



CMPA.

Empowering
better healthcare

2019

Annual Report

THE CANADIAN MEDICAL
PROTECTIVE ASSOCIATION

www.cmpa-acpm.ca



Table of contents

Mission, vision, and value proposition.....	4
How the CMPA provided value in 2019.....	5
Message from the CMPA President and CEO.....	6
2019 by the numbers.....	8
2019 Performance report	11
Assist physicians.....	12
Contribute to safe medical care	20
Support the medical liability system.....	26
2019 Financial report.....	33
2019 Leadership.....	45

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 value proposition

At the CMPA, we believe in a healthcare system that provides quality care for patients, promotes physician and provider wellness, is efficient and effective in its delivery, and is sustainable for the future. To achieve this, we provide value to the Canadian healthcare system by:



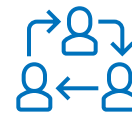
Delivering physician-to-physician medical-legal education, advice, and assistance



Supporting physicians in delivering safe care to Canadians through evidence-based products and services



Providing timely and appropriate compensation to patients harmed by negligent medical care (fault in Québec)



Collaborating with stakeholders and leveraging our pan-Canadian experience and perspective to effect positive change in healthcare



Advancing innovative solutions to meet evolving member and stakeholder needs

How the CMPA provided value in 2019



DELIVERING physician-to-physician medical-legal education, advice, and assistance

over 9,500

newly opened medical-legal cases

over 22,900

newly opened advice matters



COLLABORATING with stakeholders and leveraging our pan-Canadian experience and perspective to effect positive change in healthcare

over 170

policy submissions and stakeholder engagements:

- on topics such as digital medicine and patient safety
- on professional standards and guidelines



SUPPORTING physicians in delivering safe care to Canadians through evidence-based products and services

over 270

continuing professional development (CPD) sessions

over 13,800

CPD attendees

CMPA *Perspective* feature articles:

- Closing the loop on effective follow-up in clinical practice
- What happened to the physical exam?
- Can AI assist you with your clinical decisions?
- Team debriefs: Participate and minimize your medical-legal risks



PROVIDING timely and appropriate compensation to patients harmed by negligent medical care (fault in Québec)

Compensation to patients

\$223.4 million



ADVANCING innovative solutions to meet evolving member and stakeholder needs

- 3-day Theatre Arts surgical program
- Saegis Cybersecurity solution
- Resident Symposium

Evolving to meet the needs of physicians and the healthcare system

Message from the President and CEO

The Canadian Medical Protective Association's (CMPA) commitment to our physician members and to the healthcare system at large is about empowering better healthcare. For our members, we provide high quality physician-to-physician medical-legal advice, education, and assistance. For the system, we provide compensation to patients harmed by negligent medical care, collaborate with others to advance improvements that enhance safety and support long-term system sustainability. These commitments are fulfilled by continuously evolving and adapting our supports, products, and services to respond to the changing healthcare landscape.



As we look back on the CMPA's achievements of 2019, it's striking how much our world has been changed by the COVID-19 pandemic. It is, however, reassuring to take stock of how the CMPA's work in 2019 and our ongoing evolution to support the changing expectations of both members and the healthcare system has allowed us to respond to the current challenges. This annual report offers such a retrospective and includes key areas where we've made a tangible impact in the safety of medical care and on the lives of physicians. Here are some of the highlights.

Supporting physician wellness

In 2019, we strengthened our focus on wellness, which we know is a key issue for our members. We also know that members report a significant decrease in stress and anxiety once they've spoken to a CMPA physician advisor. In 2019, we invested in our capacity to fight physician burnout and suicide. The CMPA's physician advisors and CMPA appointed legal counsel were trained to better identify members who are at risk and to provide the help that can make a crucial difference for members in distress. The unprecedented situation we now face in 2020 makes such capacity all the more valuable.

Fostering system wide safe medical care through education

We're always looking for new ways to support members in improving their safe care of patients, and both CMPA's member-focused education and the targeted programs offered by our subsidiary Saegisⁱ tangibly contribute to this goal. In 2019, we launched an innovative education program, "Theatre Arts," where we guide physicians and their perioperative teams to develop solutions aimed at improving the operating room environment and promoting safe

ⁱ Saegis provides safety programs and practice management solutions to physicians, healthcare professionals, teams, hospitals, and clinics.

surgical care. We also delivered the resident symposium in 11 medical schools, equipping residents with the knowledge to improve safety and reduce patient harm throughout their careers. Additionally in 2019, Saegis delivered the “Clinical Communication Program (CCP)”, a one-of-a-kind, intensive interpersonal skills and training program that promotes effective communication and safer interactions with colleagues, teams, and patients. Moving forward, we will continue to seek ways to adapt our education services – including focusing on delivering virtual education in response to the COVID-19 pandemic – to support safer care across the system.

Using data to drive changes for members and the system

Continuously leveraging our medical-legal data to identify factors that impact the safety of medical practice allows us to assist members in delivering safe care and informs our safe medical care education. This proactive approach informs CMPA’s decisions and allows us to develop and refine our services, such as the Member Support Program (MSP).

The MSP is now in its second year of assisting members who were experiencing higher levels of medical-legal events when compared to their peers. In 2019, we followed up with these members to understand what changes they have made in their practices. We were pleased to discover that the peer-to-peer support offered by the program, and the renewed perspectives these members have gained, are leading to reductions in stress, increases in professional fulfillment, and enhanced understanding and application of safe care practices.

Facilitating safe adoption of healthcare technology

Technological advancements are changing the practice of medicine, and artificial intelligence – the subject of the information session that accompanied the 2019 CMPA annual meeting – has the potential to revolutionize many aspects of healthcare. Throughout 2019, the CMPA worked with physician organizations, regulatory bodies and governments to enhance the safe implementation of healthcare innovations and to represent the interests of our members and their patients across the country. As new technology emerges and practice environments change (such as the sudden increase in virtual care in response to the COVID-19 pandemic), the CMPA will continue to facilitate and support the safe adoption of technologies that benefit patients and physicians.

Maintaining stability in a turbulent time

In 2019, few could have predicted how quickly healthcare priorities were about to change. The CMPA understands that these changes have created significant challenges for our members and the healthcare system. Using our measured approach to fee adjustments, and prudent investment management, the CMPA closed 2019 in a strong financial position. We will leverage this position to weather the uncertain financial markets and changes in medical-legal trends that may come. We will ensure the Association maintains sufficient funds to compensate patients and remains stable and prepared to protect and assist members now and in the uncertain years ahead.

As the healthcare landscape continues to evolve, the CMPA’s steadfast focus will also remain on system-level improvements and helping members strengthen their ability to deliver safe medical care. Whether you are at the frontlines of the COVID-19 public health emergency or dealing with the resulting scarcity of resources more generally, you can be confident in the CMPA’s unwavering commitment to support and protect you throughout your professional life.



Debra E. Boyce, BSc, MD, CCFP, FCFP
CMPA President



E. Douglas Bell, MD, FRCSC
Acting Chief Executive Officer/Executive Director

2019 by the numbers

Our members

101,872 members

In 2019, national membership grew by 2.2%, an increase of just over 2,000 members. Since 2015, membership has grown by 9% or over 8,400 members.

By type of work:

50% Medical and surgical specialists

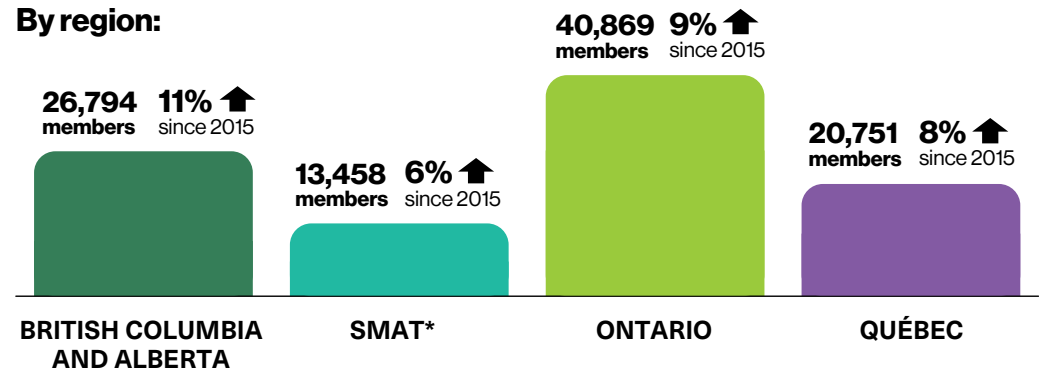


37% Family medicine

13% Residents



By region:

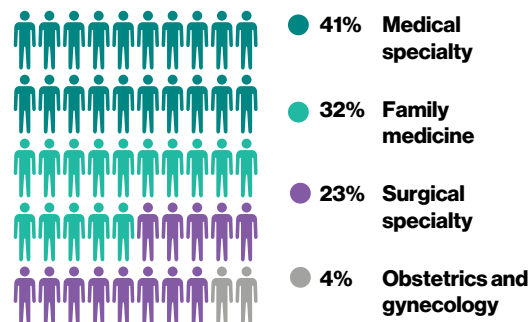


Our people



83 CMPA physicians and other healthcare professionals

CMPA physicians come from clinical practice in the following areas:



Our services

CONTINUING PROFESSIONAL DEVELOPMENT

	Events	Attendees
BRITISH COLUMBIA AND ALBERTA	79	3,347
SMAT*	40	1,354
ONTARIO	94	5,246
QUÉBEC	64	3,929

Physician-to-physician contact is an important part of our service model. Our physicians interacted directly with members over 60,000 times in 2019 through a variety of channels to provide advice and offer caring and meaningful support.

