



**CPSO**

**Meeting of Council**

**Annual General Meeting**

**December 9 & 10, 2021**



## NOTICE OF MEETING OF COUNCIL

A meeting of the Council of the College of Physicians and Surgeons of Ontario (CPSO) will take place in-person on December 9 & 10, 2021 in the Council Chamber of the College, at 80 College Street, Toronto, Ontario. This meeting is the annual general meeting of Council. Due to the current pandemic situation, the in-person meeting will be limited to Council members and certain staff members.

The meeting will be streamed live. Members of the public who wish to observe the meeting can register on CPSO's website using the [online registration](#). Instructions for accessing the meeting will be sent to those who have registered.

The meeting will convene at 9:30 am on December 9<sup>th</sup> and at 9:00 am on December 10<sup>th</sup>.

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Nancy Whitmore, MD, FRCSC, MBA  
Registrar and Chief Executive Officer

November 18, 2021

# Council Meeting Agenda

## Annual General Meeting

### December 9-10, 2021



#### THURSDAY, DECEMBER 9, 2021

Item	Time	Topic and Objective(s)	Purpose	Page No.
*	<b>8:30 am</b> (60 mins)	<b>INFORMAL NETWORKING (Breakfast available in the Dining Room)</b>		
<b>1</b>	<b>9:30 am</b> (15 mins)	<b>Call to Order and Welcoming Remarks (J. Plante)</b> <ul style="list-style-type: none"> <li>Participate in roll call and declare any conflicts of interest</li> <li>Review meeting norms for in-person meetings</li> </ul>	Discussion	N/A
<b>2</b>	<b>9:45 am</b> (5 mins)	<b>Consent Agenda (J. Plante)</b> 2.1 Approve Council meeting agenda 2.2 Approve minutes from Council meeting held September 13, 2021 and September 14, 2021	Approval (with motion)	<b>1</b> <b>2-28</b>
<b>3</b>	<b>9:50 am</b> (10 mins)	<b>Items for information:</b> 3.1 Executive Committee Report 3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases 3.3 Government Relations Report 3.4 Annual Committee Reports 3.5 Policy Report 3.6 Medical Learners Report 3.7 Update on Council Action Items	Information	<b>29-37</b> <b>38-41</b>  <b>42-46</b> <b>47-87</b> <b>88-93</b> <b>94-97</b> <b>98-105</b>
<b>4</b>	<b>10:00 am</b> (45 mins)	<b>CEO/Registrar's Report (N. Whitmore)</b>	Discussion	N/A
*	<b>10:45 am</b> (30 mins)	<b>NUTRITION BREAK</b>		
<b>5</b>	<b>11:15 am</b> (30 mins)	<b>Launch of the Ontario Physicians and Surgeons Discipline Tribunal (D. Wright)</b>	Information	N/A
<b>6</b>	<b>11:45 am</b> (15 mins)	<b>COUNCIL AWARD PRESENTATION (P. Safieh) (Virtual Presentation)</b> Celebrate the achievements of Dr. Ramona Mahtani, Toronto		<b>106-107</b>
*	<b>12:00 pm</b> (60 mins)	<b>LUNCH (Lunch available in the Dining Room)</b>		

Item	Time	Topic and Objective(s)	Purpose	Page No.
7	1:00 pm (15 mins)	<b>Emerging Issues</b> (J. Plante)	Discussion	N/A
8	1:15 pm (10 mins)	<b>President's Report</b> (J. Plante)	Discussion	N/A
9	--	<b>Members Topics</b> <ul style="list-style-type: none"> <li>No Members Topics have been received</li> </ul>		N/A
10	1:25 pm (20 mins)	<b>Cybersecurity &amp; Updated Declaration of Adherence</b> (N. Novak / E. Engelbrecht / L. Cabanas) <ul style="list-style-type: none"> <li>Discuss opportunities to strengthen cybersecurity measures in place at CPSO</li> <li>Consider approving amendments to the Declaration of Adherence and Council and Committee Code of Conduct</li> </ul>	Decisions (with motion)	108-122
11	1:45 pm (15 mins)	<b>2022 Budget</b> (T. Bertoia) <ul style="list-style-type: none"> <li>Council receives for approval the 2022 Budget</li> <li>Fees By-law Amendment – Remuneration</li> </ul>	Decisions	123-132
*	2:00 pm (30 mins)	<b>NUTRITION BREAK</b>		
12	2:30 pm (40 mins)	<b>Equity, Diversity &amp; Inclusion Presentation</b> (S. Sharda / F. Hill-Hinrichs) <ul style="list-style-type: none"> <li>Presentation of EDI work completed in 2021 as well as EDI plan for 2022</li> </ul>	Information	Presentation at time of meeting
13	3:10 pm (30 mins)	<b>Out-of-Hospital Premises – Envisioning a New Framework</b> (C. Roxborough / L. Reid) <ul style="list-style-type: none"> <li>An update is provided on the modernization of the Out-of-Hospital Premises Inspection Program and corresponding program standards</li> </ul>	Information	133-137
14	3:40 pm (30 mins)	<b>Out-of-Hospital Premises Draft Standard – Image Guidance when Administering Nerve Blocks for Adult Chronic Pain</b> (C. Brown / T. Terzis / L. Reid / C. Roxborough) <ul style="list-style-type: none"> <li>Consider releasing the draft <i>Out-of-Hospital Standard – Image Guidance when Administering Nerve Blocks for Adult Chronic Pain</i> for external consultation</li> </ul>	Decision (with motion)	138-145
15	4:10 pm	<b>Adjournment Day 1</b> (J. Plante)	N/A	N/A

**FRIDAY, DECEMBER 10, 2021**

<b>Item</b>	<b>Time</b>	<b>Topic and Objective(s)</b>	<b>Purpose</b>	<b>Page No.</b>
*	<b>8:30 am</b>	<b>INFORMAL NETWORKING (Breakfast available in the Dining Room)</b>		
<b>16</b>	<b>9:00 am</b> (10 mins)	<b>Call to Order (J. Plante)</b> <ul style="list-style-type: none"> <li>Participate in roll call and declare any conflicts of interest</li> </ul>	Discussion	<b>N/A</b>
<b>17</b>	<b>9:10 am</b> (45 mins)	<b>Key Performance Indicators for 2022 (N. Whitmore)</b> <ul style="list-style-type: none"> <li>Consider approving the Key Performance Indicators for 2022</li> </ul>	Decision (with motion)	Presentation at time of meeting
<b>18</b>	<b>9:55 am</b> (30 mins)	<b>Governance Committee Report (B. Copps)</b> <ul style="list-style-type: none"> <li>An update is provided on the October 26 and November 16 Governance Committee meetings</li> </ul> 18.1 E-learning Program 18.2 Governance Committee Election 18.3 Committee Appointments	Information Decision Decision	<b>146-147</b> <b>148-156</b> <b>157-163</b>
*	<b>10:25 am</b> (30 mins)	<b>NUTRITION BREAK</b>		
<b>19</b>	<b>10:55 am</b> (15 mins)	<b>Declared Emergency By-law (L. Brownstone)</b> <ul style="list-style-type: none"> <li>Consider the proposed amendments to the Declared Emergency By-law</li> </ul>	Decision (with motion)	<b>164-171</b>
<b>20</b>	<b>11:10 am</b> (20 mins)	<b>By-law Amendment: Ability to Rescind Committee Appointments (L. Brownstone/L. Cabanas)</b> <ul style="list-style-type: none"> <li>Consider approving the proposed By-law amendment adding a mechanism to rescind Committee Appointments</li> </ul>	Decision (with motion)	<b>172-176</b>
<b>21</b>	<b>11:30 am</b> (10 mins)	<b>By-law Amendments for Reduced Membership Fees for Parental Leaves (S. Tulipano / M. Cooper)</b> <ul style="list-style-type: none"> <li>Consider releasing proposed housekeeping amendments to the Fees By-law for external consultation – parental leave</li> </ul>	Decision (with motion)	<b>177-181</b>
<b>22</b>	<b>11:40 am</b>	<b>Motion to Go in Camera (J. Plante)</b>	Decision (with motion)	<b>182</b>
*	<b>11:40 am</b> (60 mins)	<b>LUNCH (Lunch available in the Dining Room)</b>		
<b>23</b>	<b>12:40 pm</b> (45 mins)	<b>In-Camera Items</b>		In-Camera package provided under separate cover

