About us

Our mission
To protect the professional integrity of physicians and promote safe medical care in Canada.

Our vision
The CMPA is valued as an essential component of the Canadian healthcare system.

Our services
Our service offering is built around the values that define the CMPA. We are committed to service excellence in all that we do — for our members and for Canadian healthcare. This includes:

▪ advice and assistance when medical-legal issues arise from a member’s medical professional work in Canada
▪ compensation to patients harmed by negligent care
▪ professional development programs and resources that help physicians provide safe care, manage risk, and be knowledgeable about their obligations
▪ public policy, submissions, and responses relating to medical-legal matters that impact physicians’ practice and the Canadian medical liability system

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REVISED JUNE 2019
Refinements to average legal cost depictions are found in revised charts on page 29 and 30.
“We know physicians’ expectations of the organizations they belong to are changing and, as they deliver care under increasingly difficult conditions, our members tell us they continue to greatly value the effectiveness, efficiency, and empathy of our advice, education, and assistance.”

Jean-Joseph Condé  Hartley S. Stern
President  Executive Director and CEO

A YEAR AT A GLANCE

1,210,422
website visits

295
continuing professional development (CPD) sessions

17,161
CPD attendees

127
submissions and engagements

9,667
newly opened medical-legal cases

21,828
newly opened advice matters
It seems to be a rare day when traditional and social media are not filled with stories about longstanding organizations that are struggling. In some cases, these organizations have failed to adapt to changing conditions; in other cases, they have lost sight of their purpose or who they are intended to serve. In contrast, since the CMPA’s founding in 1901, we have remained steadfastly focused on our core mission: to protect the professional integrity of Canadian physicians.

As physicians, we understand the changing nature of healthcare and medical practice in Canada, and recognize that these changes generate new medical liability protection requirements for our members. We also know physicians’ expectations of the organizations they belong to are changing and, as they deliver care under increasingly difficult conditions, our members tell us they continue to greatly value the effectiveness, efficiency, and empathy of our advice, education, and assistance. At a time when Canadian physicians’ need for support is greater than ever, they recognize that our commitment to them is solid.

While the CMPA’s purpose has not changed, we continue to adapt both our services and our service delivery to reflect our members’ needs. This Canadian Medical Protective Association 2017 annual report is a story of how our dedicated employees, guided by an elected council of practising physicians, provide advice, education, and assistance so that our almost 98,000 members can care for their patients knowing their medical-legal interests are protected.
This annual report is also a story of innovation and adaptation, and 2017 saw three major initiatives come to fruition:

- Our recently instituted Member Support Program assists members who have experienced medical-legal difficulties and need tailored assistance to return their careers to a satisfying and productive state. By offering these physicians non-judgmental and empathetic assistance and identifying resources they can access, this program is already making a tangible difference for some of our members. The underlying tenet of colleagues helping colleagues is the foundation of mutuality and a key principle on which the Member Support Program is built.

- Our Resident Symposia program, developed with the support of the Resident Doctors of Canada and the active engagement of postgraduate deans of medicine from across the country, provides tailored medical-legal education to our newest members — those physicians that represent the next generation of physicians and physician leaders in Canada. We are well on our way to achieving our 2020 goal of having every resident attend this day-long educational event at least once during their residency.

- In 2017, we launched Saegis, a wholly owned subsidiary of the CMPA, to better deliver risk reduction education and practice management solutions that might otherwise not easily fit within the CMPA’s mutual model. Saegis’ initial offerings on physician interactions with patients and colleagues, strategies for dealing with unprofessional behaviour, and just culture have been very positively received. We are very excited about Saegis’ upcoming risk reduction programs for hospitals and teams and the pending introduction of an in-depth clinical communications program.

Each one of these major initiatives will add value to physicians and the healthcare system and, when viewed together, they provide evidence of a CMPA that continues to evolve, adapt, and grow to meet our members’ needs.

This annual report also describes our efforts to work with other physician and healthcare organizations and to engage regulatory authorities, governments, and others to positively influence the increasingly difficult conditions under which Canadian physicians practise. We know toxic work environments have a debilitating impact on physicians and contribute to conditions that undermine efforts to deliver safe care. The CMPA continues to advocate for environments in which physicians can focus on delivering quality care and, should adverse events occur, be confident they will be treated fairly and respectfully by regulatory authorities, hospitals, and others. A great deal of external engagement efforts are devoted to seeking fair and equitable processes for our members.

Physicians practise within a resource-constrained healthcare system, and our members expect the CMPA to be careful with the funds they have entrusted to us. The elected council and the management team share a common goal of delivering high quality services in the most effective and efficient manner possible and, notwithstanding the growth in membership and the expansion of advice, education, and assistance programs, our per member operating costs remain flat. Due in part to the prudent investment of funds for unpaid medical-legal claims, our total 2018 membership fees will be less than those of 2017 and we expect a further decrease in 2019.

At a time when delivering quality care is becoming increasingly challenging, physicians trust the CMPA to assist them when medical-legal difficulties arise. As Canada’s largest physician organization, the CMPA recognizes and willingly accepts the responsibilities inherent in this trust. While staying true to our core values and our mission, we continue to adapt, evolve, and innovate to ensure we can deliver on our commitments both now and into the future. No matter how challenging the issues facing the medical profession may be, physicians can rely on the CMPA to stand with them.

Jean-Joseph Condé, MD
President

Hartley S. Stern, MD, FRCSC, FACS, ICD.D
Executive Director and Chief Executive Officer
2017 at a glance

Our members

- Total number of members: 97,688
- 50% Specialists
- 13% Trainees
- 43% Men
- 57% Women
- 22% 60 years and over
- 41% 41–59 years
- 37% 40 years and under

In 2017, membership grew by 2%, an increase of almost 2,000 members. Overall membership has grown by 10% in the last 5 years.

Our people

- 375 active employees at the end of the calendar year
- 33% Men
- 67% Women
- 76 physicians and other healthcare professionals
- Medical specialty: 49%
- Surgical Specialty: 18%
- Obstetrics and Gynecology: 5%
- Family medicine: 28%

According to our employee engagement survey, 86% of employees consider themselves to be engaged with the Association, exceeding industry benchmarks.

Our regional presence

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<thead>
<tr>
<th></th>
<th>ON</th>
<th>QC</th>
<th>BC/AB</th>
<th>SMAT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>39,218</td>
<td>19,877</td>
<td>25,503</td>
<td>13,090</td>
</tr>
<tr>
<td>Change in members since 2013</td>
<td>9.8%</td>
<td>7.8%</td>
<td>13.1%</td>
<td>6.5%</td>
</tr>
<tr>
<td>CPD events</td>
<td>103</td>
<td>69</td>
<td>70</td>
<td>53</td>
</tr>
<tr>
<td>CPD attendees</td>
<td>5,657</td>
<td>4,841</td>
<td>4,896</td>
<td>1,767</td>
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*For staff physicians

*SK, MB, Atlantic, and Territories

Physician to physician contact is an important part of our service model. Our physicians interacted directly with members over 57,700 times in 2017 through a variety of channels to provide advice, counsel and support.
### Medical-legal activities, national