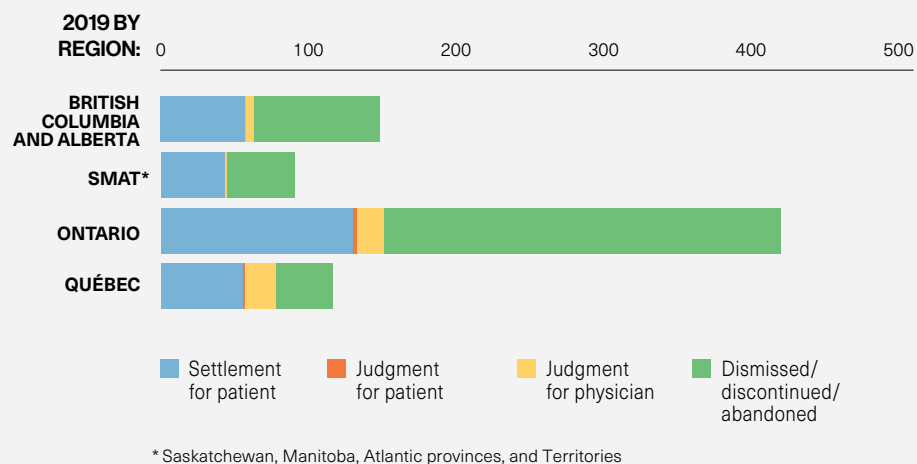
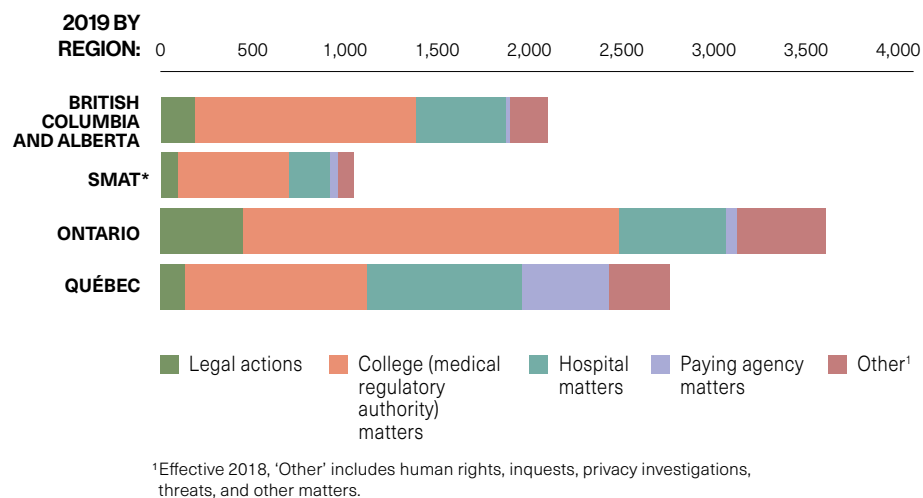
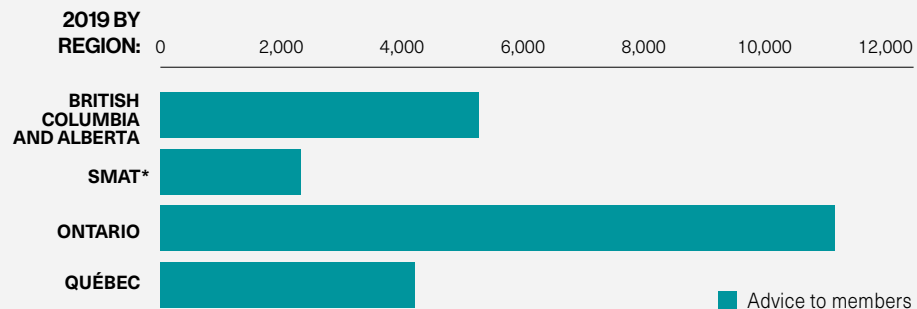
* Saskatchewan, Manitoba, Atlantic provinces, and Territories

Our services (continued)

NEW ADVICE CONTACTS	2019	2018	2017	2016	2015
Advice to members	22,967	22,622	21,828	20,632	19,267

NEW MEDICAL-LEGAL CASES	2019	2018	2017	2016	2015
Legal actions	854	900	837	891	862
College (medical regulatory authority) matters	4,827	5,628	5,235	5,088	4,723
Hospital matters	2,129	1,955	1,675	1,743	1,611
Paying agency matters	598	236	246	218	198
Other ¹	1,102	1,041	993	963	923
TOTAL NEW MEDICAL-LEGAL CASES	9,510	9,760	8,986	8,903	8,317

RESOLVED LEGAL ACTIONS	2019	2018	2017	2016	2015
Settlement for patient	285	276	274	290	350
Judgment for patient	5	8	14	9	4
Judgment for physician	47	53	48	45	55
Dismissed/discontinued/abandoned	438	441	433	495	483
TOTAL RESOLVED LEGAL ACTIONS	775	778	769	839	892



2019

Performance report

1. Assist physicians
2. Contribute to safe medical care
3. Support the medical liability system





1 Assist physicians

Canadian physicians care for their patients, confident the CMPA will assist them in reducing their medical liability risk and protect their professional integrity.

The CMPA provides medical liability protection for matters arising from the professional practice of medicine. Our continuum of support includes education to reduce harm and, in response to a medical-legal issue, advice, support and, if required, legal assistance. In the event a patient has been harmed by negligent medical care (fault in Québec), the CMPA provides appropriate compensation on the physician's behalf.

Delivering high quality medical liability protection



Impact for members:

CMPA protection enables members to practise with confidence



Impact for the system:

The provision of medical liability protection for physicians is vital to ensuring physician supply and compensation to patients harmed by negligent medical care

Members turn to us to assist them with medical-legal issues. In 2019, we opened over 9,500 new medical-legal matters, including civil legal actions, College (medical regulatory authority) complaints, and hospital matters.

While the number of legal actions has remained stable over the last five years, the overall number of members seeking our assistance with College and hospital matters has increased 2% and 32% respectively during that same period.

We also provided physician-to-physician assistance to over 20,000 members on a wide variety of medical-legal matters and other issues arising in medical practice.

Our advice and assistance helps members manage challenges experienced as part of daily practice, permitting them to focus on delivering safe patient care.

Members turn to the CMPA as a trusted source of evidence-based, reliable, and professional support when medical-legal matters arise from their medical professional work.

In 2019, our physician advisors provided meaningful support, coaching, and informed guidance on over 22,900 advice matters on a range of topics, including, but not limited to:



the duty and standard of care



communication best practices



diagnostic concerns



administration of electronic records



medical assistance in dying



effective disclosure of harm



adoption of new technologies

Meeting members' evolving needs



Impact for members:

Personalized and meaningful support for members in need helps reduce their medical-legal risk and supports enhanced satisfaction in the practice of medicine



Impact for the system:

Programs that reduce medical-legal risk contribute to a safe healthcare system

In 2019, we provided tailored support through the Member Support Program (MSP) to over 350 members in need. The MSP is an extension of the CMPA's assistance to members. It provides an opportunity for us to work collaboratively with members whose medical-legal experience is greater than their peers.

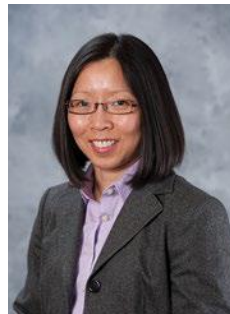
By speaking with members to better understand their practice and concerns, we offer personalized advice, support, and educational recommendations. Our goal is to assist these members in providing quality patient care, ease stress related to medical-legal complaints, and – most importantly – return confidence and satisfaction to their practice.

Part of the MSP also involves following up with participants to learn what steps they have taken and what insights they have gained. This helps us understand the impact of the program. In 2019, follow-up with 88 participants showed that members value the program, with many commenting that they are now enjoying their practices more and feeling that their patients are more satisfied with the care they are receiving.

“The physician advisor took the time to listen to me and helped me to reflect on possible changes to my practice. As a result of these changes, I now feel less stressed and am confident about the quality of care I am providing to my patients.”

Member Support Program participant

The Member Support Program is tangible proof of the CMPA's commitment to continuously adapt and evolve its products and services to meet the changing needs of members.



“I truly enjoy being able to connect with members and support them with their challenges and frustrations. Through our conversations, members are able to reflect on their practice and identify opportunities that they might not have seen otherwise. Many members express their gratitude for the program, and I feel that we have saved a few careers along the way.”

Dr. Ellen Tsai is the Physician Program Lead for the Member Support Program. Dr. Tsai joined the CMPA in 2012, following over 20 years in practice, which included pediatric critical care, medical education, and bioethics.

Saegis Clinical Communication Program

As a member of the CMPA family, our subsidiary Saegis complements the CMPA's member-focused efforts in education, risk reduction, and practice management. Saegis offers programming for physicians and other healthcare practitioners designed specifically to enable more effective communication and safer interactions with colleagues, teams, and patients across the healthcare system.

The Clinical Communication Program (CCP), an intensive interpersonal skills and training program that is the only one of its kind in Canada, is proven to be effective in reducing future claims and litigation



risk. In 2019, five small group sessions were held, each providing pre-work with video analysis and goal setting, a three day intensive workshop, and personalized coaching following the workshop. All participants were satisfied with the program and indicated the program had a moderate or significant impact on their practice overall.

"After 35 years in practice, it was liberating to see that I could completely change my style of practice. My colleagues are impressed with the changes, patients are happier, and I go home with much more satisfaction and a feeling of control. This was a great course and well worth the time and money, despite my initial skepticism."

Clinical Communication Program participant

The CMPA and Saegis share the goal of improving the safety of care and both contribute in a meaningful way to a safe healthcare system.





Taking tangible steps to support physician wellness

The link between physician wellness and quality of patient care is well established. Physician wellness continues to be a key area of focus for the CMPA. Our contributions to physician wellness in 2019 covered three key areas:



Supporting our members in dealing with medical-legal events through compassionate physician-to-physician education, advice, and assistance



Promoting a just culture that prioritizes safe medical care



Collaborating with stakeholders to support the development of national resources and advocating for policy and regulatory changes that support physician and healthcare provider wellness



Talking to a CMPA physician advisor makes a difference

Dealing with a medical-legal difficulty is a stressful situation that creates an emotional toll on physicians, and members are often distressed when they contact us. We're physicians too, so we understand the emotional toll of a medical-legal event. Our physician advisors listen to members with an empathetic ear, provide sound advice, and offer meaningful support.

In 2019, we focused on building the capacity of our physician advisors and legal counsel in providing caring and meaningful support to members facing stressful situations. We provided opportunities for continuing education focused on addressing the growing concerns of physician burnout and suicide, including education regarding the link between burnout and medical-legal risk, and the importance of resilience. We also provided practical tools to support our physician advisors' own wellness, and the wellness of our members.

The CMPA is committed to providing caring and meaningful support to members as they face the increasing pressures of delivering care to Canadians.

We know that talking to a physician advisor makes a difference to our members' wellbeing:

Member average stress level drops

33%

from 4.5 to 3.0 on a 7 point scale following a phone call with a physician advisor



96%

of members agreed that the physician advisor created a non-judgmental and supportive environment



"Our physician advisors care deeply about supporting their peers, and this is why they come to work every day. The CMPA's leadership team is committed to ensuring that our employees have the knowledge and tools they need to support their own wellness, and in turn to support member wellness."

Dr. Pamela Eisener-Parsche joined the CMPA in 2016 and assumed the position of Managing Director, Physician Services Group in 2020. Prior to joining the CMPA, Pam held senior leadership roles in both hospital and national association environments. She has over 20 years clinical experience in family medicine with a specialization in care of the elderly.



Promoting a just culture that prioritizes safe medical care

A just culture of safety exists when leaders, staff, and patients share a collective commitment to quality improvement processes anchored in fairness and trust. This environment leads to a safer healthcare setting and supports physician wellness. In 2019, we delivered one-day workshops to over 250 physician leaders to assist them in gaining the knowledge and skills required to establish a workforce culture that promotes and prioritizes safe medical care.



Saegis expands the CMPA's ability to support all healthcare providers – not only physicians. Saegis offers a comprehensive, in-depth, on-site “Just Culture” program tailored to individual healthcare organizations. Organizational implementation helps build a culture of learning, and a more psychologically safe environment. Through Just Culture, healthcare teams and institutions develop a fairer, more consistent, and more constructive way of looking at errors and near misses, considering both individual and system factors. In 2019, three healthcare institutions implemented Saegis' Just Culture program with 88% of participants from those institutions indicating the program had a moderate or significant impact on their practice overall.

