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PRINCIPAL(S)/PRINCIPAUX:
Michael T. Cohen, MD, President, CMPA

SUBJECT/SUJET:

The Canadian Medical Protective Association holds an English information session as part of their annual meeting.

File Name: Q&A for members

00:00:03

Michael T. Cohen: I'll now open the floor for questions. Please restrict your comments and questions to the motion on the screen and limit your time to two minutes each. Please use the Ask A Question button to submit your questions or use the mics set up in the room. Remember, only active members may participate in the discussion.

00:00:23

Comment/Question: (inaudible, technical) Dr. David Naismith.

00:00:25

Michael T. Cohen: It is indeed.

00:00:27

Comment/Question: My name is David Naismith, I'm a surgeon, I practice in Victoria, BC. I'm standing in support of this motion. I've been a member, as have many of you for a long, long time, mine starting in 1983 and I have served on council as Dr. Cooper has for the last 18 years with my reign of care ending in August of 2021.

00:00:50

When I arrived in council in 2003 I was immediately impressed with the commitment of council management and staff to the membership and our needs as members. My admiration has only grown over the 18 years that I served council. This association works, and I mean that in every sense.

00:01:06

A little over two years ago, Dr. Calder took over as the CEO of the Association, one of her main goals has been to modernize the CMPA. Dr. Cooper's motion to minimize the size of council is critical to modernizing the Association. Look at every association you're a part of, CMA,

provincial medical associations. As Dr. Cooper had suggested many, many including businesses general, there is a move to decrease the size of boards, it is time for the CMPA to catch up with the rest of the business world.

00:01:37

Council has considered this in the past and in the past it was decided that we were different and that no change was made. I can assure you we are not that different. If you look at the annual report you will see a section on core values. There are six, one of them is responsible stewardship. And here we are talking about stewardship of funding of the association by way of fees.

00:02:02

If you look at the financial statements for the last normal year before COVID the governance costs were \$11,905,000, almost \$12 million spent on governance, this must change. If it was just about money it might be enough reason to change, however it is about much more than that, it is about efficiency and adopting a governance model that is appropriate for the times.

00:02:28

Decreasing council size will require a change in the bylaws of the Association and this carries some risk. However there are other issues requiring opening of the bylaws and so now is a very appropriate time to be considering this. There is no time to be wasted. As Dr. Cohen mentioned it's 31 members now, although it's not part of the motion I can tell you that my opinion would be that we could drop this to 10 to 12 without compromising the fiduciary responsibilities of council to membership. Thank you for listening and I encourage you to support this motion.

00:03:04

Michael T. Cohen: Thank you, Dr. Naismith. Do we have any questions online?

00:03:09

Moderator: Thank you, Mike, and we do have our first question. Good afternoon everyone, from Dr. Ajit Noonan(ph) from London, Ontario. Dr. Noonan asks, is there a specific measure of outcome in conducting a review of governance that would support a change in the size of the board? How is this review to be guided?

00:03:29

Michael T. Cohen: Dr. Brossard, would you like to (inaudible, technical)?

00:03:35

Jean-Hugues Brossard: Well that motion that is brought today beyond – before us is for me a friendly motion because we have already begun the work and our intention has been to review that governance, to make that governance review over the next few years.

00:03:56

So well it's complete alignment, so it's not a problem there. So what is the best governance? What is the best governance model for an organization? Well there's – it's not a one size fit all and it's clearly something that needs to be assessed and you want to be sure that you make change that will bring value and that will help the organization in – to attain sustainability over time.

00:04:25

So well we'll think about that, we'll work on that and we'll bring you results that I hope will answer all those questions, be more sustainable, be more nimble, be more able to tackle the future. Thank you.

00:04:40

Michael T. Cohen: Thank you, Jean-Hugues.

00:04:44

Moderator: We have a second question from Dr. Douglas Wilson from here in Vancouver. He asked, equity, diversity and inclusion flies in the face of a smaller board. How will this impact the process?

00:04:56

Michael T. Cohen: Lisa.

00:05:00

Lisa Calder: Thank you for that question, Dr. Wilson. I mean this is the reason why we wanted to incorporate modernizing governance into our EDI strategy is we are committed to enhancing the diversity on council. And so when you really think about what that looks like and what that means and also how we can modernize the organization.

00:05:19

So while it seems that you are competing, I believe you can achieve both goals, it requires just careful thought and consideration of what that looks like and what you're trying to achieve. So we are committed to advancing diversity, we are committed to modernizing. So we will be working with counsel and with a consultant to help us move through this work to ensure that we are looking to advance on both those goals.

00:05:43

Michael T. Cohen: Thank you, Dr. Williams.