<b>Item</b>	<b>Time</b>	<b>Topic and Objective(s)</b>	<b>Purpose</b>	<b>Page No.</b>
<b>24</b>	<b>1:25 pm</b> (15 mins)	<b>Council Awards Selection Advisory Group</b> (L. Cabanas) <ul style="list-style-type: none"> <li>Consider the approval to incorporate the activities of the Advisory Group into the Executive Committee's outreach activities</li> </ul>	Decision (with motion)	<b>183-190</b>
<b>25</b>	<b>1:40 pm</b> (15 mins)	<b>District Elections for 2022</b> (L. Cabanas) <ul style="list-style-type: none"> <li>Consider approving the proposed dates for the 2022 district elections</li> </ul>	Decision (with motion)	<b>191-193</b>
*	<b>1:55 pm</b> (30 mins)	<b>NUTRITION BREAK</b>		
<b>26</b>	<b>2:25 pm</b> (30 mins)	<b>President's Items</b> (J. Plante) <ol style="list-style-type: none"> <li>Acknowledge Outgoing Council Members</li> <li>Presidential Address</li> <li>Induction of New President</li> <li>Welcome Incoming Council Members</li> </ol>	Information	<b>N/A</b>
<b>27</b>	<b>2:55 pm</b> (5 mins)	<b>Adjournment Day 2</b> (J. Plante) <ul style="list-style-type: none"> <li>Reminder that the next meeting is scheduled on March 3 &amp; 4, 2022</li> </ul>	N/A	<b>N/A</b>
*	<b>3:00 pm</b>	<b>Meeting Reflection Session</b> (J. Plante) <ul style="list-style-type: none"> <li>Share observations about the effectiveness of the meeting and engagement of Council members</li> </ul>	Discussion	<b>N/A</b>

# Council Motion

<b>Motion Title</b>	Council Meeting Consent Agenda
<b>Date of Meeting</b>	December 9, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council approves the items outlined in the consent agenda, which include in their entirety:

- The Council meeting agenda for December 9 & 10, 2021
- The minutes from the meeting of Council held September 13 & 14, 2021

**DRAFT PROCEEDINGS OF THE MEETING OF COUNCIL  
September 13 and 14, 2021**

**September 13, 2021**

**Attendees**

Dr. Glen Bandiera  
Ms. Lucy Becker  
Mr. Shahid Chaudhry  
Dr. Brenda Copps  
Mr. Jose Cordeiro  
Ms. Joan Fisk  
Dr. Michael Franklyn  
Mr. Murthy Ghandikota  
Mr. Pierre Giroux  
Dr. Robert Gratton  
Dr. Deborah Hellyer  
Dr. Paul Hendry  
Dr. Roy Kirkpatrick  
Dr. Camille Lemieux  
Mr. Paul Malette  
Ms. Lydia Miljan  
Mr. Rob Payne  
Mr. Peter Pielsticker  
Dr. Kashif Pirzada  
Dr. Judith Plante (President)  
Dr. Ian Preyra  
Dr. John Rapin  
Dr. Sarah Reid  
Ms. Linda Robbins  
Dr. Deborah Robertson  
Dr. Jerry Rosenblum  
Dr. Patrick Safieh  
Mr. Fred Sherman  
Dr. Andrew Turner  
Dr. Janet van Vlymen  
Dr. Anne Walsh  
Ms. Shannon Weber

**Non-Voting Academic Representatives on Council Present:**

Dr. Mary Bell  
Dr. Terri Paul  
Dr. Karen Saperson

**Regrets:**

Ms. Catherine Kerr

**1. Call to Order and Welcoming Remarks**

J. Plante, President of Council and Chair, called the meeting to order at 9:00am. J. Plante welcomed members of Council, including new Public Member on Council, L. Becker, and guests to the virtual Council meeting.

S. Chaudhry provided the land acknowledgement as a demonstration of recognition and respect for Indigenous peoples of Canada.

J. Plante conducted a roll call and noted regrets.

Conflicts of Interest were declared for the following agenda items:

Item 9.3 Request for Exceptional Circumstances – J. Rosenblum; and

Item 17 Complementary and Alternative Medicine – P. Pielsticker.

J. Plante reminded attendees of the College's mission and vision.

**2. Consent Agenda**

J. Plante noted the following changes made to the agenda following distribution:

- The placeholder, under Item 20 on Governance Modernization was removed given that there have not been any substantive updates since the last Council meeting; and
- An in-camera session was added on September 13<sup>th</sup> following the afternoon break with the open session reconvening at approximately 3:15 pm.

**01-C-09-2021**

The following motion was moved by J. Rosenblum, seconded by J. Fisk and carried, that:

The Council approves the items outlined in the consent agenda, which include in their entirety:

- The Council meeting agenda for September 13 & 14, 2021, as amended; and
- The minutes from Council held June 17 & 18, 2021

**CARRIED**

**3. For Information**

The following items were included in Council's package for information:

- 3.1 Executive Committee Report
- 3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases
- 3.3 Government Relations Report
- 3.4 Finance and Audit Committee Report
- 3.5 Policy Report
- 3.6 Medical Learners Report
- 3.7 Update on Council Action Items
- 3.8 2022 Council Meeting Dates

#### **4. Chief Executive Officer / Registrar's Report**

Dr. N. Whitmore, Chief Executive Officer / Registrar, presented her report and shared the CPSO's mission and vision. An overview was provided on Quality Care including an update on the Out-of-Hospital Premises Program Modernization and Key Performance Indicators. An update on Meaningful Engagement was provided including response time regarding Patient and Public Help Centre as well as online access to e-Dialogue. Positive response was received to a communication sent on September 1, 2021 to the profession with respect to COVID-19 Medical Exemption. Updates were provided on System Collaboration noting that Implementation of Physician Assistant (PA) Regulation is underway. In addition, the proposal to government on Governance Modernization and Red-Tape Reduction was well received. The CPSO is in full compliance with recommendations that the Ontario Fairness Commissioner has issued. Continuous Improvement updates were provided, noting that staff improvements are exceeding the improvement target. Updates on Solis and Vault Release 2 timelines were provided as well as an update on the Finance & Operations Project set to go-live on October 4, 2021. An update was provided on Right-Touch Regulation noting that the time to complete all types of Complaint Files has hit the stretch target of 150 days.