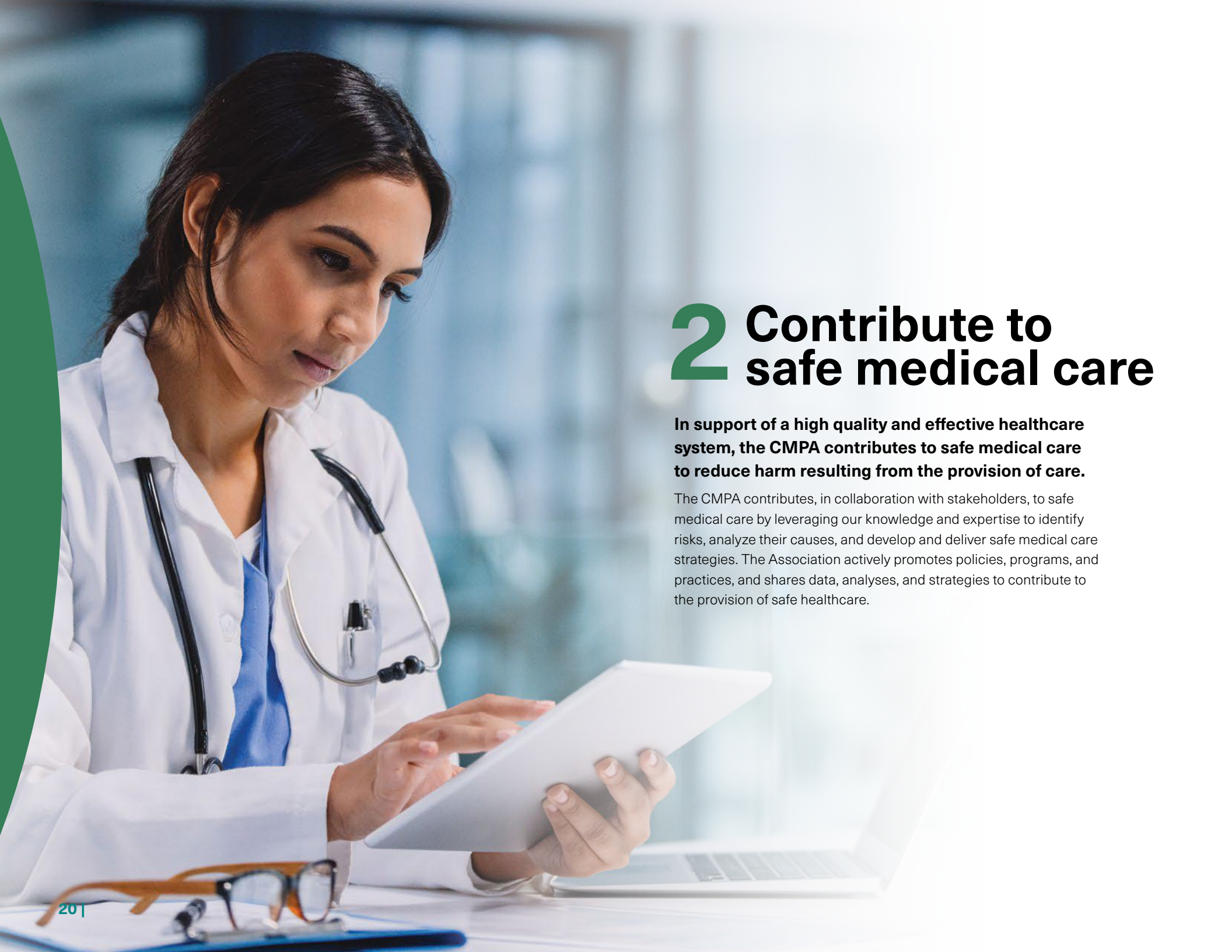
“Norfolk General Hospital and West Haldimand General Hospital have found the Just Culture program integral for our system improvement and ensuring positive outcomes for our patients. We have truly appreciated the personal approach of the Saegis team, who are highly respected by our multi-disciplinary team, as well as the responsiveness in helping us to develop plans to best suit our hospitals.”

Sarah-Jane Irvine, Director of Human Resources, Norfolk General Hospital and West Haldimand General Hospital



Collaborating with stakeholders to support the development of physician wellness resources

The CMPA is increasing our collaboration with organizations across the country to promote changes that support physician wellbeing at the individual, institutional, regulatory, and policy levels. In 2019, we worked with the College of Physicians and Surgeons of Ontario, the Federation of Medical Regulatory Authorities of Canada, the Canadian Medical Association, the Ontario Medical Association, and others across the country to contribute to the development of national health and wellness resources for physicians.



2 Contribute to safe medical care

In support of a high quality and effective healthcare system, the CMPA contributes to safe medical care to reduce harm resulting from the provision of care.

The CMPA contributes, in collaboration with stakeholders, to safe medical care by leveraging our knowledge and expertise to identify risks, analyze their causes, and develop and deliver safe medical care strategies. The Association actively promotes policies, programs, and practices, and shares data, analyses, and strategies to contribute to the provision of safe healthcare.

Supporting physicians along the continuum of practice



Impact for members:

Tailored information, advice, and education meets members' needs



Impact for the system:

Physicians use CMPA information, advice, and education to improve safe medical care and reduce patient harm

Members can count on the CMPA for data-driven risk management information, advice, and education to improve safe medical care and reduce patient harm throughout the continuum of practice. In 2019, our physician educators delivered over 270 sessions to almost 14,000 physicians and other healthcare professionals through a variety of workshops and presentations, including the resident symposia, faculty development workshops, test results follow-up workshops, and other tailored workshops and presentations.

The CMPA develops, delivers, and promotes evidence-based safe medical care programs that improve patient safety. By contributing to safer care, the CMPA's efforts benefit all Canadians.

Knowledge Transfer Streams	Events	Attendees
Physicians in Training	60	2,978
Physicians in Practice – Medical	132	6,679
Physicians in Practice – Surgical	65	3,461
Physician Leaders	20	758

Helping the next generation of physicians improve patient safety

The CMPA's Resident Symposium provides education around key patient safety and risk management topics. It provides the next generation of physicians with an understanding of how the CMPA supports its members. It also provides education around key patient safety and risk management topics. To maximize the impact of the program, we have introduced complementary Faculty Development workshops to support faculty in helping residents apply their knowledge to promote safe medical care. Faculty members network with each other, discuss practices that promote and hinder the provision of safe medical care, and reflect on their role as leaders in shaping a supportive learning environment.



Delivered Resident Symposia in 11 medical schools to over 1,700 participating residents



96% of participating residents would recommend the Resident Symposium to their peers



14 Faculty Development workshops were delivered to over 430 participants

"Being informed of what the residents are learning encouraged me to reflect on my own practice and what I can improve on."

University of Manitoba faculty

Supporting quality improvement in surgical teams through team-based learning

The CMPA advances safety improvements that reduce harm in healthcare delivery.

In 2019, 42 participants took part in our first ever Theatre Arts program. This innovative three-day team-based education program teaches key concepts pertinent to the creation of reliable care teams. The program is based on an understanding of the importance of teams in the operative setting, and engages not only our CMPA members but also the nurses and managers on surgical teams to identify ways to improve their OR environment and foster safe surgical care.

In the first three-day program, teams anchored their learning in a quality improvement project of their choice, and participated in learning sessions that included journal clubs, didactic plenaries, experiential sessions, and small group work. During the program, teams transformed their project ideas into actionable plans. Following the program, we provided ongoing follow-up support to each team as they implemented their project.

“Great critiques of all the quality improvement (QI) projects put forward that are applicable to our project as well. The importance of choosing the correct metrics and knowing how to parcel the project out in smaller chunks to get “quick wins” was made very clear.”

Theatre Arts participant



“We hear from members every day and understand their needs. Listening to their feedback, we developed an innovative team-based program for surgical practices – an area we recognize to be at higher risk of patient harm. This was a first for the CMPA, born of the recognition that our members practice in diverse teams and that practice improvement is about changing team culture as much as individual practices. It was exciting to be part of the launch of this new program, and I look forward to continuing to lead the charge on meeting our members’ evolving learning preferences and needs.”

Dr. Steven Bellemare, a Certified Physician Executive, joined the CMPA in 2009 and assumed the position of Director, Practice Improvement in 2020. Prior to joining the CMPA, Dr. Bellemare specialized in child maltreatment pediatrics.



98%

of Theatre Arts attendees reported that the program was relevant and applicable



97%

of Theatre Arts attendees intended to implement changes in their practice post program

Using our medical-legal data to impact members' practice and the healthcare system



Impact for members:

Members have access to safe care research through peer-reviewed journals and conference presentations



Impact for the system:

Physicians use evidence to reduce medical-legal risk and improve patient safety

We use quantitative and qualitative techniques to analyze our medical-legal data to gain insights and identify gaps that affect safe medical care.

In 2019, we published four manuscripts focused on improving obstetrical safety. These articles provide an overview of key issues and potential improvements that will be of interest to obstetricians and obstetrical teams wanting to improve patient safety.

The CMPA has the largest collection of physician medical-legal data in the country, along with a team of researchers and statisticians dedicated to analyzing the data and highlighting factors that impact the safety of medical practice.



“While working at the Queensway Carleton Hospital, the recommendations from a national panel provided a framework for leaders and front line clinicians to address some of the high risk areas in obstetrical care. Bearing in mind some of the drivers of obstetrical risk, our hospital was able to successfully implement a number of quality improvement initiatives that required a multidisciplinary approach. The resulting improvement in safety culture was palpable and spread to other areas of the hospital.”

Dr. Liisa Honey joined the CMPA in 2018 as a physician advisor in our Practice Improvement department. Prior to joining the CMPA she was the Medical Director of the Maternal Newborn Program at the Queensway Carleton Hospital and Chief of the Department of Obstetrics and Gynecology. While working at the Queensway Carleton Hospital, Dr. Honey participated in a collaborative quality improvement project with the CMPA.

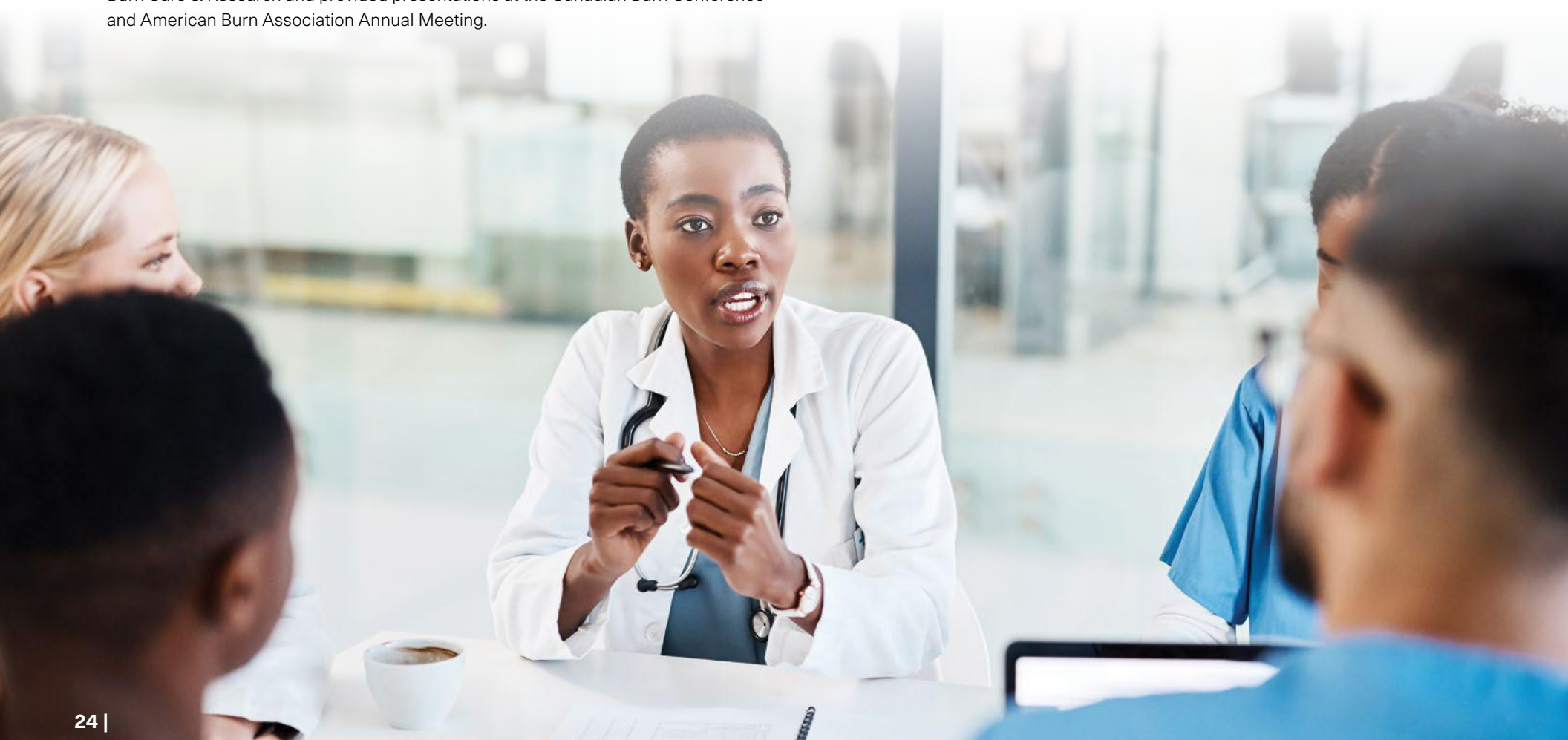
A CMPA research-based article ignites action