#### NEW MEDICAL-LEGAL CASES

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<tbody>
<tr>
<td>Legal actions</td>
<td>837</td>
<td>891</td>
<td>862</td>
<td>863</td>
<td>844</td>
</tr>
<tr>
<td>College (medical regulatory authority) matters</td>
<td>5,235</td>
<td>5,088</td>
<td>4,723</td>
<td>4,252</td>
<td>4,093</td>
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<tr>
<td>Hospital matters</td>
<td>1,675</td>
<td>1,743</td>
<td>1,611</td>
<td>1,486</td>
<td>1,382</td>
</tr>
<tr>
<td>Paying agency matters</td>
<td>246</td>
<td>218</td>
<td>198</td>
<td>256</td>
<td>259</td>
</tr>
<tr>
<td>Other</td>
<td>837</td>
<td>826</td>
<td>758</td>
<td>769</td>
<td>796</td>
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#### NEW ADVICE CONTACTS

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<tbody>
<tr>
<td>Advice to members</td>
<td>21,828</td>
<td>20,832</td>
<td>19,267</td>
<td>17,770</td>
<td>17,013</td>
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#### RESOLVED LEGAL ACTIONS

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<tbody>
<tr>
<td>Judgment for plaintiff</td>
<td>14</td>
<td>9</td>
<td>4</td>
<td>26</td>
<td>19</td>
</tr>
<tr>
<td>Judgment for physician</td>
<td>48</td>
<td>45</td>
<td>55</td>
<td>85</td>
<td>51</td>
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<tr>
<td>Settled</td>
<td>274</td>
<td>290</td>
<td>350</td>
<td>377</td>
<td>281</td>
</tr>
<tr>
<td>Dismissed/discontinued/abandoned</td>
<td>433</td>
<td>496</td>
<td>483</td>
<td>578</td>
<td>403</td>
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### Medical-legal activities by region

#### NEW CASES BY REGION, 2017

<table>
<thead>
<tr>
<th>Region</th>
<th>1,000</th>
<th>2,000</th>
<th>3,000</th>
<th>4,000</th>
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<tbody>
<tr>
<td>BRITISH COLUMBIA AND ALBERTA</td>
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<tr>
<td>ONTARIO</td>
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<td>QUÉBEC</td>
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<tr>
<td>SK, MB, ATLANTIC AND TERRITORIES</td>
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#### RESOLVED CASES BY REGION, 2017

<table>
<thead>
<tr>
<th>Region</th>
<th>50</th>
<th>100</th>
<th>150</th>
<th>200</th>
<th>250</th>
<th>300</th>
<th>350</th>
<th>400</th>
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<td>BRITISH COLUMBIA AND ALBERTA</td>
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<td>ONTARIO</td>
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PERFORMANCE REPORT
Assisting physicians

STRATEGIC OUTCOME #1

Canadian physicians care for their patients, confident the CMPA will effectively protect their medical liability interests.

The CMPA supports physicians through a continuum of medical liability protection services that extend from education aimed at preventing harm in patient care, through to advice to guide members in responding to medical liability issues and, when required, legal assistance to resolve such matters. In the event a patient has been harmed by negligent medical care, the Association pays appropriate compensation on behalf of its members. This protection enables physicians to practise with confidence, knowing that their interests and those of their patients are protected.

Assisting members with medical-legal matters

We are committed to providing high quality advice and assistance to members, who continue to turn to us in growing numbers for assistance with medical-legal issues arising from their medical professional work. Faced with ever-increasing pressures from medical regulatory authorities, hospitals, patients, and others, physicians’ need for support has never been greater.

In 2017, we opened over 9,600 new medical-legal files including civil legal actions, medical regulatory authority (College) matters, hospital, and other medical-legal issues. While civil legal actions commenced against physicians have remained relatively constant over the past decade, the number of members seeking assistance in either College or hospital matters have steadily risen during that time. These increases have been experienced in every region across Canada and reflect the increasingly challenging nature of the environment in which Canadian physicians practise.

<table>
<thead>
<tr>
<th>Category</th>
<th>2017</th>
<th>Change from 2008</th>
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<tbody>
<tr>
<td>College matters opened</td>
<td>5,235</td>
<td>+88.4%</td>
</tr>
<tr>
<td>Hospital matters opened</td>
<td>1,675</td>
<td>+66.8%</td>
</tr>
<tr>
<td>Civil legal actions opened</td>
<td>837</td>
<td>-5.2%</td>
</tr>
</tbody>
</table>
Innovative physician assistance program introduced

The dynamics of the healthcare environment are changing rapidly and the CMPA continues to evolve our services to reflect our members’ medical-legal requirements. While we adapt our services, our assistance model and our commitment to mutuality remain founded on the values of the medical profession.

With the objective of enhancing our assistance to physicians, in 2017 we introduced the Member Support Program to provide tailored support to physicians whose medical-legal experiences are greater than those of their peers. For participating physicians, this innovative program seeks to improve safety, ease stress, and ultimately restore the satisfaction derived from meaningful medical practice and the delivery of quality care to patients.

Meeting members’ needs

Members consistently tell us our physician-to-physician advice and assistance is of immense value to them. To meet the growing demand, we hired additional physician advisors in 2017 to ensure that our support is both timely and effective. Building on their extensive years in medical practice, our physician advisors are provided with focused and intensive medical-legal training so they can assist members who experience medical-legal difficulty. Continuing education ensures our physician advisors stay abreast of the latest changes in the environment and helps them to work with members to seek the best overall outcome — one that enables members to continue to practise in a meaningful and professionally satisfying manner.

Mutuality at the core of our business model

Our business model is based on the concept of mutuality – we have a responsibility to our members and, in turn, members are responsible to their colleagues and to the CMPA to practise in a manner consistent with the values of the medical profession.

“...the opportunity to assist physicians who are struggling after being involved in an adverse patient outcome or being named in a College complaint. When I joined the CMPA as a physician advisor, I underwent a six-month training period, which included medical-legal education and mentorship to acquire the skills and expertise needed to support members. Through ongoing internal training as well as external continuing medical education, I feel confident in my ability to help my fellow physicians.”

Dr. Julie Jenner is a senior physician advisor who joined the CMPA 4 years ago after 17 years in practice as a family physician in Ottawa.
Spotlight on...

**Member advice services**

Physicians in Canada contact us every day for advice on matters they deal with in their practice. The provision of informed, reliable, and professional guidance forms the cornerstone of CMPA member advice services. In 2017, we assisted members in approximately 22,000 member advice interactions, representing an increase of 6% over 2016. For more complex matters (such as medical assistance in dying [MAID]), physician advisors assigned experienced legal counsel to assist members.

<table>
<thead>
<tr>
<th>TOP 5 MEMBER ADVICE TOPICS</th>
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<tbody>
<tr>
<td>Clarification of the duty of care owed to patient</td>
</tr>
<tr>
<td>Medical record matters, including EHR/EMR</td>
</tr>
<tr>
<td>Communication with patients and their families</td>
</tr>
<tr>
<td>Non-regulatory mandatory and permissive reporting duties</td>
</tr>
<tr>
<td>Diagnostic concerns</td>
</tr>
</tbody>
</table>

Members tell us they value the opportunity to speak to a physician colleague who understands how key healthcare issues impact physicians.

Our physician advisors possess the real world experience, knowledge, and compassion necessary to ensure the assistance provided is relevant and clearly communicated. With over 50 physicians on staff, spanning a wide range of clinical specialties and with hundreds of years of medical-legal experience, the CMPA is uniquely positioned to help members in their time of need.

Our post-contact survey results highlight the value of the advice received:

- 95% of members felt it was important to speak with a physician
- 98% of members were satisfied with the service provided

**What members tell us**

“Whenever I have had reason to contact the CMPA it is usually a stressful time and they have always responded quickly and in a collegial manner to help calm me down and give good advice. Thank you.”