#### **5. President's Report**

J. Plante presented her report to Council noting that questions were raised from Council Members with respect to correspondence received from outside the CPSO. An overview of the process for navigating emails and other correspondence was provided. Council was directed to keep engagement to a minimum and forward correspondence to [CPSOCouncil@cpsso.on.ca](mailto:CPSOCouncil@cpsso.on.ca) for further handling. A member of the Governance Team will re-direct the correspondence appropriately.

An update was provided on recent Council education sessions as well as education sessions underway, which address topics such as anti-Indigenous racism and equity, diversity and inclusion among others. J. Plante thanked Council for their commitment and engagement regarding ongoing education sessions.

#### **6. Council Award Presentation**

S. Reid, Council Member, presented the Council Award to Dr. Elizabeth Hollington Shouldice of Ottawa for her leadership. Dr. Hollington Shouldice was recognized for her work in helping patients with addictions and for eliminating the stigma associated with addictions. Dr. Hollington Shouldice expressed her appreciation to the CPSO for recognition of her outstanding dedication and contributions to the profession.

#### **7. Virtual Care – Draft Policy for Consultation**

S. Reid, Council Member and T. Terzis, Senior Policy Analyst, provided Council with an overview of the draft Virtual Care policy for consultation. A detailed overview of the draft policy was provided. Various scenarios requiring follow-up as well as scenarios relating to cross-border care and licensure were reviewed. Council engaged in discussion and provided feedback on the draft policy.

## **02-C-09-2021**

The following motion was moved by D. Robertson, seconded by S. Weber and carried, that:

The College engage in the consultation process in respect of the draft policy, "Virtual Care," (a copy of which forms Appendix "A" to the minutes of this meeting).

### **CARRIED**

## **8. Motion to move in-camera**

J. Plante requested that the motion to move in camera be considered before the lunch break.

## **03-C-09-2021**

The following amended motion was moved by B. Copps, seconded by D. Hellyer and carried, that:

The Council exclude the public from the part of the meeting immediately following the lunch break, under clause 7(2)(d) and (e) of the Health Professions Procedural Code.

### **CARRIED**

Council entered into an in-camera session at 12:50 pm and returned to the open session at 1:20 pm.

## **9. Governance Committee Report**

B. Copps, Chair of the Governance Committee provided the Governance Committee Report and welcomed new Public Member on Council, L. Becker, who was appointed in August 2021. B. Copps advised Council of the following new Council Members onboarding at the December 2021 meeting.

- Dr. Andrea Lum (New Academic Representative on Council);
- Dr. Lionel Marks de Chabris
- Dr. Rupa Patel

### **9.1 Election of 2021-2022 Academic Representatives on Council**

The Academic Advisory Committee recommended the following voting Academic Representatives on Council for 2021-2022: J. van Vlymen (Queen's University), R. Kirkpatrick (NOSM) and P. Hendry (University of Ottawa).

Council accepted the recommendation of the Academic Advisory Committee for the 2021-2022 voting Academic Representatives on Council.

### **9.2 Executive Committee Elections**

B. Copps provided an update on the Executive Committee Elections noting the nominations received as follows: J. van Vlymen as President, R. Gratton as Vice-President, J. Fisk as Executive Member Representative, P. Pielsticker as Executive Member Representative, I. Preyra as Executive Member Representative and J. Plante as Past President. Prior to voting, J.

Plante called for nominations from the floor. As there were no nominations received from the floor and the number of candidates equalled the number of positions, the Executive Committee positions were filled by acclamation.

**04-C-09-2021**

The following motion was moved by A. Walsh, seconded by P. Safieh and carried, that:

The Council appoints:

Dr. Janet van Vlymen (as President),

Dr. Robert Gratton (as Vice President),

Dr. Ian Preyra (as Executive Member Representative),

Ms. Joan Fisk (as Executive Member Representative),

Mr. Peter Pielsticker (as Executive Member Representative),

And Dr. Judith Plante (as Past President),

to the Executive Committee for the year that commences with the adjournment of the Annual General Meeting of Council in December 2021.

**CARRIED**

*J. Rosenblum departs the meeting.*

**9.3 Request for Exceptional Circumstances**

B. Copps provided an overview of the second Request for Exceptional Circumstances noting that the Executive Committee agreed with the recommendation from the Governance Committee to consider the second request from the Inquiries, Complaints & Reports Committee extending J. Rosenblum's term for an additional one-year term on the Committee. B. Copps noted that succession planning work is ongoing to avoid longer terms in the future.

**05-C-09-2021**

The following motion was moved by P. Pielsticker, seconded by P. Safieh and carried, that:

The Council approves the application of the Exceptional Circumstances clause in subsection 37(8) of the General By-law in respect to Dr. Jerry Rosenblum for an additional one-year term on the Inquiries, Complaints & Reports Committee, when the term of his current appointment expires at close of the 2021 Annual General Meeting.

**CARRIED**

*J. Rosenblum re-joins the meeting.*

**9.4 Nominations and Appointments to Committees**

An overview was provided on the Nominations and proposed Appointments to Committees noting that the individuals listed are either new Committee Appointments or re-appointments for those individuals whose terms are up for renewal for this year. The Committee selection process took place over June and July with a number of interviews being conducted. B. Copps

noted that that appointment of Dr. Smyth to the Premises Inspection Committee and L. Becker to the Ontario Physician and Surgeons Discipline Tribunal will be immediate appointments, and all other appointments will be effective as of the close of the Annual General Meeting of Council in December 2021. Council is being asked to consider the slate for approval.

**06-C-09-2021**

The following motion was moved by I. Preyra, seconded by P. Safieh and carried, that:

1. The Council appoints Dr. Catharine Smyth to the Premises Inspection Committee, effective immediately, with the term expiring at the close of the Annual General Meeting of Council in December 2023;
2. The Council appoints Ms. Lucy Becker to the Ontario Physicians and Surgeons Discipline Tribunal, effective immediately, with the term expiring at the close of the Annual General Meeting of Council in December 2023;
3. The Council appoints the following individuals to the following Committees for the terms indicated below as of the close of the Annual General Meeting of Council in December 2021:

**Ontario Physicians and Surgeons Discipline Tribunal:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Mr. Jose Cordeiro	Public Member	3 years
Mr. Paul Malette	Public Member	3 years
Mr. Rob Payne	Public Member	3 years
Ms. Linda Robbins	Public Member	3 years
Ms. Shannon Weber	Public Member	3 years
Mr. Pierre Giroux	Public Member	1 year

**Fitness to Practise Committee:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Mr. Jose Cordeiro	Public Member	3 years
Mr. Paul Malette	Public Member	3 years
Mr. Rob Payne	Public Member	3 years
Ms. Linda Robbins	Public Member	3 years
Ms. Shannon Weber	Public Member	3 years
Mr. Pierre Giroux	Public Member	1 year