The CMPA also proactively seeks opportunities to work collaboratively with our members to answer their questions and share insights through multiple channels. Following the CMPA's release of a *Perspective* article on surgical fires and burns, Dr. Joel Fish (Medical Director of the Burn Program at the Hospital for Sick Children in Toronto), contacted the CMPA about the evidence cited in the article. In collaboration with Dr. Fish, our team completed a deeper dive into our data to better understand the problem and potential solutions. In 2019, we published "Surgical Fires and Burns: A 5-Year Analysis of Medico-Legal Cases" in the *Journal of Burn Care & Research* and provided presentations at the Canadian Burn Conference and American Burn Association Annual Meeting.



"One of our goals when writing a *Perspective* article is to translate medical-legal data into meaningful insights. Dr. Joel Fish saw value in our data and was enthusiastic about our unique perspective and eager to disseminate it to a broader audience. This was the first time we co-authored a published manuscript with a member, and Dr. Fish's expertise was instrumental in its success."

Diane Héroux is a medical analyst and has worked at the CMPA for 18 years. Prior to working at the CMPA, she worked as a registered nurse at the Ottawa Hospital.



Partnering to improve safe medical care

At the CMPA, we continually look for opportunities to partner and collaborate with stakeholders, leveraging our pan-Canadian experience and perspective to provide value to our members and effect positive change in healthcare.



The CMPA contributed to improving clinical outcomes and reducing harm in obstetrical and perinatal care through our partnership with HIROC and the Society of Obstetricians and Gynaecologists of Canada in Salus Global, a leader in obstetrical safety programs and provider of the renowned moreOB program. In addition to the provision of the program across Canada, the provinces of Québec and Manitoba renewed and entered into new moreOB service agreements in 2019, providing opportunities for more healthcare teams to participate in this program and ultimately improving the delivery of safe medical care.

The CMPA recognizes that positively impacting physicians and the system in which they practice requires a collaborative approach.



To inform quality standards adopted in Canadian healthcare settings, we have worked with others and provided evidence and expert perspectives to assist in:

- **the development of Health Standards Organization national standards in perinatal services and acute and surgical services**
- **the development of Health Quality Ontario's draft quality standards for *Transitions Between Hospital and Home***
- **the development of Health Standards Organization and the Canadian Patient Safety Institute's draft *Quality and Patient Safety Framework***



3 Support the medical liability system

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

By supporting the availability of physician care, an effective and sustainable medical liability system is an essential element of a well-functioning healthcare system. The CMPA works with members, medical and healthcare organizations, and governments to advance collaborative approaches to contain medical liability protection costs. With the goal of retaining a fully funded position, the Association maintains a transparent and predictable membership fee structure.

Contributing to an effective practice environment



Impact for members:

The medical-legal interests of members and their patients are considered in legislative, regulatory, and policy changes



Impact for the system:

Legislative, regulatory, and policy decisions consider evidence and fact-based perspectives offered by the CMPA, supporting an efficient and effective Canadian medical liability system

The CMPA continued to engage stakeholders in productive discussions regarding change activities affecting the evolution of the Canadian healthcare and medical liability systems. Our submissions provided fact-based insights and recommendations reflective of the best interests of members and their patients, on a range of issues affecting one or more jurisdictions across the country. In 2019, we participated in over 170 medical liability and healthcare system policy reviews and stakeholder engagements.

The CMPA offers data, analysis, and expert perspectives to effect positive change on healthcare and medical-legal issues.

Top 5 areas of engagement



**Patient safety
(medical assistance
in dying, cannabis)**



**Professional
standards and
guidelines**



**Digital medicine
(apps, e-prescribing)**



**Patient records
and retention**



**Membership fees
and system costs**



By leveraging our unique knowledge and expertise, the CMPA works collaboratively to inform legislative, regulatory, and policy decisions in support of maintaining an efficient and effective Canadian medical-liability system.

Consideration of Pan-Canadian Licensure

Feedback was provided to the Federation of Medical Regulatory Authorities of Canada addressing possible implications for members arising from differences in regulatory requirements across provincial boundaries and providing consideration of licensure opportunities relating specifically to the practice of telemedicine.

Reforms to the Health Profession Regulatory Framework in British Columbia

Following the release of *An Inquiry into the Performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* (“Cayton Report”), we leveraged our unique national perspective on liability protection and regulatory matters to share with the British Columbia Ministry of Health possible approaches to modernizing the province’s health profession regulatory framework.

Draft Policy on the Disclosure of Harm in Ontario

Comments were provided to the College of Physicians and Surgeons of Ontario regarding matters of personal health information disclosure and the clarification of the policy’s encouragement for members to contact the CMPA in relation to their disclosure obligations.

Containing medical liability protection costs



Impact for members:

Membership fees are more predictable



Impact for the system:

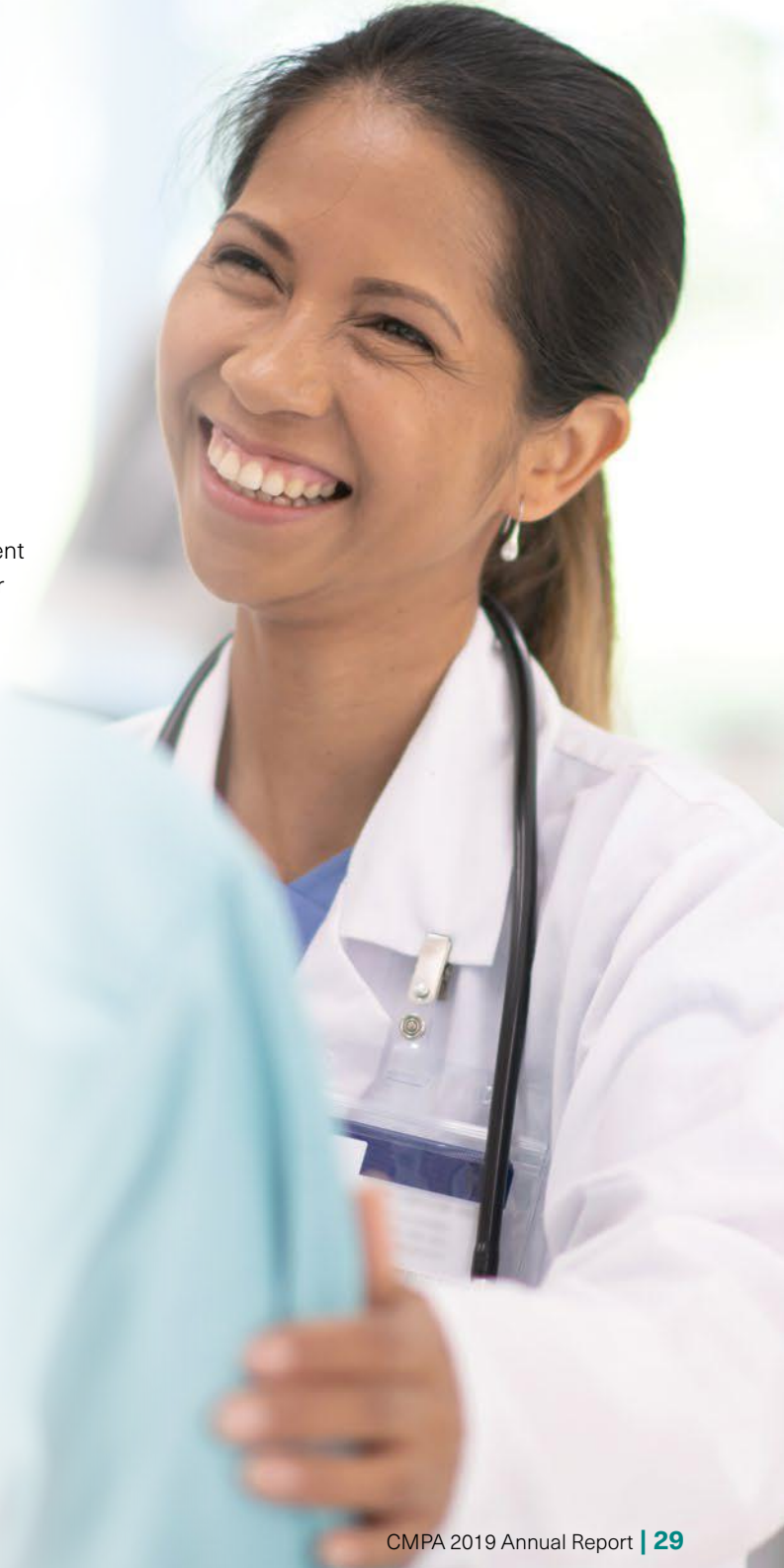
Medical liability protection costs, incurred by the system through reimbursement programs, are more sustainable

The CMPA recognizes the shared goals of containing the growth in medical liability protection costs, and maintaining a predictable fee structure for our members and for provincial and territorial governments. This requires a multi-pronged approach

that includes advancing safe medical care, system reform advocacy, prudent investment management, and insurance.

The CMPA provides appropriate and timely compensation to patients on behalf of members in the event of harm resulting from negligent care. Compensation to patients is the CMPA's largest expenditure, representing the most volatile component of medical liability protection costs affecting member fees. As such, our aim – for both members and patients – is to decrease the occurrence of medical-legal events. To this end, we develop and promote programs and strategies designed to reduce harm in healthcare delivery and advance safer patient care.

Leveraging our experience and expertise, the CMPA advocates for reasonable medical liability system reforms that reduce unnecessary costs, decrease the time required for the resolution of medical-legal matters, and respect the rights of physicians and their patients.



Supporting physicians navigating technology changes in the system



Impact for members:

Members have the most up-to-date and relevant medical-legal advice and support regarding healthcare technologies



Impact for the system:

The CMPA safely advances and supports digital health for Canadian physicians, while prioritizing patient care and privacy matters

As technology rapidly changes, members are looking to the CMPA for support and guidance about risks. We are continuously assessing the current state of digitization of medicine and its possible implications in healthcare, and we are preparing for tomorrow by considering the possible medical-legal risks that may arise from the adoption of new or emerging technology.

The CMPA generally supports any promising technology, procedure, or process that is going to improve the safety of care. We are uniquely positioned to work with stakeholders to proactively identify and resolve related issues, and help turn the promise of new healthcare technology into reality. By understanding the pressures in the external environment and what is of concern to our members and stakeholders, the Association is prepared to provide informed advice and support to members and act as a valuable contributor to our many stakeholders.