00:05:46

Comment/Question: Thank you, my name is Carol Williams, I'm a small town GP on a small island who is struggling through this COVID thing and trying to keep my head above water. As the seconder of this motion I strongly speak in support of this action by the council. It's time that the board became a little more nimble, a little more focussed I think on not just equity and diversity but skills.

00:06:15

It distresses me somewhat that most of the positions this year were obtained by acclamation. I think there's some message to get out to the public and to physicians for this particular organization. I served on this group for over 12 years. This is a wonderful committee, this is a wonderful organization, I can't say enough about it. Some of my best friends have come from this place. My lawyer is still sitting up there. I can't say enough good about the staff and the organization, it just needs some tweaking and I see it as a friendly motion.

00:06:52

Michael T. Cohen: Thank you Dr. Williams. Dr. Buckner, do we have any more questions.

00:06:56

Moderator: Thank you, Mike. Next question comes from Dr. Susan Hayden. Hello, Susan. Susan's from Saskatoon and a past councillor of the CMPA. She asks, Dr. Cooper gives examples of suggestions for board size when discussing the idea of revisiting board size at the CMPA. The CMPA is a unique organization providing support for a complicated and critical profession working in Canada. Do these examples of board size really apply comparatively to other organizations such as the CMPA?

00:07:27

Michael T. Cohen: Dr. Brossard.

00:07:30

Jean-Hugues Brossard: Again me, oh, okay. So well those organizations have some similarity with CMPA but they are not CMPA. We are a unique organization and we'll find a unique solution to our governance review. We'll find a way to have enough representation, we're a member based organization, we need some representation from membership.

00:07:54.

We need skills on council. So we need a variety of skills, we'll find a way to get that skills. We want diversity, so we need to consider that and we want to have some diversity. We also have work to do and committee that need to work so it needs time, it needs people, it needs a workforce to do that. We need to – so multiple things that need to be considered that need to be balanced to find the right governance model and we'll find it and we'll present it to you in two years.

00:08:28

Michael T. Cohen: As soon as I mentioned we have engaged in governance consultant to help us along this path to ensure we get it right because if we're doing this we want to make sure we do it right because that will benefit you, the members. Dr. Oyelese, please.

00:08:43

Comment/Question: Thank you. Actually someone had already alluded to the point I was going to bring up about EDI and I do want to thank both my colleagues for the amount of time they put into the CMPA, 18 years, I'm new to this. But I just want us to reflect on the fact that with a smaller council size it would have been impossible for you to contribute 18 years and get all that experience on the different competencies you've been on.

00:09:15

I would agree with the people who would identify the fact that CMPA is a unique organization and it's going to be very difficult to treat it you know like a typical business organization, realizing the fact that representation and especially representation of minority groups becomes increasingly difficult as you reduce your council size. So I am not opposed to the motion but I do find it difficult to support it at this time.

00:09:48

Michael T. Cohen: Thank you. Do we have another question, Dr. Watkins?

00:09:53

Moderator: We do, Mike, thank you. The question is from Dr. Rob Robson from Dundas, Ontario. Rob says, do any considerations of bylaw changes allow for the possibility of non physician members? If only in an advisory capacity it would be truly unique from a modernization perspective if we were to find mechanisms to include voices of patients who are the recipients of the care that was provided by CMPA members.

0:10:18.2

Michael T. Cohen: Dom.

00:10:19

Dom: Thank you, Dr. Robson for the question. So if we are changing the bylaw there is the ability to include non members, not likely as you suggest by your question in a entirely decision making capacity but you could conceivably involved in an advisory role. So if we are going to be changing the bylaw and the governance reviews requires considering changing the bylaw then that could be one of the issues that's addressed.

00:10:51

Michael T. Cohen: Thank you.

00:10:52

Moderator: Please come to the mic.

00:10:55

Comment/Question: Hi, my name is Diane Francoeur, I'm an OB GYN from Montreal. I'd like to make some recommendations because I used to be the president of all specialists of Quebec, I just terminated two years ago. We revised our board and I think it's a very good motion that I'm in favour to but I would make some recommendation because board of physician are not easy

to handle and I would recommend that you have a strong curriculum in getting all the skills that everyone wish to have because you have to know about reputational risk, you have to know about legal issue, you have to know about finances also.

00:11:35

So the board not need not to be too small but not too big but also the terms not need to be long enough that people know because having four to six board a year it's hard to get to know what's going on.

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CMPA has a long history, we celebrate today your membership fee, we've never seen them so low. Quebec has been taking the lead into that and we are always happy to see that the other provinces are following us.

00:12:06

But I think that decreasing the board member is a good issue but we have to be careful in the terms of references and making sure that not only diversity will be the skill set but we make sure that everyone has the opportunity to learn them as well.