As physicians continue to face challenges stemming from the evolving complexity of a resource-constrained health system, changing working environments, and their many interactions with patients and colleagues, they can count on us to be ready to respond, without judgment, to their questions and requests for assistance. This has been at the core of the CMPA’s commitment to members since 1901 and it continues to define our actions.
Contributing to safe medical care

STRATEGIC OUTCOME #2

In support of a high-quality healthcare system, the CMPA contributes to safe medical care in Canada.

As one of the largest providers of continuing medical education in Canada, the CMPA is committed to contributing to safe medical care through initiatives that enhance the quality of care, reduce avoidable harm, and support physicians and other healthcare providers to implement safe practices.

Preventing harm saves lives and lowers medical liability protection costs, and is one of the primary reasons the CMPA established Saegis in 2017. As a member of the CMPA family, Saegis enables the Association to extend the scope and reach of risk reduction and educational programs into team and hospital settings. With offerings tailored to meet the specific needs of small groups of members, Saegis represents one more step in the CMPA’s efforts to meet the evolving needs of members.

Educating physicians in practice from coast to coast

Supporting physicians across Canada in making their medical practice safer is an important focus for us. Our physician advisors travel the country meeting with physician members and other healthcare professionals at our regional conferences and customized workshops to provide data-driven risk management information and advice on leading safe care practices. In 2017, we delivered almost 300 sessions to more than 17,000 individuals.

<table>
<thead>
<tr>
<th>Education stream</th>
<th>Sessions</th>
<th>Attendees</th>
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<tbody>
<tr>
<td>Physicians in training</td>
<td>79</td>
<td>3,330</td>
</tr>
<tr>
<td>Physicians in practice</td>
<td>162</td>
<td>10,568</td>
</tr>
<tr>
<td>Physicians in high risk specialties</td>
<td>31</td>
<td>2,486</td>
</tr>
<tr>
<td>Physician leaders</td>
<td>17</td>
<td>705</td>
</tr>
</tbody>
</table>

“We understand the challenges of today’s medical practice. Shifting patient demographics, expanding public expectations, evolving standards of care and changes to medical care delivery all combine and contribute to the increasing pace and scope of change in the medical profession. My role is to provide you with proven safe care knowledge and practical tips to help reduce risks in your practice. Ensuring I am designing and delivering education that meets the needs of my fellow physicians is the most important part of my job.”

Dr. Ellen Tsai is a physician advisor, Practice Improvement, who joined the CMPA 5 years ago after leaving a busy and fulfilling academic and clinical practice in pediatric intensive care and bioethics at Queen’s University.
Working together to improve the safety of care

In a multidisciplinary healthcare system, improving patient safety requires a commitment to working with others. The following summarizes just a few of our collaborations in 2017.

CanMEDS
We joined 12 national and provincial organizations under a pledge to embed the CanMEDS training framework across all of our education products. While previously used to train and evaluate physicians during medical and surgical residencies, the framework was expanded for use throughout a physician’s entire education and career — from residency training and specialization, to lifelong learning for physicians in clinical practice.

Transitions in care workshop
We presented data regarding transitions in care at the Canadian Institutes of Health Research (CIHR) Transitions in Care Workshop. The CMPA brought the physician and medical-legal perspective to these discussions, which will set future research funding priorities for this organization.

National patient safety consortium
As a member of the Canadian Patient Safety Institute’s (CPSI) National Patient Safety Consortium, we contributed to work on surgical safety improvements that included the surgical safety checklist, and the Patient Safety Education Action Plan.

Royal College of Physicians and Surgeons of Canada (RCPSC) working group
We actively engaged in the Royal College of Physicians and Surgeons of Canada (RCPSC) working group which is focused on physicians who are transitioning out of professional practice. The work of this group will continue into 2018.

Society of Obstetricians and Gynecologists of Canada (SOGC) national panel
We delivered the results of our evidence-based analysis of quality improvement interventions in obstetrics to a Society of Obstetricians and Gynecologists of Canada (SOGC) national panel and at the 2017 Institute for Healthcare Improvement (IHI) Scientific Symposium.

“CanMEDS is a proven and effective means of educating physicians and ensuring that they remain proficient throughout their medical careers,” said Dr. Hartley Stern, Chief Executive Officer at the CMPA. “Expanding the use of the CanMEDS framework will lead to improved patient care and better health outcomes. We’re proud to have been part of its development and we support this very worthwhile initiative.”
Supporting physicians in obstetrics

Improving the quality and safety of obstetrical care remains an important focus of our research, publications, and risk reduction education.

Lessons learned from a successful obstetrical safety program pilot at a community hospital have been integrated into work with physician leaders and other specialties. In addition, recognizing the benefits of collaborating with like-minded stakeholders, we worked with the Healthcare Insurance Reciprocal of Canada (HIROC) to produce a joint report on improving obstetrical safety; this report will be published in 2018 and will further the Association’s growing reputation as a thought leader in the safe care domain.

Helping physicians address the opioid crisis

The number of opioid-related overdoses and deaths is a national tragedy. As a partner in the Joint Statement of Action on Opioids, we committed to working together with stakeholders and partners to take evidence-informed actions that address the opioid crisis. In 2017, we delivered on all five of our commitments including supporting physicians with safer opioid prescribing. Resolving the opioid crisis will require a multi-year commitment from numerous groups and organizations. Physicians have an important role in treating patients with opioid addictions and the CMPA will continue to be there to support doctors in this important area.

OPIOID CRISIS: How the CMPA supports Canadian physicians

The CMPA supports physicians by providing a continuum of evidence-based medical-legal advice and education.

By empowering physicians to practise confidently and to provide safe care, the CMPA plays an important role in ensuring a safe and sustainable healthcare system for Canadians.

What can physicians do?

1. Implement safe prescribing practices
2. Communicate effectively with patients
3. Call CMPA for advice

The CMPA is proud to be among the many organizations across Canada working to address the opioid crisis through the Joint Statement of Action.

The CMPA...

• Delivered 15 in-person education sessions on medication safety and use of opioids, reaching >1,000 practitioners in 2017.
• Published 7 articles on opioid safety and safe prescribing, attracting >9,000 views.
• Continued to collaborate with organizations across Canada to promote system-level change and appropriate prescribing practices.
• Provided real-time support to physicians when questions arose in their practice. From May-August 2017, the CMPA responded to approximately 250 calls for advice about opioid prescribing.
Spotlight on...

Developing the next generation of physicians

Learning ways to deliver safe care in the early stages of a medical career can help physicians reduce medical-legal risk in their future practice. Our resident members benefit from the same products and services available to all our members, including the provision of advice and assistance with medical-legal matters, and access to our safe care publications and education events. We frequently present to medical trainees and faculty, providing data-driven risk management information and advice on leading safe care practices. In 2017, we delivered 59 face-to-face sessions reaching over 1,900 residents and fellows.

630 advice cases across 4 topics:

- **INFORMATION ACCESS AND CONFIDENTIALITY**
  - e.g. requests for patient information
  - e.g. requests for information about a colleague
  - 254
  - 40%

- **COMPLEX CARE SCENARIOS**
  - e.g. patient consent and capacity
  - e.g. challenging encounters with patients or family
  - 136
  - 22%

- **ACADEMIC MATTERS**
  - e.g. transitioning into practice
  - e.g. experiences as a trainee
  - 200
  - 32%

- **PATIENT SAFETY INCIDENTS**
  - e.g. discussing an error
  - e.g. unforeseen complications
  - 40
  - 6%

While medical trainees share the same medical-legal challenges as more experienced physicians, they also face different situations and have different advice and assistance requirements.