In 2019, we responded to our members' rapidly changing practice environment by:

- Responding to close to 400 calls for advice and providing articles and education on topics such as electronic medical records, telehealth provision, electronic communications with patients and colleagues, video recordings, and ransomware
- Hosting our 2019 Information Session, entitled Artificial Intelligence (AI) in Healthcare, which brought together thought leaders to discuss the current state of AI/deep learning technology and its use in healthcare and healthcare research
- Influencing policy and regulations to guide the use of technologies through active engagement with governments, Colleges, hospitals, and others
- Working with our subsidiary, Saegis, to launch a new Cybersecurity Solution for clinics, and offering SafeOR™ for hospitals. SafeOR leverages innovative technology through an ongoing partnership with Surgical Safety Technologies, the creator of the Operating Room Black Box®



“In 2019, through our participation in the Virtual Care Task Force, a collaborative national forum co-hosted by the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada, we were able to contribute to the pan-Canadian approach to virtual care by supporting the development of comprehensive guidelines and policies related to the virtual care landscape.”

Dr. Daniel Tardif joined the CMPA in 2019 as the Director of Regional Affairs and Privacy Officer. Prior to joining the CMPA, Dr. Tardif spent over 30 years in practice as a family physician, and held positions as medical director and advisor in a service organization within a regional authority and at Health Canada.

The CMPA plays a vital role in the safe adoption of healthcare technology.

Empowering an engaged and adaptive CMPA workforce



Impact for members:

An outstanding member experience is delivered by an engaged and resilient and adaptive CMPA workforce



Impact for the system:

The CMPA is adaptive to disruptions in the medical liability and healthcare environments, and can fulfill its mission

As our members' practice environment shifts, we recognize the importance of maintaining an engaged and talented workforce that can adapt to meet members' needs. In 2019, the results of

our biennial employee engagement survey highlighted that we attained an overall engagement score of 87%, confirming that we have a highly engaged workforce. This result placed the CMPA as the highest rated organization among the external service provider's benchmark group of medium-sized organizations.

We are enhancing our capacity for responding to current and forecast change through the implementation of new and innovative technologies that will support improved data-driven decision-making. In 2019, our staff re-thought, re-imagined, and proposed ideas to ensure we continue to meet the changing needs of members and respond to external pressures.

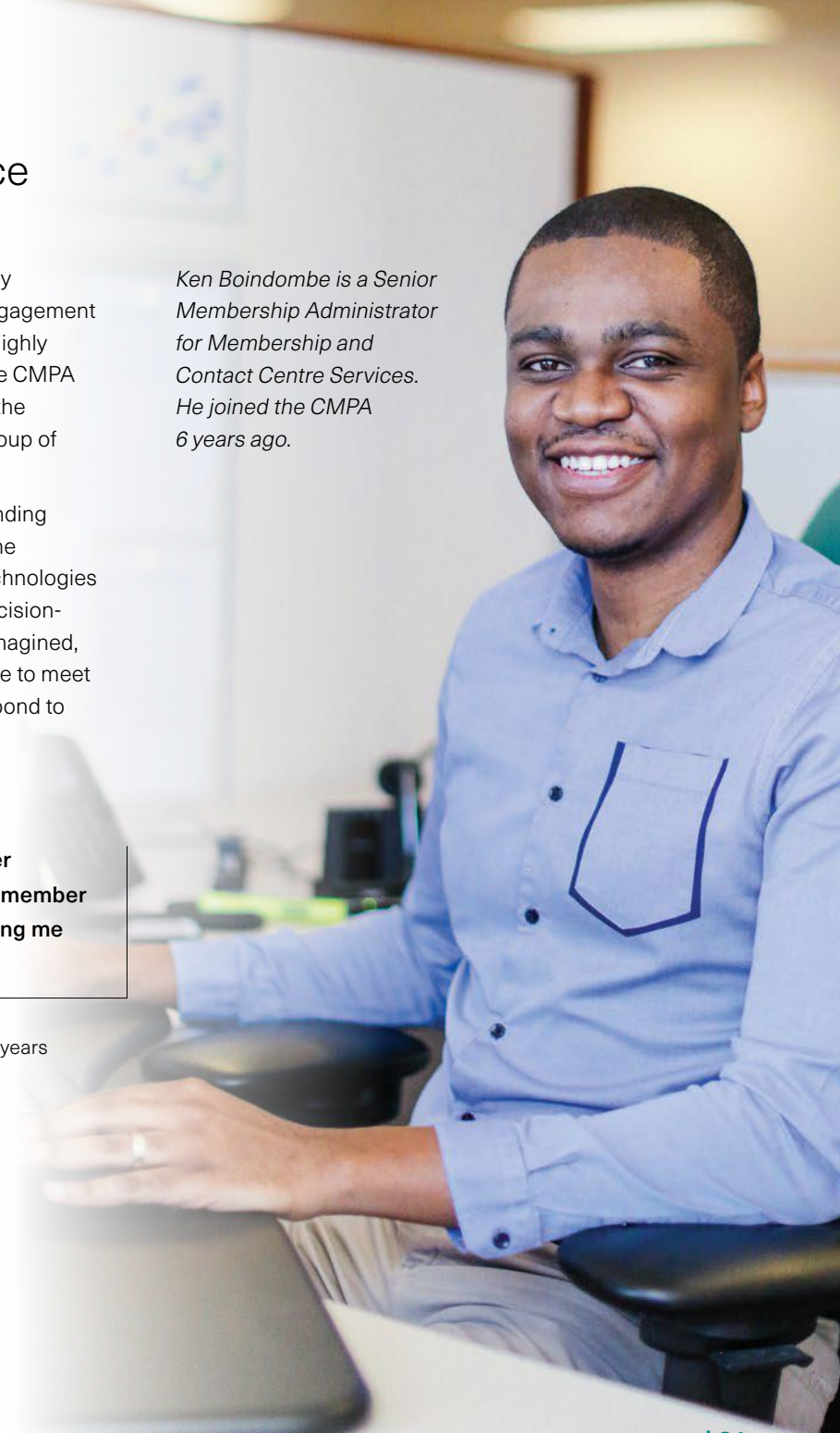
Ken Boindombe is a Senior Membership Administrator for Membership and Contact Centre Services. He joined the CMPA 6 years ago.



"The agent dashboard created as part of our transition to a new customer relationship management application gives me a comprehensive look at member information in one screen. This is transforming the way I work and allowing me to make membership changes quickly and efficiently."

Danika Mainville is a Membership Administrator. She joined the CMPA in 2019 after 6 years of experience working in the healthcare field.

The CMPA maintains an engaged workforce of talented employees who demonstrate innovation and resiliency in a dynamic environment.



Recognizing service excellence

The CMPA recognizes the high degree of talent and dedication that our staff bring to their work every day, and we recognize exceptional service annually through our internal Awards of Excellence program. In 2019, in addition to these internal awards, several CMPA employees and one of our novel education programs received external awards in recognition of excellence.

The CMPA recognizes, celebrates and enables continuous innovation, learning, growth and engagement.



The Ottawa Regional Contact Centre Association recognized 23 CMPA employees for their service at its Annual Awards of Excellence



Dr. Guylaine Lefebvre was awarded the George Vilos Award for Lifetime Achievement by the Canadian Society for the Advancement of Gynecologic Excellence.



Our Test Results Follow Up program received the Royal College Accredited Continuing Professional Development Provider Innovation Award.

Dr. Guylaine Lefebvre joined the CMPA in 2015 and assumed the position of Managing Director, Safe Medical Care in 2020. Prior to joining the CMPA, Guylaine spent 24 years in practice, most recently as the Chair of Women's Health at St. Michael's Hospital and the University of Toronto.



2019

Financial report

Financial information

Report of the Audit Committee



The Canadian Medical Protective Association undertakes to manage the funds it holds in a prudent manner. The funds are held to meet incurred obligations arising from the provision of legal representation to members and appropriate compensation for patients proven to have been injured through negligent medical care (fault in Québec).

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 that potential financial risks to the Association have been identified and adequately assessed, and that appropriate measures have been implemented to manage those risks.

On behalf of the Committee, I am pleased to report the delivery of the 2019 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 2019 operations, and the financial position of the CMPA as of December 31, 2019.

Darcy E. Johnson, BSc, MD, CCFP, FCFP
Chair

2019 Financial results overview



Compensation to patients **\$223 million**

The CMPA provides timely and appropriate compensation to patients proven to have been injured as a result of negligent medical care (fault in Québec).

In 2019, the CMPA recorded \$223 million to patients harmed as a consequence of negligent medical care (fault in Québec), a decrease of \$37 million from 2018.



Provision for outstanding claims **↑\$91 million**

The CMPA actuarially estimates the total resources required to provide protection to its members including providing compensation to patients.

The provision for outstanding claims includes the potential liability for future compensation to patients, as well as legal and administrative expenses, for claims resulting from members' practices.

At December 31, 2019, the actuarial estimate for the provision for all accumulated outstanding claims was \$3,860 million, an increase of \$91 million from December 31, 2018.



Investment returns on assets to compensate patients and support members **11.3%[†]**

The CMPA invests to generate sufficient funds to compensate injured patients and to decrease membership fees.

By investing membership fees, the CMPA seeks to generate sufficient returns to compensate injured patients and fund members' protection, by matching or exceeding the long-term assumed return expectation of 5.5%.

In 2019, the portfolio produced positive returns of 11.3%[†] compared to 0.7% in 2018.

[†] Investment returns will differ from accounting returns as it is based on the fair value of private assets.

2019 Financial performance

CMPA membership provides occurrence-based protection, which means members' protection extends from the date care was provided, irrespective of when the claim is made. When compared to the claims-made protection offered by most insurers, occurrence-based protection reflects the nature of medical liability and best meets the unique needs of physicians. Given the nature of our occurrence-based protection, 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 2019 and that from all preceding years.

The Association's long-term financial objective is to hold at least one dollar of assets available for claims for each dollar of discounted liabilities. This approach provides physicians and their patients with confidence that, in the event of harm resulting

from negligent medical care (fault in Québec), resources will be available to provide the appropriate protection and compensation. As of December 31, 2019, we held \$5,424 million in assets against \$4,244 million in liabilities.

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. Its mandate has since expanded under the operating name Saegis to include the provision of safe care and practice management services to the healthcare sector in Canada. Saegis' mission is to make a difference in the healthcare provider and patient experience through professional development, quality improvement, and practice management solutions.

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



The Association's long-term financial objective is to hold at least one dollar of assets available for claims for each dollar of discounted liabilities.

HIGHLIGHTS OF THE CMPA'S FINANCIAL STATEMENTS WITH COMPARATIVE FIGURES FOR THE PREVIOUS FOUR YEARS

(\$ millions)	2019	2018	2017	2016	2015
Statement of financial position					
Assets					
Investment portfolio	\$ 5,346	\$ 4,681	\$ 4,480	\$ 3,872	\$ 3,507
Other assets	78	82	87	103	183
Liabilities					
Provision for outstanding claims	3,860	3,769	3,682	3,579	3,585
Other liabilities	384	349	244	190	199
Net assets/(deficiency in net assets)	1,180	645	641	206	(94)
Statement of operations					
Revenues					
Membership revenue	596	637	690	566	656
Net investment income	580	3	415	204	158
Expenses					
Compensation to patients, legal and experts	432	453	433	347	365
Insurance	24	25	57	68	–
Increase/(decrease) in the provision for outstanding claims	91	87	103	(6)	117
Other expenses	88	75	69	68	68
Excess of revenues over expenses	\$ 541	\$ 0	\$ 443	\$ 293	\$ 264

For more information, see the [consolidated financial statements](#) for the year-ended December 31, 2019, along with the Independent Auditors' Report and related notes.