**Finance and Audit Committee:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Mr. Rob Payne	Public Member	3 years

**Inquiries, Complaints and Reports Committee:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Mr. Murthy Ghandikota	Public Member	3 years
Mr. Fred Sherman	Public Member	3 years
Dr. Jerry Rosenblum	Physician Member	1 year
Dr. Andrew Stratford	Non-Council Physician Member	3 years
Dr. Olufemi Ajani	Non-Council Physician Member	3 years
Dr. Prema Samy	Non-Council Physician Member	3 years
Dr. Jude Obomighie	Non-Council Physician Member	3 years
Dr. Amie Cullimore	Non-Council Physician Member	3 years
Dr. Samantha Kelleher	Non-Council Physician Member	3 years

**Premises Inspection Committee:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Dr. Gillian Oliver	Non-Council Physician Member	1 year
Dr. Colin McCartney	Non-Council Physician Member	3 years
Dr. Suraj Sharma	Non-Council Physician Member	3 years
Dr. Edsel Ing	Non-Council Physician Member	3 years
Dr. Wusun Paek	Non-Council Physician Member	3 years
Dr. Winnie Leung	Non-Council Physician Member	3 years
Dr. Haemi Lee	Non-Council Physician Member	3 years

**Quality Assurance Committee:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Dr. Camille Lemieux	Physician Member	3 years
Dr. Sarah Reid	Physician Member	3 years
Mr. Paul Malette	Public Member	3 years
Mr. Peter Pielsticker	Public Member	3 years
Dr. Jacques Dostaler	Non-Council Physician Member	3 years
Dr. Ken Lee	Non-Council Physician Member	3 years
Dr. Ashraf Sefin	Non-Council Physician Member	3 years
Dr. Robert Smith	Non-Council Physician Member	3 years
Dr. Tina Tao	Non-Council Physician Member	3 years
Dr. Patrick Safieh	Physician Member	1 year
Dr. Charles Knapp	Non-Council Physician Member	3 years

**Registration Committee:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Mr. Paul Malette	Public Member	3 years
Dr. Judith Plante	Physician Member	3 years
Dr. Bob Byrick	Non-Council Physician Member	1 year
Dr. Barbara Lent	Non-Council Physician Member	1 year

## 9.5 Chair / Vice-Chair Appointments

An overview of the Chair / Vice-Chair Appointments was provided.

### **07-C-09-2021**

The following motion was moved by L. Miljan, seconded by D. Hellyer and carried, that:

The Council appoints the following Committee Members as Chairs and Vice-Chairs, as noted below, to the following Committees as of the close of the Annual General Meeting of Council in December 2021:

<b>Committee</b>	<b>Chair</b>	<b>Term</b>
Fitness to Practise	Mr. David Wright	2 years
Inquiries, Complaints and Reports	Dr. Brian Burke	2 years
Premises Inspection	Dr. Gillian Oliver	1 year
Quality Assurance	Dr. Sarah Reid	2 years
Registration	Dr. Judith Plante	1 year

<b>Committee</b>	<b>Vice-Chair</b>	<b>Term</b>
Inquiries, Complaints and Reports	Dr. Thomas Faulds	2 years
Premises Inspection	Dr. James Watson	1 year
Quality Assurance	Dr. Ashraf Sefin	2 years
Registration	Dr. Kim Turner	1 year

### **CARRIED**

## **New Item: Motion to move in-camera**

J. Plante requested that the motion to move in camera be considered before the afternoon break.

### **08-C-09-2021**

The following motion was moved by P. Safieh, seconded by R. Payne and carried, that:

The Council exclude the public from the part of the meeting immediately following the afternoon break, under clause 7(2)(b) and (d) of the Health Professions Procedural Code.

### **CARRIED**

Council entered into an in-camera session at 2:25 pm and returned to the open session at 3:15 pm.

## **10. Return to Work and 2022 Priorities**

N. Whitmore and N. Novak provided an overview of the Return to Work and 2022 Priorities. Highlights from the vaccination policy were shared, noting that all CPSO personnel including Council and Committee Members must provide proof of full vaccination unless a documented acceptable medical exemption is provided. Everyone is required to submit proof of vaccination

to Human Resources by September 17, 2021. An overview of the benefits of the new hybrid model at CPSO was provided. Staggered return of staff will begin on October 13, 2021.

Priorities for 2022 were provided including highlights of a number of achievements from 2018 through to 2021. Operational improvements have enabled CPSO to invest in IT solutions including Solis, Vault and F&O (Finance and Operations). Next steps in Operations and Infrastructure were provided. An overview of the building retrofit was provided including the rationale for the retrofit.

Council expressed its support for staff to conduct further investigation in order to move forward to explore modernization options for the retrofit of the building at 80 College Street.

## **11. Adjournment – Day 1**

J. Plante adjourned day 1 of the Council meeting at 4:01 pm.

**September 14, 2021**

**Attendees**

Dr. Brenda Copps  
Mr. Jose Cordeiro  
Ms. Joan Fisk  
Dr. Michael Franklyn  
Mr. Murthy Ghandikota  
Mr. Pierre Giroux  
Dr. Robert Gratton  
Dr. Paul Hendry  
Dr. Roy Kirkpatrick  
Dr. Camille Lemieux  
Mr. Paul Malette  
Ms. Lydia Miljan  
Mr. Rob Payne  
Mr. Peter Pielsticker  
Dr. Kashif Pirzada  
Dr. Judith Plante (President) – *Joining at 12:00 pm*  
Dr. John Rapin  
Dr. Sarah Reid  
Ms. Linda Robbins  
Dr. Deborah Robertson  
Dr. Jerry Rosenblum  
Dr. Patrick Safieh  
Mr. Fred Sherman  
Dr. Andrew Turner  
Dr. Janet van Vlymen (Acting Chair until 12:00 pm)  
Dr. Anne Walsh  
Ms. Shannon Weber

**Non-Voting Academic Representatives on Council Present:**

Dr. Mary Bell  
Dr. Terri Paul  
Dr. Karen Saperson

**Regrets:**

Dr. Glen Bandiera  
Mr. Shahid Chaudhry  
Ms. Catherine Kerr  
Dr. Ian Preyra

## **12. Call to Order**

On behalf of J. Plante, J. van Vlymen, Acting Chair, called the meeting to order at 9:00 am and welcomed everyone back to the meeting. A roll call was conducted.

## **13. Council Education: Equity, Diversity and Inclusion**

S. Sharda, Medical Advisor and EDI Lead delivered the Land Acknowledgement and introduced A. Dewar Gully, from Tidal Equality, to the meeting. A. Dewar Gully provided the Council Education Session on Equity, Diversity and Inclusion including information on unconscious bias and an overview of how to apply an EDI lens to CPSO's work. Council Members engaged in conversation and provided examples of unconscious bias.

## **14. Licentiate of the Medical Council of Canada (LMCC) Policy**

S. Tulipano, Director, Registration and Membership Services provided an overview of the Licentiate of the Medical Council of Canada (LMCC) Policy. The LMCC Policy will be required to be approved on an expedited basis as this policy impacts new graduates. Given the urgency to have the LMCC Policy in place, any feedback on the proposed Policy received in the consultation process will be considered by the Executive Committee at its October meeting. The Executive Committee will, after considering any feedback, decide whether to approve the policy. Any significant changes to the Policy arising from the consultation process will be brought back to Council.