Resident Symposium

In 2017, we launched an innovative symposia program aimed specifically at residents, covering a range of foundational patient safety and risk management topics. The symposia initiative is part of a comprehensive program tailored to meet the needs of residents, which also includes the CMPA Good Practices Guide (GPG) and other resources. Co-created with Resident Doctors of Canada, the symposia curriculum reflects CMPA medical-legal risk data, and is aligned with the CanMEDS 2015 and CanMEDS-FM competencies.

Our highly successful 2017 pilot with the University of Toronto was the first step in a multi-year effort that should see each of Canada’s 17 medical schools participate by 2020. Our goal is that every resident has the opportunity to participate in this high quality educational program at least once during their residency.
Supporting the medical liability system

STRATEGIC OUTCOME #3

The CMPA supports an effective and sustainable medical liability system that meets the needs of physicians and their patients.

An effective and sustainable medical liability system enables physicians to focus on the delivery of safe care to their patients. The CMPA works with governments, medical regulatory authorities, provincial and territorial medical associations, and other healthcare stakeholders to advance system-level improvements that ensure a sustainable healthcare system for all Canadians. Effective medical liability protection is one element of a well-functioning healthcare system. We are committed to delivering our services to members in a cost effective manner that reflects the trust they have in us. As a resilient and progressive organization, we have the capabilities and capacity to respond to a changing environment and evolving member needs.

Contributing to a progressive and positive practice environment

The CMPA is Canada’s largest physician organization and, with the support of our almost 98,000 physician members, we collaborate, advocate and effect positive change on important healthcare and medical-legal issues. Working with our stakeholders at both the local and national levels, we share data and expertise, and promote policies that contribute to an environment in which physicians can practise medicine with confidence.

We are actively involved in supporting sensible adjustments to the medical liability system to improve its effectiveness and efficiency. For example, in 2017 we contributed data, analysis, and expert medical-legal viewpoints to the review of the civil justice system in Ontario. We look forward to working with the government of Ontario and other provinces to implement key recommendations stemming from this work that will benefit physicians and their patients. By proactively influencing public and regulatory policy, the CMPA seeks to improve physicians’ working conditions and reduce those factors that contribute to adverse patient outcomes and unhealthy environments.

TOP 5 ENGAGEMENT TOPICS

<table>
<thead>
<tr>
<th>Membership fees/system costs</th>
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<tbody>
<tr>
<td>Patient safety (obstetrics/surgery)</td>
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<tr>
<td>Medical assistance in dying</td>
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<tr>
<td>Privacy, including personal health information acts</td>
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<tr>
<td>Protecting Patients Act (Bill 87)</td>
</tr>
</tbody>
</table>
Data privacy and security is one of our highest priorities

Maintaining the privacy and security of the personal information we hold underpins everything we do. We continuously monitor the national and international environment to ensure our policies reflect best practices. We constantly assess our systems to make certain the information technology infrastructure and privacy and security practices we have in place will ensure data are secure and available only for appropriate use. In addition to our regular security audits and system checks, in 2017 we engaged an external firm to assess our security controls. The positive results of the assessment provide our members and stakeholders with confidence the CMPA is committed to information security and sound management practices.

“Member data security is one of our highest priorities. Information technology security is an ever-evolving field and requires continuous learning to understand and stay abreast of what we face every day.”

Chris McNamara leads the CMPA’s security compliance program, overseeing the development and implementation of policies, processes, standards and technical controls that support the Association’s security and records management programs. Chris and his team work diligently to safeguard the information members provide and ensure that our services are available when members need them.

Chris McNamara is the security officer for the CMPA who joined the CMPA 4 years ago after 20 years in the information security field.

“Every day I read or hear about issues of privacy in the news, on the web and in face-to-face discussions with members and stakeholders. Clear privacy guidelines and legislative frameworks are crucial to guide physicians in their responsibilities to protect the personal health information of their patients. The CMPA is dedicated to maintaining high standards of confidentiality with respect to information entrusted to us.”

Dr. Lorraine LeGrand Westfall is the Association’s lead resource on national healthcare privacy matters, advising, educating and communicating with stakeholders and members on privacy affairs.

Dr. Lorraine LeGrand Westfall is the director of Regional Affairs and Privacy officer. She joined the CMPA in 2006 after 20 years of practice as a general surgeon.
Empowering better healthcare starts with empowering our workforce

The staff of the CMPA form a unique culture, one tied to its core values and, in particular, service excellence. This culture is crucial to the delivery of high-quality advice, education, and assistance to our members. In 2017, the results of our biennial employee engagement survey confirmed that we have a highly effective organization. Our overall engagement result places the CMPA as the highest rated organization among the external service provider’s benchmark group of medium-sized organizations.

Shaping tomorrow’s workforce

To maintain a resilient and high performing workforce, we make well-considered investments in professional growth activities through a balance of formal training and internal knowledge and skills development.

In 2017, we offered professional growth opportunities to our staff through lunch and learn seminars, management leadership sessions, and focused training sessions on important topics related to the workplace, people management, and specific business skills.
Spotlight on...

Changes in technology affecting medical practice

The scale and pace of technological innovation is having a transformative effect on the quality, effectiveness, and safety of care delivery. Electronic health records (EHR); developments in eCommunications between physicians, healthcare providers, and patients; the impact of social media on protecting personal health information; and the expanding use of remote medical service delivery are some of the many new and emerging topics challenging our members and stakeholders.

In 2017, we responded to our members’ rapidly changing practice environment by:

▪ responding to almost 200 one-on-one inquiries from members to help them navigate through the evolving technology environment
▪ publishing new and updating existing articles on use of smartphones, eConsults, video recording by patients, and ransomware to reflect the realities of emerging technologies
▪ delivering education to over 1,200 members and other healthcare professionals at 35 presentations and workshops
▪ engaging governments, medical regulatory authorities, hospitals, and others to create clear and workable policies to guide the use of new technologies

While the adoption of innovative technologies is leading to improvements in the healthcare system, they also present challenges for physicians. As members navigate the opportunities and challenges of a technology-enabled future, the CMPA is there to provide appropriate assistance.

Influencing medical eHealth initiatives

The E-Health Collaborative is an informal information-sharing group of national medical and health technology organizations that discuss key eHealth initiatives. Since 2010, we have been an active participant, bringing the medical liability risks involved in each area to the discussion. In 2017, the discussions were focused on data governance and stewardship of medical records, the physician’s responsibility in the face of technological or system failure, and the physician’s obligations in a world of 24/7 data collection. As an expert in medical-legal risk and a trusted partner to physicians, the CMPA helped shape the initiatives while ensuring they met realistic expectations for physicians.

"The most rewarding part of my job is the role I play in helping to pave the way for new and emerging health technologies. The CMPA’s support of the telemedicine platforms and eHealth initiatives bring an extra level of assurance to physicians who choose to incorporate these platforms into their practice."

Dr. Dennis Desai specializes in medical-legal matters relating to health technologies and privacy. Whether he is providing advice to members, informing our articles and publications, or speaking with stakeholders to help guide policy development, he ensures he is up-to-date on the latest technology developments. As part of his role in this area, in 2017, he began using Facebook Live! as a platform to deliver education sessions aimed at medical residents on topics such as blogging, Skype, email, and many others.

Dr. Dennis Desai is a senior physician advisor and special advisor, Quality Improvement and eHealth. He joined the CMPA in 2008 after 20 years in practice as a surgeon in Canada and abroad.
Report of the Audit Committee

The CMPA undertakes to manage the funds it holds in a prudent manner. The funds are held to meet incurred obligations arising from providing legal representation to members and appropriate compensation for patients proven to have been injured through negligent medical care.