Investment portfolio

Portfolio investments represent the value of assets held by the Association to fund the unpaid claims resulting from members' professional practice. The performance objectives of the portfolio are to:

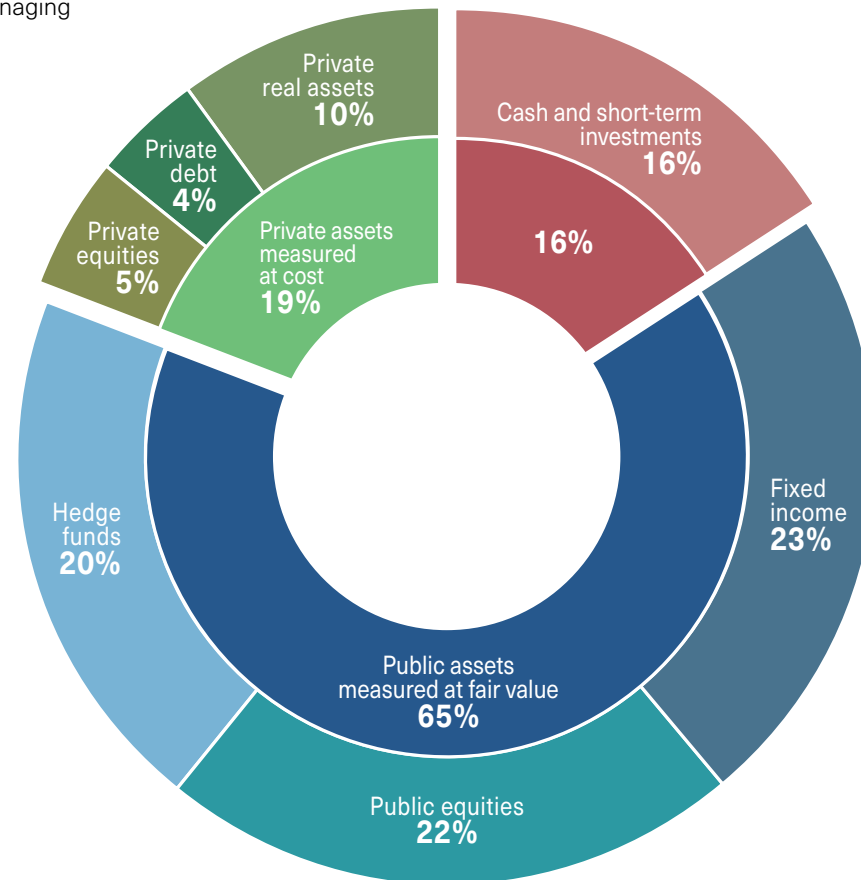
- provide sufficient returns to fund members' protection and, as appropriate, compensate injured patients, by matching or exceeding the long-term actuarial return expectation of 5.5%
- achieve positive risk-adjusted returns (over a passive benchmark return) after deducting management fees.

The Association has adopted investment policies, goals, 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. We continue to believe that appropriate diversification is the most effective means of managing investment risk.

The portfolio returned 11.3% during the year and the net investment portfolio value of \$5,260 million represents an overall increase of \$666 million over the year-end 2018 position (see "Net Investment Income" for more information).

Public assets are valued using the closing market price for each security at year end. Private assets (including private debt, equity, and real assets) are valued at their original cost, less any accumulated impairments or estimated reductions in value. Unrealized gains on private assets are not recorded in the financial statements. It is estimated that net unrealized gains in the value of the private investments totalled \$250 million at December 31, 2019. This is not reflected in the net carrying value of the portfolio.

The various classes of assets in the investment portfolio are shown here.



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, 2019. The actuarial estimate for the provision for all accumulated outstanding claims was \$3,860 million at 2019 year-end, an increase of \$91 million from December 31, 2018.

The difference in the provision for outstanding claims represents the year-over-year change in the estimated value of all unpaid claims resulting from the care already provided by our members. The table below illustrates the change in the liability from the beginning of the year to the end of the year, broken down between the

revaluation of prior occurrence years, the addition of the current occurrence year, and the impact of insurance contracts used to transfer risk. The provision includes the estimated liability for future compensation to patients, as well as legal and administrative expenses for both claims reported to the CMPA and those incurred but not yet reported. It is prepared annually by the Association's Chief Actuary, subjected to peer review by external actuaries, and audited by the external auditor – as part of their audit of the annual financial statements. The provision is valued on a discounted basis of 5.5% to reflect the long-term investment return expectations.

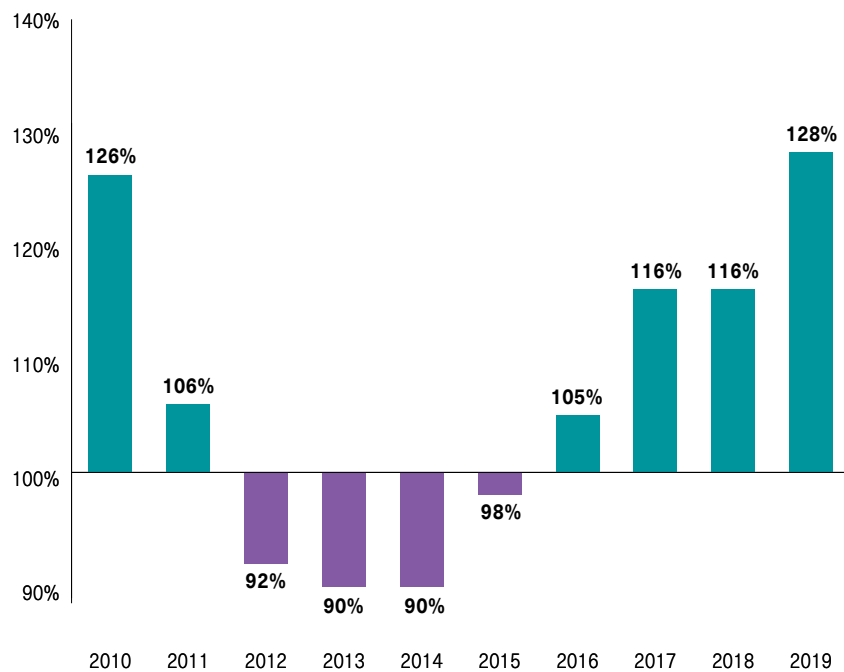
FIVE-YEAR COMPARISON OF CHANGE IN PROVISION FOR OUTSTANDING CLAIMS

(\$ millions)	2019	2018	2017	2016	2015
Provision for outstanding claims, beginning of year	\$ 3,769	\$ 3,682	\$ 3,579	\$ 3,585	\$ 3,468
Payments on claims relating to occurrences in prior years	(400)	(447)	(416)	(331)	(362)
Revaluation of the provision for outstanding claims relating to occurrences in prior years	(81)	72	11	(174)	14
Change in provision for outstanding claims in respect of occurrences in current year	591	537	573	541	465
Potential risk transfer from insurance contracts	(19)	(75)	(65)	(42)	–
Provision for outstanding claims, end of year	3,860	3,769	3,682	3,579	3,585
Increase/(decrease)	\$ 91	\$ 87	\$ 103	\$ (6)	\$ 117

Net assets

Net assets are the difference between assets and estimated liabilities and 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 externally driven factors such as investment returns and/or claims experience. As of December 31, 2019, the Association had net assets of \$1,180 million. Due to significant returns on the investments held in our portfolio, the net asset position improved by \$535 million over 2018.

TEN-YEAR VIEW OF THE CMPA FUNDED RATIOS
(TOTAL ASSETS/TOTAL LIABILITIES)

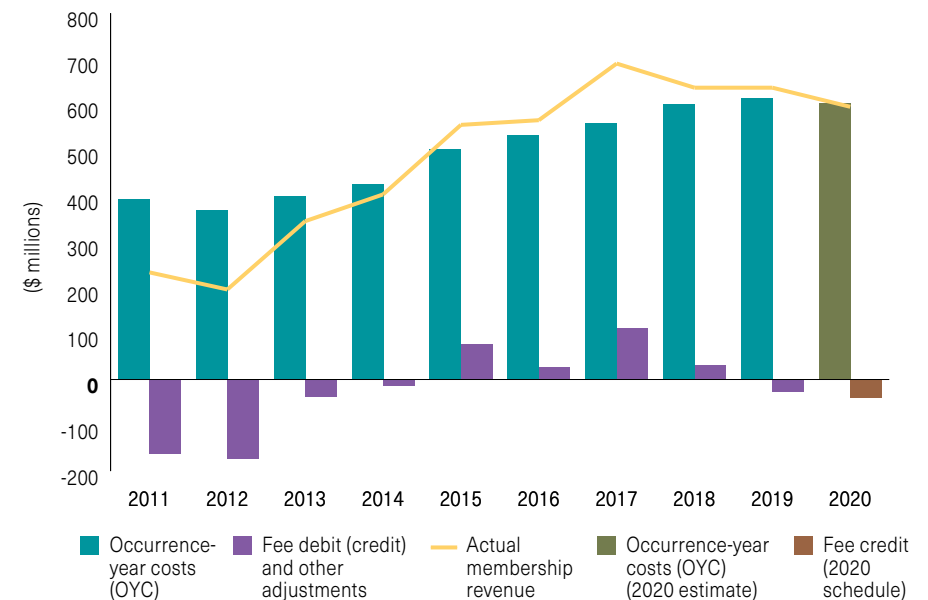


Membership revenues

Recognizing that the full cost of the medical liability protection arising from a given year may not be known for 35 or more years, the CMPA seeks to collect, as fees, sufficient funds from our members to cover the anticipated liabilities arising from care they will have delivered in that year. Given the nature of our occurrence-based protection, the fees collected in 2019 will be used to pay out protection costs resulting from care provided in 2019 over the next three to four decades. With the goal of members paying the costs of protection for the year in which the care was delivered, the CMPA estimates the expected occurrence-year costs¹ as a basis for membership fees. In the event the actual experience is different from the predicted values, future fees may be adjusted (either increased or reduced) to address the difference. As illustrated in the graph below, the growth of occurrence year costs has flattened over the past 3 years. This flattening has resulted in slower growth in the provision for outstanding claims which, along with strong investment returns, has resulted in our current favourable net asset position.

¹ 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.

