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PRINCIPAL(S):
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SUBJECT:
Q&A for members

00:00:00
Jean-Hugues Brossard: (Voice of Translator) I would now like to move on to the long awaited question period. So if you would like to ask a question please remember that only active members can ask questions. Individuals who ask questions will be identified in the meeting's minutes. If you are here in person, please proceed to a microphone or use Slido on your phone. And if you are joining us online, please use Slido to ask your question. I've asked to Dr. Todd Watkins and Dr. Pamela Eisener-Parsche to assist me in managing questions from the floor and online. So please, as I said, use the microphone if you are here with us and let us know where you're from. And now over to you. (End of translation)

00:01:08
Dr. Todd Watkins: Thanks, Jean-Hugues, and good afternoon everybody. We have a few questions that have come in online, the first is from Dr. Nasser from Ontario, he actually has two questions that are related. The first is taking into consideration the amount of compensation and the cost of medical legal challenges. Can you share if the CMPA gets any income other than that return on investment and the membership fees? That's question one.

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The second question is, membership fees are different in the four regions. The question is related to whether or not there are differences in the fees at specialists and different type of work pay across those few regions and that speaks to our risk grouping.

00:01:52
Jean-Hugues Brossard: Yeah, Cory you want to…

00:01:55
Cory Garbolinsky: Sure, I can take the answer to the – or provide the answer to the question on our sources of revenue. So primarily it is obviously membership revenue and the investment returns that we receive on our portfolio. We do have a one third investment in Salas Global along with Hirak and the SOGC. So the share of their

net income also represents some of our revenue in the year but it's rather small compared to the other two items.

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Jean-Hugues Brossard: And the other question.

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Dr. Todd Watkins: So the other question, Jean-Hugues, was related to how the aggregate fees are distributed amongst specialists.

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Jean-Hugues Brossard: Yeah, so essentially the fees are agile., Each region are showing the fees among the specialists and general practitioner depending mainly on the risk and the cost for the region in fact. So the structure, there's seven risk group and the cost of each risk group is analyzed by per region and the fees are adjusted for those seven risk group in each region and it's done yearly and it's we have all those analyzes over time to see what are the trend, the change and we're reanalizing those risk group every two or three years to make sure that they are current and we are redistributing specialties among those risk groups depending on the change that are observed.

00:03:38
Question: Hi, thank you. Wayne Rosen, I'm a councillor from Alberta. Thank you very much for the presentations this afternoon. I should know the answer to this but every time I'm impressed by the difference from the Quebec fees to the rest of Canada and I just wonder if you can provide some more colour as to why they're – what is the difference? Is it the number of cases that are brought, the awards that are made, a combination of both? Is there a significantly different culture, a medical-legal culture there that you can use to explain that?

00:04:13
Jean-Hugues Brossard: Yeah, I will begin but maybe other will complete my answer. First I want you to look again at the number that were presented for 2024. The cost of protection in Quebec was not the lowest. In fact the other region, that SMAT region was a bit lower. So Quebec does not have – they have the lowest fee because the financial position is quite favourable in Quebec and we have an excess of assets that we are pulsing back into the (inaudible) into the fees to decrease that excess of asset.

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But in fact the protection here is not the lowest anymore. There's some difference, difference are not mainly in the volume but they are mainly in the level of our work I would say and I don't know if you, Dom, then want to comment on that.

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Domenic Crolla: Thank you. I think I would say that the Quebec medical-legal environment is different from the rest of the country. There's a lower frequency and severity in the civil litigation. The regulatory environment is actually conversely more

active than some other ones but even there it's different because of the way that regulatory matters are dealt with between hospitals, colleges. So I would say that and yet again evidence of a distinct society.

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Jean-Hugues Brossard: Lisa, you want to add something?

00:05:44
Lisa Calder: The only thing I would just emphasize is that eventhough the fees are lower and Jean-Hugues is right in parts it's because that region has been well financed and the costs of medical-legal protection have not gone up as significantly as you've seen in Ontario, for example. But it doesn't mean that we are not actively engaged in Quebec.

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So we are actively, and even just you know yesterday had a conversation with the CMQ about you know new legislation coming in that's really going to transform the health care system in Quebec. So we are very much engaged in those conversations with many of the federations and organizations in Quebec and we also offer many learning resources to our Quebec members in French which are benefits of membership as well.

00:06:37
Jean-Hugues Brossard: Something in line – online?