### **09-C-09-2021**

The following motion was moved by D. Hellyer, seconded by R. Kirkpatrick (with K. Pirzada abstaining) and carried, that:

The College engage in the notice and consultation process in accordance with section 22.21 of the Health Professions Procedural Code, in respect of the draft policy "Licentiate of the Medical Council of Canada (LMCC) Policy" (a copy of which forms Appendix "B" to the minutes of this meeting).

### **CARRIED**

## **15. Council Education: Governance Best Practices**

B. Copps, Chair of the Governance Committee introduced J. Dinner from Board Governance Services to present on Skills-based Approach. J. Dinner discussed the benefits of implementing a skills-based Board, including the ability to identify gaps thereby enhancing the quality of Board oversight resulting in positive governance outcomes. Council provided input on a skills-based Board and the process for determining the skills necessary to meet the needs of the organization.

*J. Plante joined the meeting at 12:00 pm and resumed her role as Chair.*

## **16. Physician Assistant Regulation**

M. Barna, Senior Government Relations Advisor, provided an update on Physician Assistant Regulation noting that work commenced in the Spring of 2021. Implementation activities

regarding Physician Assistant Regulation are underway, guided by the following principles, (i) Right Touch Regulation, (ii) Collaboration and Partnerships to achieve consistency across jurisdictions. All areas of the College will be involved given the breadth of this work. An overview was provided on the implementation process including developing draft regulations. Council will be asked to approve draft regulations at its December 2021 meeting which Government will need to enact in order to enable Physician Assistant Regulation. Next steps were provided including continued work on drafting regulations as well as attending upcoming meetings with stakeholders. Delegation framework regarding Physician Assistant Regulation was discussed. In response to a question raised, it was noted that Physician Assistants will be required to have liability insurance coverage.

#### **17. Complementary and Alternative Medicine – Revised Draft Policy for Final Approval**

*P. Pielsticker departs the meeting.*

J. van Vlymen, Council Member and C. Brown, Policy Analyst, presented to Council the revised draft policy, Complementary and Alternative Medicine for final approval. Background was provided on the final policy and highlights were provided on key updates made to the advice document. Following discussion, Council expressed support for the revised draft policy.

#### **10-C-09-2021**

The following motion was moved by D. Robertson, seconded by J. Fisk and carried, that:

The Council approves the revised policy “Complementary and Alternative Medicine”, formerly the “Complementary/Alternative Medicine” policy, (a copy of which forms Appendix “C” to the minutes of this meeting).

#### **CARRIED**

*P. Pielsticker re-joins the meeting.*

#### **18. By-law for Declaration of Emergency**

L. Brownstone, Chief Legal Officer and M. Cooper, Senior Legal Counsel and Privacy Officer, provided background on the By-law for Declaration of Emergency. The By-law for Declaration of Emergency was invoked for the first time in March 2020 by the Executive Committee declaring an emergency. The powers in the by-law were only invoked once during the emergency declaration. Council discussed the optics of ending the declaration of emergency at this stage of the pandemic. Following discussion, Council concurred that ending the emergency powers rather than ending the emergency would be appropriate, given the current state of the pandemic.

#### **11-C-09-2021**

The following *amended* motion was moved by S. Weber, seconded by C. Lemieux and carried, that:

*WHEREAS the Declaration of Emergency By-law provides for certain emergency powers for CPSO governance purposes;*

*AND WHEREAS the emergency powers are no longer needed at this present time;*

The Council declares that the emergency declared by the Executive Committee on March 24, 2020 under CPSO By-law No. 42 (the Declared Emergency By-law) is over, effective immediately.

**CARRIED**

**19. Housekeeping By-laws Amendments re: Terms of Academic Representatives**

M. Cooper, Senior Corporate Counsel and Privacy Officer presented to Council housekeeping by-law amendments to clarify term limits for Academic Representatives on Council and the Academic Advisory Committee.

**12-C-09-2021**

The following motion was moved by L. Miljan, seconded by D. Robertson and carried, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 142:

By-law No. 142

(1) Subsection 24(3) of the General By-law is amended by deleting clauses (i) to (l) and replacing them with clauses (i) to (m) below:

(3) A member is eligible for appointment to the academic advisory committee if, on the date of the appointment, ...

- (i) the total of (A) the number of years of the proposed appointment, (B) the number of years the member was an elected member of the council (if any), and (C) the number of years the member was a member of the academic advisory committee (regardless of whether such member was selected as a councillor pursuant to Section 26 for all or part of that time) does not exceed nine years;
- (j) the member is not, and has not been within five years before the date of the election, an employee of the College (whether on contract or permanent, and whether on a full-time or part-time basis);
- (k) council has not disqualified the member from council or from one or more committees during the five years before the election date;
- (l) the member has not resigned from council or from one or more committees during the five years before the election date where there are reasonable grounds to believe that the resignation is related to a proposed disqualification of the member from council or one or more committees; and
- (m) the member has completed the orientation program specified by the College relating to the business and governance of the College and the duties, obligations and expectations of council and committee members.

(2) Section 26 of the General By-law is amended by adding the following as subsection 26(5):

**Selection of Councillors**

**26. ...**

(5) For purposes of subsection 11(2), the period of time a member was appointed to the academic advisory committee shall be counted as part of the calculation of the nine year total, regardless of whether the member was selected as a councillor pursuant to Section 26 for all or part of that time.

**CARRIED**

**20. Adjournment Day 2**

J. Plante adjourned day 2 of the meeting at 2:09 pm.

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Chair

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Recording Secretary

## Virtual Care

*Policies* of the College of Physicians and Surgeons of Ontario (the “College”) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Practice Guide* and relevant legislation and case law, they will be used by the College and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate the College’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

### Definitions

**Virtual Care:** Any interaction between patients and/or members of their circle of care<sup>1</sup> that occurs remotely<sup>2</sup>, using any form of communication or information technology, including telephone, video conferencing, and digital messaging (e.g., secure messaging, emails, and text messaging) with the aim of facilitating or providing patient care.

### Policy

#### ***Virtual care is the practice of medicine***

1. When providing virtual care, physicians **must** continue to meet the standard of care and the existing legal and professional obligations that apply to care that is provided in person, including those pertaining to prescribing drugs, medical recording-keeping, protecting personal health information, consent to treatment, and continuity of care.<sup>3</sup>
  - a. For example, physicians providing virtual care **must** conduct any assessments, tests, or investigations that are required in order for them to

<sup>1</sup> For more information about who is included in the circle of care, please see CPSO’s [Protecting Personal Health Information](#) policy.

<sup>2</sup> Remotely means without physical contact and does not necessarily involve long distances. Patients, patient information and/or physicians may be separated by space (e.g. not in the same physical location) and/or time (e.g. not in real time).

<sup>3</sup> Relevant legal obligations include privacy and confidentiality requirements as set out in the [Personal Health Information Protection Act, 2004](#), S.O. 2004, c. 3, Sched. A (hereinafter *PHIPA*), and General, Ontario Regulation 329/04, enacted under *PHIPA*, consent requirements in the [Health Care Consent Act, 1996](#), S.O. 1996, c. 2, Sched. A, and mandatory liability coverage in s. 50.2 of the [General By-Law](#). Professional obligations are set out in CPSO’s [Practice Guide](#) and policies.

28 appropriately provide treatment and **must** provide or arrange for appropriate  
29 follow-up care.

30

31 2. Due to the distinct skillset required to provide safe and effective virtual care,  
32 physicians **must** ensure they have the competence to provide care virtually,  
33 including effectively using the technology.