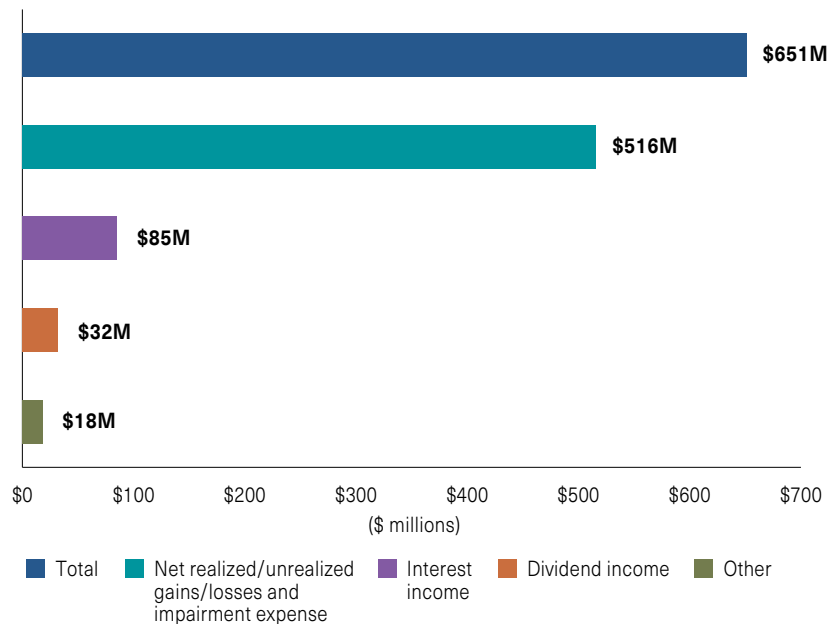
TEN-YEAR REVIEW OF OCCURRENCE-YEAR COSTS
AND MEMBERSHIP REVENUES



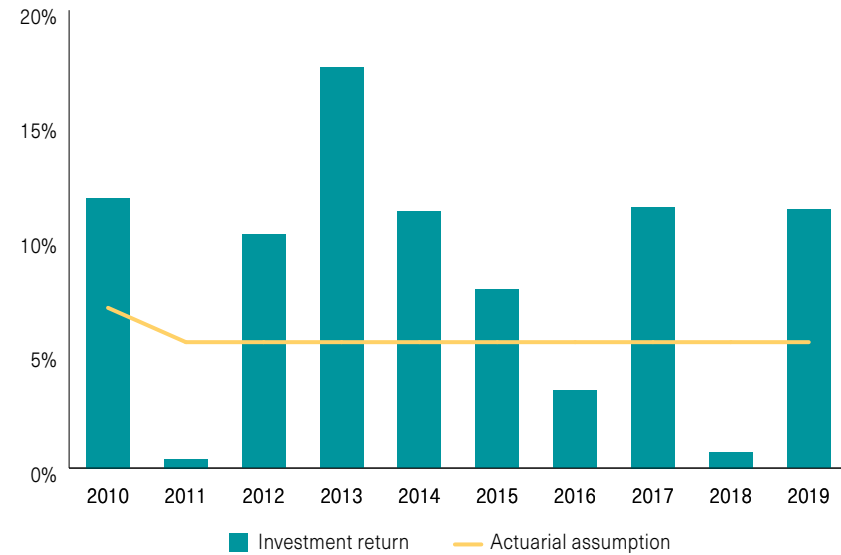
Net investment income

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. 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 2019, the portfolio generated revenue, before expenses, of \$651 million. After taking into account investment expenses of \$71 million, the net investment income was \$580 million.

PORTFOLIO INVESTMENT INCOME



PORTFOLIO INVESTMENT RETURN



The graph above shows the annual returns calculated using the Modified Dietz Methodology² compared against the actuarial investment return assumption. It demonstrates the year-over-year variance associated with investment returns and reinforces the need to maintain a long-term perspective in considering both asset management and the Association's financial position. The 2019 investment return was 11.3%, well above the assumed 5.5% rate of return.

² 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.



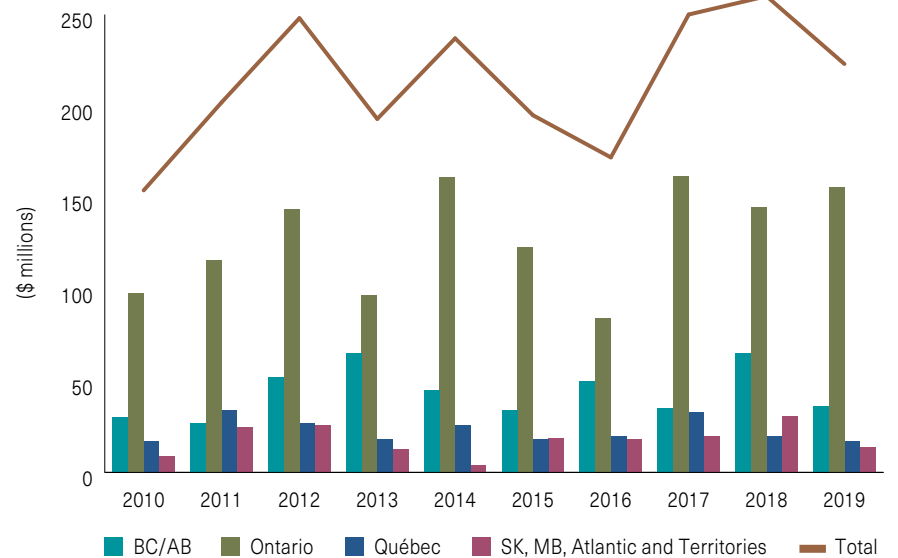
Compensation to patients, and legal, expert, and insurance costs

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 84% of annual expenditures in 2019 (excluding the change in provision for outstanding claims). The specific timing of individual compensation payments can be difficult to predict and the totals may fluctuate from year to year.

In 2019, the \$223 million in payments to patients was \$37 million less than in 2018. When compared to the prior year, this decrease was driven largely by lower average value per cases (severity). The 2019 average payment per case decreased by 11% and the number of cases closed with payments declined by 4% over 2018.

The following table highlights the year-over-year variability in payment totals, both at the regional level and when considered nationally.

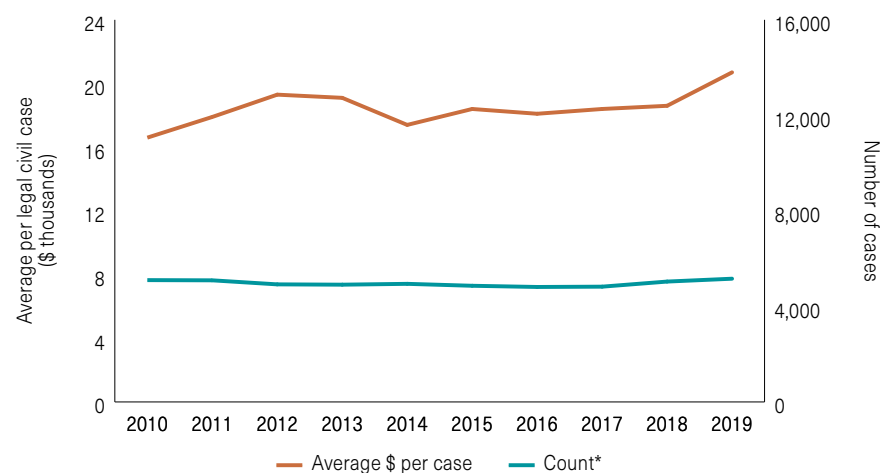
COMPENSATION TO PATIENTS BY REGION



With the objective of reducing the volatility inherent in the compensation to patients component of the provision for outstanding claims, the CMPA has an insurance program to help protect the Association from unexpected costs for occurrences prior to December 31, 2019. At the end of 2019, the Association held seven insurance policies that could provide up to \$763 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 non-civil matters, which include advice, College complaints, hospital matters, and other forms of medical-legal assistance. The increase of 7.4% in legal-civil costs from 2018 is driven largely by trial activity due to increased case complexity of a select number of cases in Ontario and British Columbia/Alberta.

AVERAGE LEGAL COSTS PER CIVIL CASE

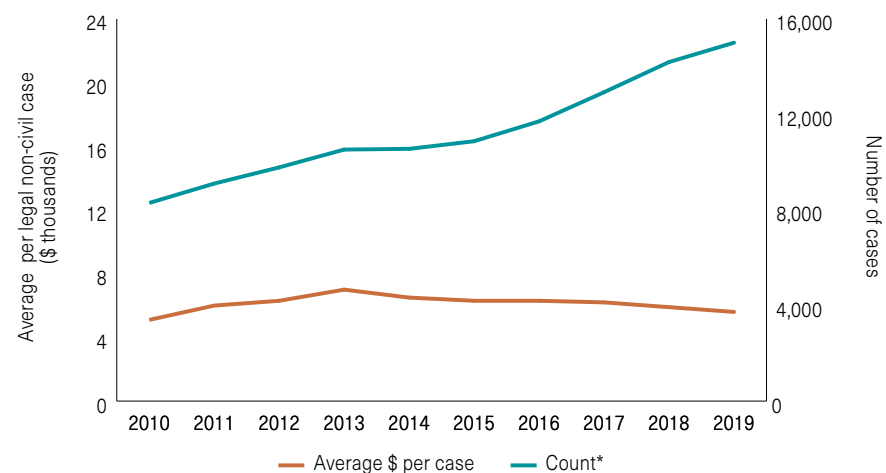


* Only cases with legal costs incurred have been included in the count

Cases at trial across all regions saw trial hours per case increase by 12% compared to 2018.

The count of civil cases has been relatively consistent over the past decade. However, the count has increased for non-civil cases. Meanwhile the average legal costs per case have remained constant for non-civil cases and are starting to rise for civil cases as illustrated in the following graphs.

AVERAGE LEGAL COSTS PER NON-CIVIL CASE



* Only cases with legal costs incurred have been included in the count

Excess of revenue over expenses

In 2019, the Association's revenues exceeded expenses by \$541 million.

Subsequent event

Subsequent to the Association's December 31, 2019 year-end, the COVID-19 outbreak was declared a pandemic by the World Health Organization. This has resulted in significant volatility and weakness in global equity markets which has had a direct impact on the CMPA's investment portfolio. The Association continues to monitor the investment portfolio and assess the impact on its business activities, net investment income, and financial position in the future.

Financial summary

The CMPA's net asset position stands at \$1,180 million, an improvement of \$535 million from 2018 which was driven by significant growth in the investment portfolio. This improvement in our net asset position will help the CMPA manage the significant volatility and uncertainty in the global equity markets as a result of the COVID-19 pandemic. This positive funded position should provide members and their patients with confidence that the CMPA is appropriately resourced to meet the medical liability protection needs of our over 100,000 members and the compensation requirements of patients injured as a consequence of negligent medical care (fault in Québec).

Managing our risks

The CMPA employs an enterprise-wide risk management approach to identify, assess, and prioritize for action those risks that could have a positive or negative effect on the Association’s ability to achieve its strategic objectives. Risk themes are incorporated in this process to promote awareness of potential risk interactions and

the possible impact that the conditions effecting any one risk could have on others. This integrated and comprehensive process supports development of risk control efforts that focus on what is important, ensuring informed decision-making that incorporates effective opportunity development and threat mitigation.

Risk Theme	Risk Consideration	Mitigation Activity Update
<p>Significance and relevance</p>	<p>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.</p>	<p>The CMPA released in 2019 a refreshed strategic plan that builds on past success to further enhance member services and reinforce the CMPA’s value proposition. Supportive activities during the year included advancement of the Member Support Program and Resident Symposia, launch of the Test Results Follow Up workshop and a pilot of the Theatre Arts Program. A number of stakeholder engagements were also carried out to identify and foster opportunities for future collaboration on a number of areas of mutual interest.</p>
<p>Financial sustainability</p>	<p>Increase in demand for CMPA services, combined with rising compensation and legal costs, place pressure on the CMPA’s financial position.</p>	<p>The CMPA promoted medical-legal risk reduction through a combination of education and research strategies, implementation of new products and services through the CMPA subsidiary Saegis, and collaborations aimed at meaningful improvement to the safety of care. The CMPA maintains an insurance program that is designed to help reduce the volatility associated with the provision for unpaid claims. The CMPA continues to advocate for reasonable medical liability system reforms that reduce unnecessary costs.</p>
<p>Changing healthcare perspective</p>	<p>The healthcare environment is changing rapidly, and the CMPA must continue to innovate and work collaboratively with stakeholders to support members in the delivery of safe care.</p>	<p>The CMPA engaged with governments, regulatory authorities (Colleges), and others on key decisions affecting members’ practice and the medical-legal environment more generally. Through the provision of innovative educational programming and consultation services, the CMPA also promoted member awareness and understanding on a range of topics including physician wellness, cultures of accountability, e-Health, and privacy.</p>

2019

Leadership

The CMPA is governed by an elected Council of physicians representing 10 geographical areas across Canada, and plays an important role in the overall success of the Association.

