclusion, Dr. Stern noted he is committed to listening carefully to members, and the CMPA will do what it can to smooth the transition of end-of-life care into practice, and to address other issues that arise in the future.

ANNOUNCEMENTS

The President reminded meeting participants to return, following a short break, to the information session on *End-of-life care: Medical-legal issues*.

ADJOURNMENT

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

_____________________________________________
President

_____________________________                   ______________________________________________
Date                                                      Executive Director/CEO