00:06:38
Dr. Todd Watkins: We have another question from Dr. Chowdhury. He asks, it's related to equity, diversity and inclusion. What are CMPA's plans on having physician advisors from different backgrounds including different provinces?

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Jean-Hugues Brossard: Pam.

00:06:56
Pamela Eisener-Parsche: (Voice of Translator) I'll start, and good idea. (End of translation)

00:07:02
Excellent question and it is one that we have been discussing and working with for a number of years. In fact for a number of years we have been recruiting physician advisors from across the country and from different disciplines of medicine, it is important that we have diversity in terms of practice location, practice environment and the type of discipline that our physician advisors have practiced in so that we have that deep understanding of members needs. We will continue to do that and we now have a representation of physician advisors who between them have practiced in every province in the country.

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In addition to that we have been working hard to increase representation in our physician advisor group and have had some significant success in increasing representation from the perspective of race, gender, gender identity, LGBTQ community membership as well as ability. And so this is something we're continuing to strive for to increase that diversity within the pool and we've seen some significant success in the last couple of years. Thanks.

00:08:07
Jean-Hugues Brossard: Thank you, Pam.

00:08:10
Dr. Todd Watkins: Jean-Hugues, the next question is from Dr. Chude from British Columbia. They're asking what is CMPA doing to advocate for IMGs to transition more easily in a timely manner into the Canadian healthcare system? It might be a good question for Armand.

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Jean-Hugues Brossard: I think it's – yeah, it's Armand who is our specialist in that.

00:08:32
Armand Aalamian: Thank you. So that's an excellent question as well. I think the first thing that we have to do is to be a member of the international medical graduate community is to be a member of very diverse community, I think that's the first part is to recognize that and the fact that if you are an international medical graduate it doesn't mean that everybody has the same needs or the same issues that has to be dealt with.

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So the first step is for us to make sure that our physician advisors who are in direct contact with international medical graduates understand that complexity, diversity and also address those in a culturally sensitive and appropriate manner. So that's a step that we're taking a very concrete step in terms of addressing that piece.

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The second part of that is within learning in terms of trying to understand what are the elements that we need to integrate and to give the tools for international medical graduates depending on what the needs are within that diverse community that I mentioned and this is what we're doing currently, learning, we're doing a needs assessment and trying to understand what are the resources and some of the preliminary results which are not surprising to us is that there are in fact a lot of resources out there that are not coordinated, that are not used in an effective way and there's no one or ones that are taking the responsibility in terms of that coordination.

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So what we're doing is in fact trying to see who are the partners that we need to collaborate with, to work with and try to identify for example, some examples would be

the Royal College of Physicians and Surgeons, College of Family Physicians, Medical Council of Canada, etcetera, different – and different colleges, medical regulatory authorities in terms of understanding how we can better collaborate so that we can respond to the needs of the international medical graduate community. And as we all know, that number in terms of our IMG colleagues is increasing rapidly and is going to likely increase even more in the short interval as we look at.

00:10:41
Jean-Hugues Brossard: (Voice of Translator) Thank you, Armand. Any other questions here in the room? (End of translation)

00:10:53
Question: (Voice of Translator) France Proulx, psychiatrist here in Montreal, I'm amongst the lucky few who pay very little in fees apparently. So, thank you very much for holding this business meeting in French, we really appreciate it. My question has to deal with the fact that there will be changes to our governance in 2024, if not 2023. Are we expecting any impact on our administration costs since I assume governance changes could have an impact not only on the ability and agility that we expect from the CMPA, but I'd like to know what impact this will have on our costs. (End of translation)

00:11:42
Jean-Hugues Brossard: (Voice of Translator) It's possible. I would not want to anticipate what those changes will be, will there be fewer committees, a smaller board, we're not quite sure what will happen, but it's possible that some of those changes will have an impact on our governance costs. And I'm not anticipating a larger board or more committees, so if there is an impact on cost it could be trending lower. However, I'll say that overall governance and management costs are a pretty small percentage of our overall costs, I think it's 3 to 5%. (End of translation)

00:12:38
Lisa Calder: (Voice of Translator) One thing I would add is that one item that can have an impact on governance costs is the fact that we adopted a hybrid approach to our meetings. In the past, before the pandemic, everybody came from across the country to all our meetings and that's quite costly, especially now.