The Association seeks candidates that reflect the broad diversity of the profession in areas such as, but not limited to, gender/gender identity, age, sexual orientation, ethnicity, race, and clinical specialty.

CMPA Council governs the Association by providing direction, guidance, and support to CMPA management. The 2019–2020 governance structure consists of Council and 11 committees. Each year, approximately one-third of the positions on Council are scheduled for nomination and election. Council meets quarterly to foster the long-term success of the Association.

Council 2019–2020



Dr. Debra E. Boyce
President



Dr. Michael T. Cohen
1st Vice-President



Dr. Jean-Hugues Brossard
2nd Vice-President



Dr. Alexander C. Barron



Dr. Patrick C. Bergin



Dr. Jacques Bouchard



Dr. Susan M.J. Chafe



Dr. Robert Cooper



Dr. Gerard P. Craigen



Dr. Gordon A. Crawford



Dr. Michael Curry



Dr. Steven M. Edworthy



Dr. Paul A. Farnan



Dr. Jennifer A. Gillis-Doyle



Dr. Elliot M.H. Halparin



Dr. Victor F. Huckell



Dr. Darcy E. Johnson



Dr. Sally Jorgensen











Council Committees Legend

Executive	Case Review	Pension	Member and Stakeholder Relations	C = Chair
Governance	Extent of Assistance	Audit	Safe Medical Care	E = Ex-officio
Nominating	Human Resources and Compensation	Investment		

Composition of Council and structure of its Committees

The composition of Council and the structure of its various committees are outlined in the legends below and on the two following pages. 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 articulate the way in which Council organizes and conducts itself to fulfill its responsibilities, and describes the responsibilities of Councillors.

External Committee Members

-  Brodtkin, Wendy
-  Dr. Condé, Jean-Joseph (past President)
-  Cotsman, Stephen
-  Dr. Crosby, Edward (past President)
-  Hume, Doreen
-  Murray, John
-  Roberts, Jeremy
-  Thiessen, Gordon



Dr. Yolande Leduc



Dr. Mansfield Mela



Dr. Claude Mercier



Dr. Yvonne Molgat



Dr. David Naysmith



Dr. Fredrykka Rinaldi



Dr. Fahimy Saoud



Dr. Katy A. Shufelt



Dr. Birinder Singh



Dr. Jennifer C. Tang



Dr. Patrick Trudeau



Dr. M. Christopher Wallace



Council Committees Legend

- | | | | | |
|--|--|--|--|------------------------|
|  Executive |  Case Review |  Pension |  Member and Stakeholder Relations | C = Chair |
|  Governance |  Extent of Assistance |  Audit |  Safe Medical Care | E = Ex- officio |
|  Nominating |  Human Resources and Compensation |  Investment | | |

Your CMPA Council members

AREA 1 (BRITISH COLUMBIA, YUKON)

Michael Curry , LLB/JD, MD, CCFP(EM), FCLM, FCFP	Vancouver, BC
Paul A. Farnan , MB, BCh, FCFP, FASAM, ABAM	West Vancouver, BC
Victor F. Huckell , MD, FRCPC, FACC, FSCAI, FAHA, FESC, FCCS	Vancouver, BC
David Naysmith , BSc, DMD, MD, FRCS	Victoria, BC

AREA 2 (ALBERTA)

Susan M.J. Chafe , MD, LLB, FRCPC, ABR, BMed Sci, BSc, ATCL	Edmonton, AB
Steven M. Edworthy , MD, FRCPC	Calgary, AB
Fredrykka Rinaldi , MD, CCFP, AFCI, MBA, LLB, MPA	Medicine Hat, AB

AREA 3 (SASKATCHEWAN, NORTHWEST TERRITORIES, NUNAVUT)

Mansfield Mela , MBBS, FRCPC, MSc Psych, FWACP	Saskatoon, SK
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AREA 4 (MANITOBA)

Darcy E. Johnson , BSc, MD, CCFP, FCFP	Winnipeg, MB
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AREA 5 (ONTARIO)

Alexander C. Barron , BSc, MD, MSc, MBA, FRCPC, DABP, FAAP, CGPL	Toronto, ON
Debra E. Boyce , BSc, MD, CCFP, FCFP (President)	Peterborough, ON
Robert Cooper , LLB, JD, MD, CCFP, FCFP	Toronto, ON
Gerard P. Craigen , BSc, JD, LLB, MD, FRCP(C), DABPN, FACPpsych, FAPA	Toronto, ON
Gordon A. Crawford , MD, BSc(Hons), FRCS(C)	Barrie, ON
Elliot M.H. Halparin , MD, CCFP, FCFP	Georgetown, ON
Katy A. Shufelt , BSc, MD, FRCPC	Peterborough, ON
Birinder Singh , MD, LLB, CCFP, Ontario Bar Association	Toronto, ON
Jennifer C. Tang , MD, FRCPC, MHSc (Bioethics)	Hamilton, ON
M. Christopher Wallace , BSc, MSc, MD, FRCS(C)	Kingston, ON

AREA 6 (QUÉBEC)

Jacques Bouchard , MD, LMCC, CCFP	Québec, QC
Jean-Hugues Brossard , MD, CSPQ, FRCP (2nd Vice-President)	Montréal, QC
Yolande Leduc , MD	Longueuil, QC
Claude Mercier , MD, FRCS	Montréal, QC
Yvonne Molgat , MDCM, FRCS	Québec, QC
Fahimy Saoud , MD	Saint-Laurent, QC
Patrick Trudeau , MD, CSPQ, FRCSC	Chicoutimi, QC

AREA 7 (NEW BRUNSWICK)

Jennifer A. Gillis-Doyle , MD, CCFP(PC), FRCPC	Fredericton, NB
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AREA 8 (NOVA SCOTIA)

Sally Jorgensen , MB, BS, CSPQ, FRCSC	Bridgewater, NS
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AREA 9 (PRINCE EDWARD ISLAND)

Patrick C. Bergin , MD, FRCPC, FACP	Charlottetown, PEI
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AREA 10 (NEWFOUNDLAND AND LABRADOR)

Michael T. Cohen , MD (1st Vice-President)	Grand Falls- Windsor, NL
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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 seven to eight 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 extension of discretionary assistance to members, 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 to the membership for election. 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 plan. 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.

CMPA Senior Management – as of December 31, 2019

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

EXECUTIVE LEADERSHIP

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

DIRECTORS

Pascale Belleau,
MSc, MA
Director, Communications

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

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

Amirah Fayek,
MBA, CPA, PMP
Director, Safety Programs
Management

Cory Garbolinsky,
CPA, CA
Director, Finance

Christine Holstead,
BMath, MBA, CMC
Program Director, Business
Applications Strategy

Leah Keith,
BCom, CHRP, CCP
Acting Director, Human Resources

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

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

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

Josée Mondoux,
CFA, FMA, FCSI, CAIA
Director, Investments

Daniel Tardif,
MD, MBA, CRHA, CCPE
Director, Regional Affairs

Perry Thompson
Acting Director, Information
Technology Services

James Watson
Director, Membership and
Contact Centre Services

Physician Advisors – as of December 31, 2019

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

PRACTICE IMPROVEMENT

SENIOR PHYSICIAN ADVISOR

Steven J. Bellemare, MD, FRCPC, CPE

ASSOCIATE SENIOR PHYSICIAN ADVISOR

Tino D. Piscione, MD, PhD, FRCPC

PHYSICIAN ADVISORS

Eileen Bridges,

MD, MSc, CCFP, Dip Sport Med

Liisa Honey, MD, FRCSC

Robert Johnston, MD

Shirley Lee,

MD, CCFP(EM), MHSc(Ed), FCFP

Caryne Lessard, FRCSC, MD Med, MM

Richard Mimeault, MD, FRCSC

Janet Nuth, MD, CCFP(EM)

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, FRCSC

PHYSICIAN TEAM LEADS

Sharon Caughey, MD, FRCSC

Caroline Ehrat, MD, CCFP(EM), FCFP

Elaine Hall, MD, CCFP

Yolanda Madarnas, MD, FRCPC

Cheryl Pollock,

MD, MPH, CCFP(EM), FCFP

Marc Roy, MD, CCFP, FCFP

PHYSICIAN PROGRAM LEAD (Member Support Program)

Ellen Tsai, MD, MHSc, FRCPC

PHYSICIAN ADVISORS

Carolyn Atkinson, MD, CCFP

Liette Beauregard, MD, FRCPC, LLL

Kerri Best, MD, CCFP, FCFP

Heather Blois, MD, CCFP

Christine Bourbonnière,

MDCM, MSc, CCFP

Micheline Boyer, MD, CCFP, FCFP

Meri Bukowskyj, MD, MPA, FRCPC

Christopher Canny, MD, FRCSC

Lindsay Carr, MD, CCFP(EM)

Ann Cranney, MB BCh, MSc, FRCPC

Giuseppe Ficara, MDCM, FRCPC, FAAP

Allan Forse, MD, FRCSC, FACS

Andrew Gilchrist, MD, FRCPC

Christopher Goodall, MD, CCFP

Ingrid Harle, MD, FRCSC, CCFP(PC)

Merril Harmsen, MD

Geoffrey Hung, MD, FRCPC, FAAP

Keleigh James, MD, CCFP, FCPC

James Kissick,

MD, CCFP(SEM), Dip Sport Med

Sandra Lang, MD

Katherine Larivière, MSc, MD, CCFP

Martin Leahy, MD, CCFP(EM)

Louise Lefort, MD, CCFP(EM), FCFP

Suzanne MacMillan, MD, FRCPC

Dale McMahon, MD, FRCPC

Alain Millette, MD

Stephanie Minorgan, MDCM, CCFP

Maria Rif, MD, CCFP(EM)

Shena Riff, MD, CCFP(EM)

Sharman Robertson, MD, FRCPC

Andrée Rodrigue, MD, CCFP, FCFP

Lee-Anne Somersall, MD, CCFP

Jocelyne Tessier, MD, FRCSC

Charlene Thomas, MD, CCFP, FCFP

PHYSICIAN CASE FILE MANAGER

Brien G. Benoit, MD, MSc, FRCSC, FACS

Professional Advisors – as of December 31, 2019

GENERAL COUNSEL

Gowling WLG

AUDITORS

KPMG, LLP



Leadership – as of December 31, 2019

BOARD OF DIRECTORS

Hartley Stern, MD, FRCSC, FACS, ICD.D
Board Chair

Kevin Ford
Director

Bruce A. Joyce, FCPA, ICD.D
Director

David Naysmith, BSc, DMD, MD, FRCSC
Director

Andrea Seymour, B.Ed, CHE, FCCHL
Director

Birinder Singh, BSc, LLB, MD, CCFP,
Ontario Bar Association
Director

MANAGEMENT

Margaret Hanlon-Bell
Chief Executive Officer

Tara Garcia, CPA, CA, CFA
Chief Operating Officer

Dr. Tom Lloyd,
LLM, MB ChB, MD, MRCS, MFFLM
Director, Saegis Safety Institute

Dr. Fady Balaa, MD, FRCSC, MMed
Director, High Risk Specialty Programs

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