### 34 ***Virtual Care and Patients' Best Interests***

35 Virtual care is not appropriate in every instance as not all conditions can be effectively  
36 treated virtually and not every patient has access to or will be comfortable using virtual  
37 care technology.

38

39 3. Physicians **must**:

40

41 a. use their professional judgment to determine whether virtual care is  
42 appropriate in each instance its use is contemplated; and  
43 b. only provide virtual care if it is in the patient's best interest to do so. This  
44 means only providing virtual care when:

45

46 i. the quality of care will not be compromised; or  
47 ii. the potential benefits of providing virtual care outweigh the risks to the  
48 patient (e.g., during contagious disease outbreaks, or for a patient who  
49 has limited mobility or lack of transportation and whose access might  
50 be otherwise limited to the point of risking patient harm).<sup>4</sup>

51

52 4. When considering whether virtual care is in the patient's best interest, physicians  
53 **must** ensure their decisions reflect the following factors:

54

55 a. the nature of the presenting complaint and care required, including whether a  
56 physical examination is required in order to meet the standard of care;  
57 b. the patient's existing health status and specific health-care needs;  
58 c. the patient's specific circumstances and preferences (e.g., distance required  
59 to travel to an in-person appointment or ability to take time off from work); and  
60 d. the technology available to the patient and their ability to effectively utilize the  
61 technology available to them.

---

<sup>4</sup> In some exceptional circumstances it may be appropriate to provide virtual care even when the quality of care may be compromised by the virtual mode of delivery. These circumstances are generally limited to instances where the virtual care promotes patient or public safety. In these circumstances the potential benefits of patient or public safety override the potential risk to quality of care.

- 62 5. Physicians **must**:  
63  
64 a. be mindful of the limitations of virtual care; and  
65 b. take appropriate action if, during the course of a virtual encounter it is  
66 determined that a patient requires in-person care, including:  
67 i. informing patients of the need for in-person care; and  
68 ii. arranging a timely in-person assessment or assisting patients in  
69 seeking appropriate care, where possible and necessary.  
70  
71 6. Physicians **must** take appropriate action if, during the course of a virtual encounter  
72 the quality of the encounter becomes compromised (e.g., technology fails or security  
73 is compromised) and the patient's best interests will no longer be served by  
74 continuing with the virtual encounter, including:  
75  
76 a. ensuring the patient is followed-up with in a timely manner; and/or  
77 b. rescheduling the appointment, where necessary.

78 ***Appropriate Setting and Technology***

- 79 7. Where the virtual encounter is synchronous (i.e., involves real-time interaction with  
80 the patient), physicians **must** confirm the physical setting where the patient is  
81 receiving virtual care is appropriate and safe.  
82 8. Physicians providing virtual care **must** use technology that is fit for purpose, can  
83 facilitate a quality encounter, and enables the standard of care to be met, including  
84 technology that:  
85  
86 a. supports the sharing of high quality and reliable patient health information  
87 (e.g., diagnostic or other images that are of sufficient quality); and  
88 b. allows physicians to gather the information needed to provide the care.

89 ***Maintaining Privacy and Security***

90 The legal obligations to protect the privacy and confidentiality of patients' personal  
91 health information (PHI) also exist when delivering virtual care.

- 92 9. All physicians **must** take reasonable steps to protect PHI, including protection  
93 against theft, loss, and unauthorized access, use, and disclosure of PHI.<sup>5</sup> When  
94 providing virtual care, physicians **must**:  
95

---

<sup>5</sup> PHIPA, s. 12 (1).

- 96 a. take reasonable steps to accurately identify the patient (e.g., verify their name  
97 and date of birth);<sup>6</sup>  
98 b. conduct the encounter in a private setting, where applicable;  
99 c. confirm that the patient is in a reasonably private setting and is comfortable  
100 discussing or sharing their PHI during the appointment; and  
101 d. use secure information and communication technology (e.g., platforms that  
102 are protected by encryption), unless it is in the patient's best interest to do  
103 otherwise, taking into account:

- 104 • the nature and purpose of the encounter, including the degree of  
105 sensitivity of the personal health information being shared;  
106 • the availability (or lack thereof) of alternative technology;  
107 • the volume of information and frequency of use;  
108 • patient expectations; and  
109 • any emergency or other urgent circumstances.

110 10. If using less secure technology (e.g., unencrypted platforms), physicians **must**  
111 obtain and document the patient's express consent to do so.

#### 112 ***Obtaining Informed Consent for Virtual Care***

113 11. Physicians **must** ensure informed consent is obtained from the patient or their  
114 substitute decision maker (SDM) for the provision of virtual care, which will require  
115 informing patients or their SDM of the benefits, limitations, and potential risks of a  
116 virtual encounter, including:

- 117 a. those related to privacy (e.g., potential for privacy breaches); and  
118 b. any clinical limitations to providing virtual care and the potential requirement  
119 for in-person follow-up.<sup>7</sup>

#### 120 ***Providing Virtual Care to Patients located Outside of Ontario***<sup>8</sup>

121 12. When providing or assisting in the provision of virtual care to a patient in another  
122 province, territory, or country, physicians **must**:

- 123  
124 a. comply with the licensing requirements of that jurisdiction; and

---

<sup>6</sup> What is reasonable will differ if the encounter takes place within the context of an existing physician-patient relationship compared with a new patient.

<sup>7</sup> For more information about obtaining informed consent see the *Advice to the Profession: Virtual Care* document.

<sup>8</sup> CPSO maintains jurisdiction over its members regardless of where (i.e. physical location) or how (i.e. in-person or virtually) they practise medicine, and will investigate any complaints made about a member, regardless of whether the member or patient is physically located in Ontario.

- 125           b. ensure their identity, location, and licensure status (i.e., where they hold a  
126           medical licence) are disclosed to the patient.<sup>9</sup>

127   ***Licensing Requirements when Providing Virtual Care to Ontario Patients***

128   13. Physicians providing virtual care to Ontario patients located in Ontario **must** hold a  
129   valid and active certificate of registration with the CPSO, unless the provision of  
130   virtual care from an unregistered physician is in the patient's best interest;<sup>10</sup> for  
131   example, the care sought is:

- 132           a. not readily available in Ontario (e.g., specialty care);  
133           b. provided within an existing physician-patient relationship and intended to  
134           bridge a gap in care; or  
135           c. for urgent or emergency assessment or treatment of a patient.<sup>11</sup>  
136

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<sup>9</sup> The medical regulatory authority of the jurisdiction where the physician and/or patient are physically located may also require that physicians hold an appropriate medical licence in that jurisdiction.

<sup>10</sup> This provision does not permit physicians licensed in other jurisdictions to circumvent Ontario licensing requirements and primarily practise in Ontario. It is intended to allow the provision of limited virtual care by physicians licensed in other jurisdictions in circumstances where it may serve a patient's best interests.

<sup>11</sup> CPSO reserves the right to take action against physicians who are providing virtual care to Ontario patients in accordance with Provision #13 if they are not meeting the standard of practice. If CPSO becomes aware of concerns about virtual care provided to an Ontario patient by a physician who is not licensed in Ontario it may share that information with the regulatory authority that has jurisdiction over the member, so that appropriate action can be taken by that regulatory authority.