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So now we have a hybrid approach. Most of our meetings are virtual, but for important meetings, we have in-person attendance, so this helps us mitigate costs. And we're also looking for approaches that will help us contain costs in the future. But as Jean-Hugues said, we're not sure what to expect from the conversation regarding our governance model, but we are keeping an eye on costs for operations in general because we know that has an impact on our members. (End of translation)

00:13:31
Jean-Hugues Brossard: (Voice of Translator) And our governance costs have been reduced thanks to the hybrid model, and the pandemic taught us that we can do things

differently. What seemed impossible in 2018 suddenly became very possible. It's quite incredible. (End of translation)

00:13:53
Dr. Todd Watkins: We have another online question, Jean-Hugues. So from Dr. Shannon Fraser from Quebec asks, could you please elaborate on the 38 government advocacy projects you mention in the report given the context of today's plenary session related to resource deficits?

00:14:11
Jean-Hugues Brossard: Lisa.

00:14:14
Lisa Calder: Actually I was going to hand that over to Todd because (inaudible).

00:14:16
Dr. Todd Watkins: Oh, I can only ask the questions. I don't give answers. No, I'd be happy to. So it's a very good question actually. We have a new department that we created over a year ago called strategic engagement and advocacy led by Dr. Rob Johnson at the back and the intention on creating that department was for us to have a purposeful approach to all of our advocacy efforts and our stakeholder engagement efforts.

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Prior to the creation of the department we didn't really have that ability to have a purposeful engagement and we've now been able to do that. So the number of submissions that we've made have increased, our ability to work with you as partners and others has been enhanced.

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Specifically related to the advocacy, we have advocacy to governments as mentioned but also to regulators and there are some regulators in the room, and we thank you for being here, as well as medical associations, specialty societies now there's across the country.

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The area where we probably provide the most input is on the deregulatory side. So the the colleges across the country provide consultation opportunities on a variety of issues related to the policies of the regulator and we take those opportunities within our lane and where we feel we have something to say to be able to provide influence.

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As it pertains to government there are a variety of different changes that are occurring across the country as well. The MAID legislation was mentioned in the slides, that's one where we've been very, very active over a number of years both in Quebec and federally with respect to the implementation, the changes in the MAID legislation, that

will continue.

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Bill 60 in Ontario for those who are from Ontario, the as-of-right legislation related to collaborative care, bringing in additional health care providers in the province as well as the opportunity to move care into the communities in public private partnerships have implications for physicians, have implications with respect to safety and those are areas where we've tried to enhance our input into the clarity around that legislation. So there's a variety of different places and I could give you other examples, I'm happy to offline.

00:16:32
Jean-Hugues Brossard: Lisa.

00:16:33
Lisa Calder: Yeah, just to add specific to Quebec is around Bill 15 which our Quebec members are all too aware of. This is something that we have been speaking to all of our partners about and we're actively engaged in conversations with the Quebec government as well as with our stakeholders as to the implications and implementation of this legislation.

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So it is something that we are very mindful of. As resources become more restrictive what we're seeing across the country also is changes in scopes of practice. So that's something that we are aware of and where there's opportunity for us to advocate in those areas we will advocate and identify in particular any potential medical-legal risks, we find sometimes there are assumptions that physicians will bear the medical-legal risk for other health care providers and that's an area that we often will provide clarity on.

00:17:26
Dr. Todd Watkins: I think we have time for one more question perhaps?

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Jean-Hugues Brossard: Yeah, yeah.

00:17:30
Dr. Todd Watkins: It's related to what are the risks the CMPA sees in the medical-legal environment going forward?

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Jean-Hugues Brossard: Oh. Lisa, you want to tackle this one?

00:17:43
Lisa Calder: Oh where to start? You know I think that the one thing I'll say is that we know it is really tough to be a doc right now. And you know the practice environment, the stories we hear from our members every single day certainly give those of us who are physicians pause and think about how do we support our members in this

environment. And we very much have a risk orientation, right, that's what we look for, that's what we see.

00:18:09
And I think looking ahead for physicians, you know we had our information session talking about restricted resources, working within systems that increasingly are not functioning the way that they should creates risk. But at the end of the day when you look at our medical-legal cases the recurrent theme that continually leads to complaints both at hospital, the regulatory body and in civil legal cases is around communication.

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And what we know as human beings when we're stressed we don't communicate as well. And so that continues to be the biggest risk for physicians moving forward is how you're communicating with your patients, with your colleagues, if you're in a hospital with administrators because we know when you’re stressed that your communication may not be your best.