The CMPA Audit Committee is responsible for reviewing the consolidated financial statements and the annual report, and for meeting with management and external auditors to discuss internal controls over the financial reporting process, auditing matters, and financial reporting issues. Council, on the recommendation of the Audit Committee, approves the consolidated financial statements.

The Audit Committee is comprised of five members of council, plus two external financial experts, all of whom are independent of management. The committee meets quarterly to ensure its fiduciary duties are discharged in an appropriate manner consistent with good governance and sound operational procedures. The reports of the Audit Committee to council are a standing item on the quarterly agenda for council meetings.

In the coming years, the Audit Committee will continue to ensure potential financial risks to the Association have been identified and adequately assessed, and appropriate measures implemented to manage those risks.

On behalf of the committee, I am pleased to report the delivery of the 2017 consolidated financial statements as prepared by management and audited by the firm of KPMG LLP.

The external auditors have provided an unmodified opinion on the statements, attesting that they present fairly, in all material respects, the results of the 2017 operations, and the financial position of the CMPA as of December 31, 2017.

David Naysmith, BSc, DMD, MD, FRCSC
Chair
The Association’s long-term financial objective is to hold at least one dollar of investment assets for each dollar of discounted liabilities. Given the nature of our occurrence-based protection\(^1\), the Association carries a potential liability for medical-liability matters arising from its current and prior members’ medical professional work. This includes the work undertaken in the current membership year and that from all preceding years. We hold $4,567 million in assets against the $3,926 in liabilities, $3,682 million of which represent the accumulated provision for outstanding claims.

The consolidated financial statements include the accounts of the Association and our wholly owned subsidiaries:

- **Dow’s Lake Court Inc.**, was originally incorporated to manage the land and buildings occupied by the Association. During the year it expanded its mandate under the operating name Saegis to include the provision of safe care and practice management services to the healthcare sector in Canada.

- **CMPA Investment Corporation**, which holds a number of investment assets.

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1. CMPA membership includes occurrence-based protection, which means members’ protection extends from the date care was provided, irrespective of when the claim is made.
Financial highlights

($ millions)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Portfolio</td>
<td>$ 4,480</td>
<td>$ 3,872</td>
<td>$ 3,507</td>
<td>$ 3,134</td>
<td>$ 2,872</td>
</tr>
<tr>
<td>Other Assets</td>
<td>87</td>
<td>103</td>
<td>183</td>
<td>101</td>
<td>97</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for outstanding claims</td>
<td>3,682</td>
<td>3,579</td>
<td>3,585</td>
<td>3,468</td>
<td>3,187</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>244</td>
<td>190</td>
<td>199</td>
<td>127</td>
<td>128</td>
</tr>
<tr>
<td>Net assets/(deficiency in net assets)</td>
<td>$ 641</td>
<td>$ 206</td>
<td>(94)</td>
<td>(360)</td>
<td>(346)</td>
</tr>
</tbody>
</table>

| STATEMENT OF OPERATIONS         |           |           |           |           |           |
| Revenues                        |           |           |           |           |           |
| Membership revenue              | $ 690     | $ 566     | $ 656     | $ 404     | $ 346     |
| Net investment income           | 415       | 204       | 158       | 334       | 374       |
| Expenses                        |           |           |           |           |           |
| Compensation to patients, legal, and experts | 433     | 347       | 365       | 405       | 375       |
| Insurance                       | 57        | 68        | -         | -         | -         |
| Increase/(decrease) in the provision for outstanding claims | 103     | (6)       | 117       | 281       | 421       |
| Other expenses                  | 69        | 68        | 68        | 63        | 67        |
| Excess of revenue over expenses/(expenses over revenue) | $ 443   | $ 293     | $ 264     | (11)      | (143)     |

See the consolidated financial statements for the year-ended December 31, 2017, along with the Independent Auditors’ Report and related notes.

NET INVESTMENT PORTFOLIO
Portfolio investments represent the value of assets managed by the Association to fund the unpaid liabilities resulting from members’ professional practice. Public assets are valued using the closing market price for each security at year end. Private assets are valued at their original cost, less any accumulated impairments or estimated reductions in value.

The performance objectives of the portfolio are to:

- Provide sufficient returns to fund members’ protection by matching or exceeding the long-term actuarial return expectation of 5.5%.
- Achieve positive value-added returns (over a passive benchmark return) after deducting management fees.

The Association has adopted investment policies, standards, and procedures to manage the investment risk to which it is exposed. Our investment practices are designed to avoid undue risk of loss and impairment of assets, and to provide a reasonable expectation of fair return given the nature of the investments. In our opinion, diversification is the most effective means of managing investment risk.

The portfolio produced positive returns during the year, and the investment portfolio value of $4,480 million represents an overall increase of $608 million over the year-end 2016 position (see “Net Investment Income” for more information).
Private equities, debt, and real assets are carried at cost, less any impairments. Unrealized gains are not recorded in the financial statements. It is estimated that net unrealized gains in the value of the private investments totaled $233 million at December 31, 2017; this is not reflected in the net carrying value of the portfolio.

**Net Investment Portfolio**

- **Public assets measured at fair value**: 77%
- **Private assets measured at amortized cost**: 18%
- **Cash and short-term investments**: 5%

**Provision for Outstanding Claims**

The provision for outstanding claims is an actuarial estimate of the total resources required by the Association to provide medical liability protection to its members related to occurrences up to and including December 31, 2017. At December 31, 2017 the actuarial estimate for the provision for all accumulated outstanding claims was $3,682 million.

The difference in the provision for outstanding claims represents the year-over-year change in the actuarial liability. The following table illustrates the change in the liability from the beginning of the year to the end of the year, broken down between the updated experience of prior occurrence years, the impact of adding the current occurrence year, and the volatility reduction due to the insurance contracts. The provision includes the estimated liability for future compensation to patients, legal and administrative expenses for both reported claims, and expected claims that have not yet been reported. It is prepared annually by the Association's Chief Actuary, subjected to peer review by external actuaries, and audited by the external auditor. The provision is valued on a discounted basis of 5.5% to reflect the long-term investment return expectations.
FIVE-YEAR COMPARISON OF THE CHANGE IN THE PROVISION FOR OUTSTANDING CLAIMS

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Provision for outstanding claims, beginning of year</td>
<td>$3,579</td>
<td>$3,585</td>
<td>$3,468</td>
<td>$3,187</td>
<td>$2,766</td>
</tr>
<tr>
<td>Payments on claims relating to occurrences in prior years</td>
<td>(416)</td>
<td>(331)</td>
<td>(362)</td>
<td>(403)</td>
<td>(386)</td>
</tr>
<tr>
<td>Revaluation of the provision for outstanding claims relating to occurrences in prior years</td>
<td>11</td>
<td>(174)</td>
<td>14</td>
<td>234</td>
<td>366</td>
</tr>
<tr>
<td>Change in provision for outstanding claims in respect of occurrences in current year</td>
<td>573</td>
<td>541</td>
<td>465</td>
<td>450</td>
<td>441</td>
</tr>
<tr>
<td>Volatility reduction due to insurance contracts</td>
<td>(65)</td>
<td>(42)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Provision for outstanding claims, end of year</td>
<td>3,682</td>
<td>3,579</td>
<td>3,585</td>
<td>3,468</td>
<td>3,187</td>
</tr>
</tbody>
</table>

Increase/(decrease) $103 $ (6) $117 $281 $421

NET ASSETS

Representing the difference between assets and estimated liabilities, net assets provide a point-in-time measure as to whether the Association has the resources necessary to meet its estimated liabilities. The overall net asset position can be expected to change from one year to the next, largely as a result of the volatility in investment returns and/or claims experience. External factors such as financial market performance and trends in compensation to patients impact the net assets. As of December 31, 2017, the Association had net assets of $641 million. The net asset position improved by $435 million over 2016, largely due to better than forecast investment returns and an increase in membership revenues.