00:12:25

Michael T. Cohen: Thank you, and I can assure you that will all be part of the discussion that has taken place and will be ongoing. Dr. Watkins again.

00:12:33

Moderator: Mike, I don't have any further questions. You might want to invite additional questions.

00:12:38

Michael T. Cohen: Are there are any additional questions from the room or online?

00:12:51

Comment/Question: I'm Dr. Voyne(ph) from Calgary. This is my first CMPA meeting official welcome. I think CMPA is a bit different but to ask my question and probably give my comment. So my question is, what is the current criteria or strategy for allocating board members to various regions? Why do we have 31? That's one. Two, I think keeping the number small as the case may be may be great but it may actually not allow us to fulfill the reason for having board members, you know, or get more people to be involved in CMPA.

00:13:37

So my question is, how did this number 31 come? What constitutes this 31 and how does it come about? How – so we can start from there. But I think we should probably do that before we consider reducing because CMPA comprises of family docs, specialists, different people from different areas of practice and all that. That's why things are a little bit different otherwise we end up not really getting that unique perspective in – about that diversity.

00:14:08

Michael T. Cohen: Thank you. Dom, would you like to respond please?

00:14:11

Dom: Sure. Thank you for the question. So the current model, Doctor, is based on specialty geography and of course number of members approximately. There's no formula but those factors form part of the model that's been adopted. So that's one of the issues that will be explored during the governance review, how do you balance or rebalance those issues along with the the points made by Dr. Brossard and Dr. Calder and Dr. Cohen. We need to come up with several different models and through the consultation process I'm sure we'll be able to propose something that will make sense.

00:14:56

Michael T. Cohen: Thank you, and we hope to see you at more meetings. Todd, no more questions? If not...

00:15:03

Moderator: We have no further questions.

00:15:04

Michael T. Cohen: No further questions? No further people at the microphone? I will call the question please and request a vote. Please vote online now and remember there will be a 15 second delay. Thank you everybody, the motion has been approved.

00:15:38

I would like to say that we just received a question from a French member after I called the question so we will respond to that member privately. As that concludes consideration of the member motion I will briefly speak to next steps.

00:15:55

As previously stated the Association appreciates members guidance on this issue. Moving forward council will continue a period of study and consultation on this matter and others identified for review. The Association will provide an update at the 2023 annual meeting.

00:16:15

I would now like to open the floor to questions on other business. We will be alternating between taking questions coming in online and through the app and questions from the floor. I have asked Doctors Watkins and Doctors Eisener-Parsche to continue to assist me in managing questions from the floor and online. Have we already received some questions?

00:16:41

Moderator: Thanks, Mike. Our first question is from Rob Rob, is from Dr. Rob Robson in Dundas, Ontario. Rob asks, during the 2021 annual meeting there was a discussion about the efforts of

the Association to undertake to collaborate with First Nations here in BC with respect to two feasibility projects related to analyze and evaluate the introduction of restorative justice approaches within healthcare. Can you please provide an update to the Association's efforts in this area? Will the Association actually encourages members to participate in projects such as this?

00:17:18

Michael T. Cohen: Thank you, Pam, would you please like to respond?

00:17:21

Pam: Thanks, Mike, I'd be happy to answer that question. Thank you, Rob, for an excellent question and one that as you know I'm quite excited about. We've had a number of meetings with various organizations with respect to restorative approaches to addressing conflict in health care or harm that's resulted from health care, some with the – those who are conducting the feasibility studies that Rob is referring to where we have been discussing with them what they're collecting, how they're collecting and what the research looks like and providing some thoughts and advice on that.

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In addition to that we've had a couple of members of our senior team participating in workshops about better understanding restorative approaches to justice to ensure that we have the deep understanding that we need in order to advise our members appropriately.

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We've also had meetings with the First Nations Health Authority leadership around these issues and have a follow up meeting with them in the next few weeks. Actually our last meeting with them was as recent as July and this is truly a priority for the work that we're doing.

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Finally there are other organizations who are looking at restorative approaches to health care. In general the first few messages, first few meetings I was referring to are primarily around indigenous approaches to addressing healthcare harm. But other organizations are also looking at mechanisms for doing this and we've been meeting with them as well so that we can better understand what's being proposed and ensure that we're providing the appropriate guidance and being supportive of ways that restore relationships and restore the sense of healing after there has been events in which patients have felt harmed. So much work more to come but we are quite dedicated to this and are greatly committed to that work. Thanks for a great question.

00:19:04

Michael T. Cohen: Thank you, Pam. Do we have any more questions, Todd?

00:19:09

Moderator: Questions from the floor? Please approach the mic. Thank you.