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So if anyone's looking at to think about how do I mitigate my medical-legal risk I would encourage you to take a growth mindset and always know we can always become better communicators. We offer education programs on communication, you can also get education on how to communicate better in lots of different places but I encourage you to think about that because that is the leading issue and it will continue to be an issue as the healthcare system struggles.

00:19:26
Jean-Hugues Brossard: Todd, do you want to add something?

00:19:27
Dr. Todd Watkins: Maybe I could just add a couple things and turn to Dom for some concluding remarks on this. As it pertains to the medical-legal environment and what we're facing as an organization I think that it's very dynamic and changing and Dom can speak to this probably changing faster than then we've seen in forever. We've seen as you've heard growing damages. Thankfully we have not a growing number of cases but those cases are more expensive.

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We have increasing costs of defence associated with those cases and our goal is to maintain the quality of defence that we've always had and continue to improve that. But there are many unknowns in that, one would be inflation and the impact of inflation going forward. We haven't fully realized the impact of the pandemic yet with respect to medical-legal costs. We've not seen a big bump as a result, in fact there was a maybe a downward pressure during the pandemic. But across Canada and across our med mal partners across the world we've not yet and they've not yet seen the full impact of the pandemic.

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We've talked about collaborative care and collaborative care hasn't driven increased medical legal risk for us but that continues to change and evolve. Of course on everybody's mind is artificial intelligence, the impact that will have on the profession, we don't yet know what will happen there. So there are a variety of drivers that are unknown for us that create uncertainty and maybe Dom wishes to speak to some of the uncertainty in the courts.

00:21:01
Domenic Crolla: Well I'd like to give you a legal smiley face to answer that question but the fact is that we are actually in a period of considerable uncertainty. There are some real signs that the medical-legal environment is undergoing some stress in response to the things that both Lisa and Todd have spoken about.

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The legal system takes time to respond to social change and so we are seeing social change, whether it's virtual care or the effects of the pandemic we are starting to see signs of that in the decisions that we're receiving from courts. Certainly severity is up, dollars per case and civil litigation is up in a number of regions in the country.

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We are also seeing some novel theories of liability being presented by plaintiff's lawyers and occasionally accepted by courts which is concerning to us because medical-legal principles generally have been thought to adapt well over time. So we're wondering about whether the legal norms are changing.

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And if we look outside of Canada it's concerning because there is real evidence of significant increases in damages and theories of liability in the UK, in the US and elsewhere. So on the theory that some of that might spill over here I think we do have reasons to be concerned and that doesn't mean that we need to panic but it means we need to be ready.

00:22:38
Jean-Hugues Brossard: Thank you. (Voice of Translator) One last question from François and then we will proceed. (End of translation)

00:22:49

Question: (Voice of Translator) Dr François Mercier and I am one of the members of the Council for Quebec. We know right now that in Quebec there is a problem with the family physician resources and there have been a number of physicians that have moved to the private market, possibly due to financial incentives. How does the CMPA's senior leadership view this situation, namely the migration of physicians to the private sector that's quite significant? And do these physicians have the same coverage, the same costs and the same legal concerns? And I'm asking this question with respect to

the people who are online and in the room listening to us. (End of translation)

00:23:31
Pamela Eisener-Parsche: (Voice of Translator) Thank you, François says Pamela Eisener-Parsche. (End of translation)

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(inaudible, crosstalk) question of referencing whether there are changes in the way that the Association assists members who are practicing in a private environment versus a public health care environment. I agree we are beginning to see some of that transition, François, and I understand the reason for the concern.

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From the perspective of the protection of the Association where the physician is practicing whether that's private or public does not factor into our decision making as to whether or not we provide assistance for medical-legal issue that arises. If a physician is practicing in a private clinic and has a medical-legal issue, provided they are members of the Association on the date of the occurrence of the issue, they would continue to receive our protection as they would if they were practicing in the public environment.

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If they are working in a public – in a private clinic and that private clinic is also named in an action, that would depend very much on the structure of that clinic and whether or not it meets the principles of assistance that the CMPA has for assistance to clinics. Those are available on the website and we would be happy to take phone calls from members who are facing that situation to guide them appropriately with respect to their clinic. Thank you.

00:24:50
Jean-Hugues Brossard: (Voice of Translator) So that concludes the question-and-answer period. Before we adjourn, Lisa is going to share some thoughts on how the CMPA is looking ahead and preparing for the future as well. (End of translation)