TEN-YEAR VIEW OF THE CMPA FUNDED RATIOS (TOTAL ASSETS/TOTAL LIABILITIES)
**MEMBERSHIP REVENUES**
Recognizing that the full cost of the medical liability protection arising from a given year will not be known for 35 or more years, the CMPA seeks to collect, as fees, sufficient funds from members to cover the anticipated liabilities arising from care that has been delivered in that year. Given the occurrence-based protection, fees collected in 2017 will fund the cost of medical liability protection arising from work performed in 2017 and will be paid over the coming decades. On an annual basis, emerging experience gains and losses\(^2\) are calculated in comparison to the actuarial predictions. The CMPA estimates the expected occurrence-year costs\(^3\) as a basis for membership fees. In the event the emerging experience is different from the predicted values, future fees may be adjusted (either increased or reduced) to address the difference. As a result of increases in both the estimated liabilities and forecast protection costs which eroded the CMPA’s financial position, the CMPA has previously had to increase its fees to both reflect these cost pressures and to address the negative asset position.

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**TEN-YEAR REVIEW OF OCCURRENCE-YEAR COSTS AND MEMBERSHIP REVENUES**

![Graph showing ten-year review of occurrence-year costs and membership revenues](image)

**NET INVESTMENT INCOME**
Net investment income is comprised of portfolio investment income, less investment expenses. The investment expenses represent monies spent, whether with external fund managers or internally within the CMPA, to generate investment income. In 2017, the portfolio generated revenue before expenses of $469 million, which was $215 million higher than that earned in 2016.

---

2. Experience gains and losses refer to differences arising between estimates and actual experience.
3. Expected occurrence-year costs are actuarially estimated costs for compensation to patients, and legal and administrative expenses arising from adverse medical events in the year of occurrence.
Portfolio investment income is the combination of interest, dividends and securities lending income, unrealized and realized gains, and losses earned on securities and impairments or recoveries of impairments in the year.

The following table shows the annual returns calculated using the Modified Dietz Methodology⁴, compared against the actuarial investment return assumption. It demonstrates the volatility associated with investment returns and the need to maintain a long-term perspective in considering both asset management and the Association's financial position. The 2017 investment return was 11.4%, well above the assumed 5.5% return.

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⁴ The Modified Dietz Method is a calculation used to determine an approximation of the performance of an investment portfolio based on individual cash flows by the amount of time from when those cash flows occur until the end of the period.
COMPENSATION TO PATIENTS, INSURANCE AND LEGAL

Compensation to patients on behalf of members, along with the cost of legal services, expert consultants and insurance constitute the Association’s primary expenses, accounting for 88% of annual expenditures in 2017 (excluding the change in provision for outstanding claims).

The timing of individual compensation payments can be difficult to predict and the totals may fluctuate from year to year.

In 2017, at $250 million, payments to patients were $79 million more than in 2016 and represent the highest annual total ever. This increase is attributable, in large part, to larger payments on high value cases when compared to the prior year.

When viewed on a regional basis, the most significant increase occurred in Ontario ($79 million), which accounts for 65% of total compensation to patients.

With the objective of reducing the volatility inherent in the compensation to patients component of the provision for outstanding claims, the CMPA initiated an insurance program in 2016 and 2017 to help protect the Association from unexpected costs for occurrences prior to December 31, 2017. At the end of 2017, the Association held five insurance policies that provide $573 million of protection against rising costs, subject to policy limits and thresholds.
Legal fees and disbursements are broken down into two categories: legal costs related to civil actions and threats (i.e. those that might lead to compensation to patients), and all other matters, which include advice, College complaints, hospital matters, and other forms of medical-legal assistance. While legal fees have increased by 4.8% from 2016, this was due to the increasing volume of cases. The rise in case count is attributable mainly to more members seeking assistance in College matters: College case volumes increased 7% over the previous year and have been steadily increasing over the past ten years.

Legal civil case volumes and average expenditures per case have remained relatively flat‡.

‡ Refinements to average legal cost depictions now include ‘Average legal cost per civil case’ and ‘Average legal cost per non-civil case’.
While the volume of non-civil cases has increased, the average legal per case remained relatively stable‡.

EXCESS OF REVENUE OVER EXPENSES
In 2017, the Association’s revenues exceeded expenses by $443 million. A number of factors contributed to this result, most significantly higher than forecast investment income and improved membership revenues.

FINANCIAL SUMMARY
The CMPA’s net asset position stands at $641 million, an improvement of $435 million from 2016.
## Managing our risks

<table>
<thead>
<tr>
<th>Risk theme</th>
<th>Risk consideration</th>
<th>Mitigation activity update</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Significance and relevance</strong></td>
<td>The CMPA must remain relevant and important to its members and stakeholders by responding to their needs, while preserving the mission and values that underpin the CMPA's business model.</td>
<td>The CMPA took significant steps in 2017 to enhance member services and reinforce the CMPA's value proposition through the introduction of the Member Support Program and the launch of Saegis. The Association also adopted new technologies and streamlined internal processes aimed at better serving its members and stakeholders.</td>
</tr>
<tr>
<td><strong>Financial stability</strong></td>
<td>Increase in demand for CMPA services, combined with rising compensation and legal costs, place pressure on the CMPA's financial position.</td>
<td>To reduce the risk associated with future cost increases, the CMPA renewed an insurance program that transfers some of this risk and reduces the volatility associated with the provision for unpaid claims. The CMPA supported opportunities for reasonable system changes aimed at cost containment and medical-legal risk reduction.</td>
</tr>
<tr>
<td><strong>Changing healthcare perspective</strong></td>
<td>The healthcare environment is changing rapidly, and the CMPA must continue to innovate service offerings and work collaboratively with industry stakeholders in order to support members in the delivery of the best care possible under evolving practice conditions.</td>
<td>The CMPA engaged with governments, regulatory authorities (Colleges) and others to positively influence members’ practice environments. Through the provision of innovative educational programming and consultation services, the CMPA promoted member awareness and understanding of their rights and obligations on a range of topics including medical assistance in dying, disruptive behaviour, ransomware, and electronic patient recordings.</td>
</tr>
</tbody>
</table>
CMPA
LEADERSHIP
Council 2017–2018

The CMPA is governed by an elected council of physicians from across Canada, practising in different specialties in the fields of medicine and surgery and of general practice. CMPA Council plays an important role in the overall success of the Association. It governs the Association and provides direction, guidance, and support to CMPA management in running the Association’s day-to-day business. The 2017-2018 governance structure consists of council and 11 committees.