00:19:14

Comment/Question: Hello, I'm Dr. Doug Wilson, I'm president of the SOGC for this next '22/'23 period and I certainly want to thank the CMPA for their acknowledgement about the concerns that we have at the SOGC in regards to the recent Supreme Court overturning of Roe v. Wade and its potential impact on Canadian providers of abortion services.

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I want to thank also the CMPA for the organizing the September 6th opportunity when it comes forward and also for a letter that was sent to some of the federal politicians.

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My question though about the letter was that you left off the Minister of Justice. This – the two primary recipients of the letter were from Health and from Family and Child and Social Development which obviously would be impacted by this but Justice is clearly the area that we need support in.

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At SOGC we certainly understand the CMPAs position about what they can support for physician activities and understand that this would be new and unique to be dealing with criminal charges from American states. But I want to emphasize that these US states are serious about this.

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Just last week there was a Nebraska mother of a 17 year old who she helped have an abortion, she has been charged with assisting in this abortion by the state of Nebraska. This just shows the significance and potential risk, we have no idea whether they are – Americans are going to just you know charge Americans or whether they will move it across the border.

00:21:22

But I don't think that we can wait until these charges were implemented on Canadian providers, we need to do some proactive work ahead of potential outcomes. We support the CMPA and all the great work they've done but SOGC needs groups like CMPA to assist us with a really robust and and national federal government approach because this is where it's going to have to happen, we're going to have to have Canada stand up and say we support a woman's right for choice, first of all, and if you do support that choice, if by chance these services are – need to be required by Canadian providers either as an emergency which obviously may well fall under CMPA, but majority of these would be scheduled, they potentially would come across.

00:22:22

We don't know but we do need some agreements and some discussions with the federal ministers to understand this and support Canadian providers of abortion services which are both specialists in obstetrics and gynecology and family medicine. So this is not just for one group but if you look across the country at the different centres that each province has that it provides these services they're generally a mixture of OB GYN and family medicine. So I thank

you and look forward to going forward but we do need Justice, the Minister of Justice at this discussion.

00:23:08

Michael T. Cohen: Thank you. Lisa, would you like to say something?

00:23:12

Lisa Calder: Thank you, Dr. Wilson, and thank you for recognizing the efforts. I just wanted to recap for the audience what the CMPA has done in this area. So the CMPA we believe in and support equitable and timely access to abortion service. We are the Canadian Medical Protective Association which means we have a national mission and mandate which means that we are here to support our members who are providing abortions when there are any actions or complaints arising within Canada.

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You are right that the States are very serious about what they're introducing and the nature of the legislation we are seeing across 50 states is unprecedented and not anything we've seen before.

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You referenced a letter that I sent to Minister of Health Yves Duclos as well as the Ministry of Health, Child and Social Development. I'm happy to report back to you that we've had a response from the federal government to that letter, the Assistant Deputy Minister for Strategic Policy of Health Canada reached out to me and asked to meet with me and at that meeting which included Dr. Pamela Eisener-Parsche and Domenic Crolla from our general counsel there was also a representative from the Department of Justice, in addition to the executive director of the Canadian Health Act.

00:24:29

In the course of our conversation we made it very clear to the federal government that this is the role of the CMPA to support our members for any issues arising within Canada but the nature of this legislation, some of what's being called long arm legislation means that some abortion providers can be charged in American states for providing abortions to American citizens, that includes criminal charges and that that is something that we would need the federal government to think carefully about their response.

00:25:03

So what I said to the members of that call was I said what we are asking for is an awareness of the scope and mandate of the CMPA and our role that we can provide. But secondly, to ask the federal government to consider what does this mean for extradition agreements between the US and Canada. What does this also mean with respect to how anyone with criminal charges would be represented on databases that borders and security, the US Customs will be receiving.

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They are aware of our level of concern, they are aware that that something needs to be done beyond what the CMPA can do. So I am encouraged, Dr. Wilson, that is an active conversation at the federal government level. We have also reached out to the ministers of health across the provinces and territories and that was a key message that I emphasized in our conversation is this will require coordination and cooperation between the provinces, territories and the federal government to generate a response.

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One of the biggest challenges that – I will be honest with you that they – the federal government recognizes as do we is that this is a dynamic and rapidly changing situation. It's not even clear to understand what the implications of these legislations are within State, interstate never mind internationally. It will take some time for this to unfold but we are committed to have – engage in these conversations to highlight the challenges, the concerns, the risks for our membership with the governments. Thank you.

00:26:27

Michael T. Cohen: odd, do we have any more questions?

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Moderator: We do not, Dr. Cohen.

00:26:32

Michael T. Cohen: Thank you. That concludes the question and answer period. But before we adjourn Lisa's going to share a few thoughts on how the CMPA is looking to the future.