## **Appendix B: Proposed Policy**

### **Licentiate of the Medical Council of Canada (LMCC) Policy**

The College's registration regulation sets out the requirements which must be met in order for an applicant to be issued a certificate of registration.

If an applicant does not meet the requirements set out in the regulation it may still be possible for an applicant to qualify for a certificate of registration.

Please note if you currently hold a certificate of registration in any Canadian jurisdiction except Nunavut you may be eligible for registration in Ontario under new provisions of the *Health Professions Procedural Code* (the "Code"). Please refer to sections 22.15 to 22.23 of the Code.

Please see Legislation and By-Laws for more details.

All applicants must be able to demonstrate that their past and present conduct indicates that they are mentally competent to practise medicine; will practise with decency, integrity and honesty and in accordance with the law; have sufficient knowledge, skill and judgment to engage in the kind of practice authorized by the certificate and can communicate effectively; and will display an appropriately professional attitude.

In addition to the registration regulation and policies, all applicants will also be subject to other CPSO policies and regulations which apply to current registrants. In particular, the Changing Scope of Practice and Re-entering Practice policies, and the regulation pertaining to the use of specialist titles may have relevance for new applicants. All applicants will also be subject to the College's expectations with respect to continuing professional development.

All applicants may choose to proceed through any other applicable registration policy. In such instances, the provisions in this policy will not apply.

### **Policy**

#### **Licentiate of the Medical Council of Canada (LMCC) Policy**

The standards and qualifications for the issuance of a certificate of registration authorizing independent practice, set out in Section 3 of *Ontario Regulation 865/93*, stipulate that the applicant must have:

1. A degree in medicine.
2. Successfully completed Part 1 and Part 2 of the Medical Council of Canada Qualifying Examination.
3. Completed a clerkship at an accredited medical school in Canada; or one year of postgraduate medical education at an accredited medical school in Canada; or one year of active medical practice in Canada.
4. Certification by examination by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC); and

Until June 2021, the Medical Council of Canada (MCC) awarded individuals who had successfully completed MCCQE Parts 1 & 2 with the Licentiate of the Medical Council of Canada (the “LMCC”).

However, on June 10, 2021, the MCC announced that it cancelled the MCCQE 2, and effective June 29, 2021 will award the LMCC to individuals who meet specified criteria, in absence of MCCQE Part 2.

This Policy provides an alternative to the requirement for the successful completion of Part 2 of the MCCQE for physicians who hold the Licentiate of the Medical Council of Canada (LMCC) Qualification.

The Registration Committee may direct the Registrar to issue a certificate of registration authorizing **independent practice** to applicants who hold the LMCC and are otherwise qualified for an Independent Practice Certificate of Registration and satisfy the non-exemptible requirements set out in *Section 2(1) of Ontario Regulation 865/93*.

## Complementary and Alternative Medicine

1 *Policies* of the College of Physicians and Surgeons of Ontario (the “College”) set out  
2 expectations for the professional conduct of physicians practising in Ontario. Together  
3 with the *Practice Guide* and relevant legislation and case law, they will be used by the  
4 College and its Committees when considering physician practice or conduct.

5 Within policies, the terms ‘must’ and ‘advised’ are used to articulate the College’s  
6 expectations. When ‘advised’ is used, it indicates that physicians can use reasonable  
7 discretion when applying this expectation to practice.

8 Additional information, general advice, and/or best practices can be found in companion  
9 resources, such as *Advice to the Profession* documents.

### Definitions

10  
11 **Conventional Medicine:** refers to therapeutic concepts, diagnoses, treatments,  
12 practices, and products that are considered mainstream medicine. This type of  
13 medicine is commonly provided in hospitals and specialty or primary care practices  
14 and taught in medical schools.

15  
16 **Complementary and Alternative Medicine:** refers to a broad and diverse range of  
17 therapeutic concepts, diagnoses, treatments, practices, and products that are not  
18 commonly accepted as part of conventional medicine.<sup>1</sup>

19  
20 For the purposes of this policy, it also includes:

- 21 • conventional treatments, practices, and products being used in non-conventional  
22 ways, and
- 23 • new or emerging treatments, practices, and products that are based on  
24 conventional medical understanding and scientific reasoning<sup>2</sup>.

25  
26 **Integrative medicine:** a commonly used term within the complementary and  
27 alternative medicine environment, referring to an approach to patient care that  
28 integrates conventional and complementary medicine.

29  

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1 For additional information and clarification on what is considered to be complementary and alternative medicine, please see the College’s *Advice to the Profession: Complementary and Alternative Medicine* document.

2 This policy applies to new medical treatments, including devices, that are not otherwise subject to regulation by other bodies such as Health Canada. Health Canada requires that some treatments or therapies be registered with them as part of a clinical trial. For example, currently stem cell therapies must be authorized by Health Canada to ensure that they are safe and effective before they can be offered to patients. For more information please see Health Canada’s [website](#).

30 **Professional affiliation:** For the purposes of this policy a professional affiliation is  
31 where a physician associates themselves with a clinic, treatment, product, or device.  
32 For example, where a physician invests in or owns a clinic, sells a product in their  
33 practice, or speaks publicly in support of a treatment or device.  
34

## 35 **Policy**

36  
37 The aim of this policy is to support and regulate the safe and appropriate provision of  
38 complementary and alternative medicine, not to prohibit or prevent its use.  
39

40 The *Medicine Act, 1991* provides that physicians shall not be found guilty of  
41 professional misconduct or incompetence solely on the basis that they practice  
42 “a therapy that is non-traditional or that departs from the prevailing medical practice  
43 unless there is evidence that proves that the therapy poses a greater risk to a patient’s  
44 health than the traditional or prevailing practice”.

- 45
- 46 1. As in all other areas of clinical practice, physicians who provide complementary or  
47 alternative medicine **must** practice:  
48
    - 49 a) in their patient’s best interests;
    - 50 b) in a manner that is in keeping with their professional, ethical, and legal  
51 obligations;
    - 52 c) in a manner that is informed by evidence<sup>3</sup> and scientific reasoning; and
    - 53 d) within their conventional scope of practice and the limits of their knowledge,  
54 skill, and judgment<sup>4</sup>.
  - 55
  - 56 2. Physicians **must** comply with the expectations of this policy whenever providing  
57 complementary or alternative medicine, regardless of whether they are doing so:  
58
    - 59 a) in addition to a conventional treatment,
    - 60 b) as an alternative to a conventional treatment, or
    - 61 c) in the absence of an available conventional treatment.
  - 62
  - 63 3. Physicians **must** practice in a manner that is respectful of patient’s treatment  
64 decisions and their ability to set health care goals in accordance with their own  
65 wishes, values and beliefs. This includes the decision to pursue or refuse treatment,  
66 whether that treatment is conventional, complementary or alternative.  
67

68  
69

---

<sup>3</sup> For more information on use of evidence, please see the *Advice to the Profession* document.

<sup>4</sup> In compliance with Sections 2(1)(c), 2(5), O.Reg. 865/93, Registration, enacted under the Medicine Act, 1991, S.O. 1991, c.30, the College’s [Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice](#) policy, and the Practice Guide. Please see the *Advice to the Profession* document for more information about scope of practice.