Back Row – Drs. Christopher Wallace, Patrick Bergin, Robert Cooper, Darcy Johnson, Michel Lafrenière, Gordon Crawford, Alexander Barron, Robert Sabbah, Jean-Hugues Brossard

Middle Row – Drs. Claude Mercier, Victor Huckell, Steven Edworthy, Birinder Singh, Elliot Halparin, Michael Sullivan, David Naysmith, Susan Hayton, Robbert Vroom, Yolande Leduc

Front Row – Drs. Paul Farnan, Sally Jorgensen, Susan Chafe, Michael Cohen, Jean-Joseph Condé, Debra Boyce, Gerard Craigen, Katy Shufelt, Jennifer Gillis-Doyle, Fredrycka Rinaldi
## Your CMPA Council members

### AREA 1—BRITISH COLUMBIA AND YUKON

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul A. Farnan</td>
<td>MB, BCh, CCFP, FCFP</td>
<td>West Vancouver, BC</td>
</tr>
<tr>
<td>Victor F. Huckell</td>
<td>MD, FRCP, FACC, FSCAI, FAHA, FESC, FCCS</td>
<td>Vancouver, BC</td>
</tr>
<tr>
<td>David Naysmith</td>
<td>BSc, DMD, MD, FRSCC</td>
<td>Victoria, BC</td>
</tr>
<tr>
<td>W. Robbert Vroom</td>
<td>MD, CM, CCFP(EM)</td>
<td>Vancouver, BC</td>
</tr>
</tbody>
</table>

### AREA 2—ALBERTA

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan M.J. Chafe</td>
<td>MD, LLB, FRCP</td>
<td>Edmonton, AB</td>
</tr>
<tr>
<td>Steven M. Edworthy</td>
<td>MD, FRCP</td>
<td>Calgary, AB</td>
</tr>
<tr>
<td>Fredrykka Rinaldi</td>
<td>MD, CCFP, ACFI, MBA, LLB, MPA</td>
<td>Medicine Hat, AB</td>
</tr>
</tbody>
</table>

### AREA 3—SASKATCHEWAN, NORTHWEST TERRITORIES AND NUNAVUT

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan L. Hayton</td>
<td>MD, FRSCC, CCFP, ID, LLM</td>
<td>Saskatoon, SK</td>
</tr>
</tbody>
</table>

### AREA 4—MANITOBA

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darcy E. Johnson</td>
<td>BSc, MD, CCFP, FCFP</td>
<td>Winnipeg, MB</td>
</tr>
</tbody>
</table>

### AREA 5—ONTARIO

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander C. Barron</td>
<td>BSc, MD, MSc, MBA, FRCP, DABP, FAAP</td>
<td>Toronto, ON</td>
</tr>
<tr>
<td>Debra E. Boyce</td>
<td>BSc, MD, CCFP, FCFP (1st Vice-President)</td>
<td>Peterborough, ON</td>
</tr>
<tr>
<td>Robert Cooper</td>
<td>LLB, ID, MD, CCFP, FCFP, FASAM, DABAM</td>
<td>Toronto, ON</td>
</tr>
<tr>
<td>Gerard P. Craigen</td>
<td>BSc, LLB, ID, MD, FRCP, DABPN, FACP, FAPA</td>
<td>Toronto, ON</td>
</tr>
<tr>
<td>Gordon A. Crawford</td>
<td>MD, BSc, FRSCC</td>
<td>Barrie, ON</td>
</tr>
<tr>
<td>Elliot Shufelt</td>
<td>BSc, MD, FRCP</td>
<td>Toronto, ON</td>
</tr>
<tr>
<td>Katy Shufelt</td>
<td>BSc, MD, FRCP</td>
<td>Peterborough, ON</td>
</tr>
<tr>
<td>Birinder Singh</td>
<td>MD, LLB, CCFP, Law Society of Upper Canada</td>
<td>Toronto, ON</td>
</tr>
<tr>
<td>Michael E. Sullivan</td>
<td>MD, FRCP</td>
<td>Aurora, ON</td>
</tr>
<tr>
<td>M. Christopher Wallace</td>
<td>MD, MSc, FRSCC</td>
<td>Kingston, ON</td>
</tr>
</tbody>
</table>

### AREA 6—QUÉBEC

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jean-Hugues Brossard</td>
<td>MD, CSPQ, FRCP</td>
<td>Montréal, QC</td>
</tr>
<tr>
<td>Jean-Joseph Condé</td>
<td>MD (President)</td>
<td>Val-d’Or, QC</td>
</tr>
<tr>
<td>Michel Lafrenière</td>
<td>MD</td>
<td>Québec, QC</td>
</tr>
<tr>
<td>Yolande Leduc</td>
<td>MD</td>
<td>Longueuil, QC</td>
</tr>
<tr>
<td>Claude Mercier</td>
<td>MD, FRSCC</td>
<td>Montréal, QC</td>
</tr>
<tr>
<td>Robert Sabbah</td>
<td>MD, FRSCC</td>
<td>Montréal, QC</td>
</tr>
</tbody>
</table>

### AREA 7—NEW BRUNSWICK

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer A. Gillis-Doyle</td>
<td>MD, CCFP</td>
<td>Fredericton, NB</td>
</tr>
</tbody>
</table>

### AREA 8—NOVA SCOTIA

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally Jorgensen</td>
<td>MB, BS, CSPQ, FRSCC</td>
<td>Bridgewater, NS</td>
</tr>
</tbody>
</table>

### AREA 9—PRINCE EDWARD ISLAND

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick C. Bergin</td>
<td>MD, FRCP, FACP</td>
<td>Charlottetown, PEI</td>
</tr>
</tbody>
</table>

### AREA 10—NEWFOUNDLAND AND LABRADOR

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael T. Cohen</td>
<td>MD (2nd Vice-President)</td>
<td>Grand Falls-Windsor, NL</td>
</tr>
</tbody>
</table>
The CMPA is governed by an elected council of 30 practising physicians representing 10 geographical areas across Canada. Each year, approximately one-third of the positions on council are scheduled for nomination and election. The council meets quarterly to foster the long-term success of the Association.

The composition of the council and the structure of its various committees are outlined in this table and on the following page. Additional governance details are available on the CMPA website including the CMPA’s Act of Incorporation and Bylaw which outlines the requirements of council in Article 4; and terms of reference for council and committees, which articulates the way in which council organizes and conducts itself to fulfill its responsibilities, and describes the responsibilities of councillors.
Committee mandates

EXECUTIVE COMMITTEE
The Executive Committee considers and determines issues of strategy, policy, risk governance and other matters requiring action between council meetings. Council may delegate to the Executive Committee all or part of its powers, except the power to appoint councillors, committees, and the executive director. The Executive Committee generally meets nine to eleven times per year.

AUDIT COMMITTEE
The Audit Committee assists council in fulfilling its oversight role with respect to financial management and controls across the CMPA. The committee's financial oversight role extends to all financial matters (policies, procedures, and risks) including those that might also be under the purview of other governance bodies. The Audit Committee generally meets at least four times each year.

CASE REVIEW COMMITTEE
The Case Review Committee considers the conduct or defence of matters or proceedings, by action or complaint, against active, former, and deceased members. This includes the authority to determine the nature and extent of assistance to a member. The committee also provides strategic guidance to, and governance oversight of, the CMPA's medical-legal case management control system, including the provision of legal services. The Case Review Committee generally meets at least twice a month.

EXTENT OF ASSISTANCE COMMITTEE
The Extent of Assistance Committee reviews issues surrounding requests for assistance by CMPA members and develops the philosophy and principles to guide the CMPA's discretion for consideration by council. The committee provides guidance on strategic initiatives impacting members, member service and CMPA programs related to the mutuality obligations of members. It identifies and considers organizational risks related to the protection of members. The Extent of Assistance Committee generally meets two to three times each year.

GOVERNANCE COMMITTEE
The Governance Committee strengthens and enhances the Association's governance performance by overseeing and advancing sound and effective corporate governance principles and practices designed to aid the long-term success and governance integrity of the Association and its council. The committee provides oversight and direction of specific governance projects and activities approved by council. The Governance Committee generally meets three to five times each year.

HUMAN RESOURCES AND COMPENSATION COMMITTEE
The Human Resources and Compensation Committee provides strategic guidance to, and governance oversight of, the CMPA's human resource functions. The Human Resources and Compensation Committee generally meets three to four times each year.

INVESTMENT COMMITTEE
The Investment Committee establishes the CMPA's investment policy, and reviews the results in comparison to the approved investment strategy. The committee establishes the strategic asset allocation strategy intended to deliver the required investment returns within the risk budget approved by council and advises council as to the long-term expected return on the CMPA's investment portfolio. The Investment Committee generally meets at least four times each year.

MEMBER AND STAKEHOLDER RELATIONS COMMITTEE
The Member and Stakeholder Relations Committee provides strategic guidance to, and oversight of, the CMPA's communications and stakeholder engagement activities, including the understanding and managing of relevant and emerging issues in the external environment. The Member and Stakeholder Relations Committee generally meets three to four times each year.
NOMINATING COMMITTEE
The Nominating Committee identifies and proposes council candidates who will ensure that the governance of the Association is of the highest caliber and reflective of the Association’s membership. The Nominating Committee generally meets three to four times each year.

PENSION COMMITTEE
The Pension Committee provides oversight on matters affecting the policy and administration of the CMPA's pension plans. The committee safeguards the plan assets, monitors the fund investments, ensures compliance with applicable legislation and regulation, and acts in accordance with the best interests of the plan beneficiaries. The Pension Committee generally meets quarterly.

SAFE MEDICAL CARE COMMITTEE
The Safe Medical Care Committee supports and provides strategic guidance to the CMPA's efforts in safe medical care, including research and analytics, safe medical care stakeholder collaboration, and practice improvement and risk management. The committee generally meets up to three times per year.

Lisa Calder, MD, MSc, FRCPC
Director, Medical Care Analytics

Pamela Eisener-Parsche, MD, CCFP(COE), FCFP, CCPE
Director, Physician Consulting Services

Cory Garbolinsky, CPA, CA
Director, Finance

Christine Holstead, BMath, MBA, CMC
Director, Information Technology and Corporate Services

Linda M. Jones, BPA, MPA
Director, Executive Services and Governance

Annette Keough, MMS, BComm(Hons)
Director, Safety Programs Management and Interim Director, Communications

Senior management 2017
The senior management team is responsible for the strategic and organizational success of the Association.

Hartley S. Stern, MD, FRCSC, FACS, ICD.D
Executive Director and Chief Executive Officer

E. Douglas Bell, MD, FRCSC
Associate Executive Director and Managing Director, Safe Medical Care

Stephen M. Bryan, OMM, CPA, CMA
Chief Financial Officer and Managing Director, Enterprise Management

W. Todd Watkins, BSc(Hons), MD, CCFP, CCPE
Managing Director, Physician Services

Lila Lee, BA, CFP
Director, Human Resources

Guylaine Lefebvre, MD, FRCSC, FACC
Director, Practice Improvement

Lorraine LeGrand Westfall, MD, FRCSC, CSPQ
Director, Regional Affairs and Chief Privacy Officer

Lori Lennox, MHA, BSc (OT)
Director, Business Strategy and Analytics

André L’Espérance, FCIA, FCAS, FSA, MAAA
Chief Actuary

Josée Mondoux, CPA, CMA, FCACI, CA
Director, Investments

James Watson
Director, Membership and Contact Centre Services

The Canadian Medical Protective Association – 2017 Annual Report
CMPA Leadership
Physician advisors

Our team of physician advisors offers professional and personalized frontline service to physicians.

PRACTICE IMPROVEMENT

SENIOR PHYSICIAN ADVISOR
Steven J. Bellemare, MD, FRCPC, CPE

PHYSICIAN ADVISORS
Marie-Pierre Carpentier, MD, CCFP(EM)
Robert Johnston, MD
Shirley Lee, MD, CCFP(EM), MHSc(Ed), FCFP
Richard Mineault, MD, FRCSC
Janet Nuth, MD, CCFP(EM)
Tino D. Piscione, MD, FRCPC
Ellen Tsai, MD, MHSc, FRCPC

PHYSICIAN CONSULTING SERVICES

SPECIAL ADVISORS
Louise Dion, MD, FRCSC
Jeffery H. Robertson, MD, FRCPC, FACC

SENIOR PHYSICIAN ADVISORS
Deborah Davis, MDCM, CSPQ, FRCPC
Dennis Desai, MD, FRCSC, FACS
Julie Jenner, MD, CCFP
J. Peter O’Neill, MD, FRCSC, FSOGC, MDIV
R. Dale Taylor, MD, BSc, FCRSC

ASSOCIATE SENIOR PHYSICIAN ADVISORS
Christopher Canny, MD, FRCSC
Sharon Caughey, MD, FRCSC
Geoffrey Hung, MD, FRCPC, FAAP
Marc Roy, MD, CCFP, FCFP

PHYSICIAN ADVISORS
Carolyn Atkinson, MD, CCFP
Liette Beauregard, MD, FRCPC, LLL
Heather Blois, MD, CCFP
Christine Bourbonnière, MDCM, MSc, CCFP
Micheline Boyer, MD, CCFP, FCAP
Meri Bukowsky, MD, MPA, FRCPC
Lindsay Carr, MD, CCFP(EM)
Ann Cranney, MB, BC, MSc, FRCPC
Caroline Ehrat, MD, CCFP(EM), FCFP
Allan Forse, MD, FRCS, FACS
Andrew Gilchrist, MD, FRCPC
Elaine Hall, MD, CCFP
Merril Harmsen, MD
James Kissick, MD, CCFP(EM), Dip Sport Med
Sandra Lang, MD
Katherine Larivièere, MSc, MD, CCFP
Louise Lefort, MD, CCFP(EM), FCFP
Suzanne MacMillan, MD, FRCPC
Yolanda Madarnas, MD, FRPC
Dale McMahon, MD, FRCPC
Alain Millette, MD
Stephanie Minorgan, MDCM, CCFP
Cheryl Pollock, MD, MPH, CCFP(EM), FCFP
Maria Rif, MD, CCFP(EM)
Shena Rif, MD, CCFP(EM)
Robert Rivington, MD, FRCPC
Angela Srinick, MD, FRCPC
René Soucy, MD, BSc, CCFP
Jocelyne Tessier, MD, FRCSC
Charlene Thomas, MD, CCFP, FCFP
Thomas Todd, MD, FRCSC

PHYSICIAN CASE FILE MANAGER
Brian G. Benoit, MD, MSc, FRCPC, FACS

Professional advisors

GENERAL COUNSEL
Gowling WLG

AUDITORS
KPMG, LLP

Saegis Leadership

AS OF DECEMBER 31, 2017

BOARD OF DIRECTORS

Hartley Stern, MD, FRCSC, FACS, ICD.D
Board Chair
Alexander C. Barron, BSc, MD, MSc, MBA, FRCPC, DAEP, FAAP
Director
Kevin Ford
Director

Bruce A. Joyce, FCPA, ICD.D
Director
Kelly Murumets
Director
David Naysmith, BSc, MD, MD, FRCSC
Director

MANAGEMENT

Tara Garcia, CPA, CA, CFA
Chief Operating Officer
Dr. Tom Lloyd, LLM, MB ChB, MD, MRCS, MFFLM
Director, Saegis Safety Institute