## 70 Before Providing Complementary or Alternative Medicine

### 71 72 Conducting an Assessment

- 73
- 74 4. Physicians **must** conduct a conventional clinical assessment in accordance with the  
75 standard of practice, including:
- 76
- 77 a) conducting a comprehensive patient history;
  - 78 b) obtaining information regarding any relevant treatments the patient may already  
79 be receiving;
  - 80 c) conducting any necessary assessments, examinations, tests, or investigations  
81 and considering those already undertaken by other health care professionals,  
82 to understand the patient's symptoms, complaints, or condition, or to reach a  
83 diagnosis; and
  - 84 d) taking any other reasonable steps that may be necessary to obtain relevant and  
85 comprehensive information about the patient's symptoms, complaints, or  
86 condition.

### 87 Reaching and Communicating a Diagnosis

- 88 5. Prior to offering complementary or alternative medicine, physicians **must** make a  
89 conventional diagnosis or differential diagnosis<sup>5</sup> on the basis of the conventional  
90 assessment, communicate it to the patient, and inform the patient of any  
91 conventional treatment options that are available to treat their symptoms, complaints  
92 or condition.
- 93
- 94 6. Physicians **must** only offer an additional diagnosis that is not generally accepted as  
95 part of conventional medicine, what is sometimes referred to as a 'complementary or  
96 alternative diagnosis', where:
- 97
- 98 a) the diagnosis is informed by the conventional assessment and conventional  
99 diagnosis or differential diagnosis;
  - 100 b) any additional assessments conducted to reach the complementary or  
101 alternative diagnosis are informed by evidence and scientific reasoning; and
  - 102 c) the complementary or alternative diagnosis itself is informed by evidence and  
103 scientific reasoning.
- 104

### 105 Providing Complementary or Alternative Medicine

- 106
- 107 7. Physicians **must not** provide complementary or alternative treatments that have  
108 been demonstrated to be ineffective.
- 109

---

<sup>5</sup> This could include determining that there is no conventional diagnosis that can be made or that the patient is "not yet diagnosed".

- 110 8. Physicians **must** only provide complementary or alternative treatments:  
111  
112 a) to diagnose or treat symptoms, complaints or conditions that are within their  
113 scope of practice to treat using conventional medicine;  
114 b) that they have the knowledge, skill, and judgment to provide;  
115 c) that are supported by sound clinical judgment; and  
116 d) that are informed by evidence and scientific reasoning to a degree that is  
117 proportionate to the risks to the patient associated with the treatment.<sup>6</sup>  
118
- 119 9. In addition to the requirements in provision 8, physicians **must** only provide a  
120 complementary or alternative treatment to a patient where the potential benefits  
121 outweigh the risks taking into account:  
122
- 123 a) The health status and needs of the patient;  
124 b) The strength of evidence and scientific reasoning regarding the efficacy of the  
125 complementary or alternative treatment for the patient's symptoms, complaints,  
126 or condition; and  
127 c) The potential for harm to the patient due to factors including:  
128 i. the nature of the proposed complementary or alternative treatment itself,  
129 ii. the potential interaction between the proposed option and any other  
130 treatments the patient is undergoing,  
131 iii. the conventional options available to treat that patient and their  
132 respective efficacy, and  
133 iv. whether the treatment will be provided alongside conventional treatment  
134 or as an alternative to it.  
135
- 136 10. Physicians **must** be aware of, consider, and take reasonable steps to address the  
137 patient's potential vulnerability<sup>7</sup>. A patient's potential vulnerability will depend on a  
138 number of factors including:  
139 • any potential financial hardship the patient may be experiencing;  
140 • the probability of the treatment producing a meaningful benefit; and  
141 • the patient's individual circumstances (for example, the patient suffers  
142 from a serious, life-threatening, or terminal illness).  
143

## 144 **Obtaining Informed Consent**

145

- 146 11. Physicians **must** obtain informed consent as required by applicable legislation<sup>8</sup>, the  
147 College's [Consent to Treatment](#) policy, and as set out in this policy.  
148

---

<sup>6</sup> Treatments that are low risk will require less evidence to support their provision to a patient, while treatments that may be high risk will require stronger evidence to support their use. For more information on appropriate evidence please see the *Advice to the Profession* document.

<sup>7</sup> For more information see the *Advice to the Profession* document.

<sup>8</sup> Applicable legislation includes the *Health Care Consent Act, 1996* (HCCA).

149 12. As part of obtaining informed consent physicians **must** communicate the following  
150 information to the patient or their substitute decision-maker before providing  
151 complementary or alternative medicine:  
152

- 153 a) the extent to which the complementary or alternative diagnosis reached (if  
154 applicable) is supported by the conventional medical community;
  - 155 b) the rationale for recommending the treatment;
  - 156 c) any benefit, financial or otherwise, that the physician will receive for providing  
157 the treatment<sup>9</sup>;
  - 158 d) an accurate representation of the strength of evidence (e.g., quality and  
159 quantity) and scientific reasoning that supports the decision to offer the  
160 treatment;
  - 161 e) reasonable expectations for the efficacy of the treatment; and
  - 162 f) a clear and impartial description of how the treatment compares to:
    - 163 i. any conventional treatment that could be offered to treat the patient  
164 (including a comparison of risks, side effects, expectations for  
165 therapeutic efficacy, cost to the patient, and any other relevant  
166 considerations); and
    - 167 ii. the option of receiving no treatment.
- 168

## 169 **Documentation**

170

171 13. Physicians providing complementary or alternative treatment **must** comply with the  
172 College's [Medical Records Documentation](#) policy which, among other expectations,  
173 includes the expectation that the medical record contain documentation that  
174 supports the treatment or procedure provided (i.e., the rationale for the treatment or  
175 procedure is evident in the record).<sup>10</sup>  
176

177 14. Physicians providing complementary or alternative treatment **must** document that  
178 consent to the treatment was obtained and that information was communicated to  
179 the patient in accordance with Provision 12 of this policy.  
180

## 181 **Conflicts of interest and professional affiliations**

182

183 15. As in all areas of clinical practice, physicians **must**:  
184

---

<sup>9</sup> Physicians are expected to comply with the O. Reg. 114/94: GENERAL under Medicine Act, 1991, S.O. 1991, c. 30 (the Conflicts of Interest Regulation) which states that it is a conflict of interest for a member where "they or a member of their family, or a corporation wholly, substantially, or actually owned or controlled by them or their family... sells or otherwise supplies any drug, medical appliance, medical product or biological preparation to a patient at a profit, except, a drug sold or supplied by a member to his or her patient that is necessary, (A) for an immediate treatment of the patient, (B) in an emergency, or (C) where the services of a pharmacist are not reasonably readily available...".

<sup>10</sup> The greater the potential risks to the patient are, or the further outside of conventional medicine a treatment is, the greater the need may be to document the full analysis undertaken to determine the appropriateness of providing the treatment.

- 185 a) avoid or recognize and appropriately manage conflicts of interest,<sup>11</sup> and  
186 b) **not** charge an excessive fee for the services provided.<sup>12</sup>

187

188 16. Physicians who wish to form professional affiliations with complementary or  
189 alternative clinics, therapies, products, or devices **must**:

190

- 191 a) critically assess the efficacy and safety of the treatments offered by the clinic  
192 and/or the therapeutic benefit to be obtained from the therapy or device and  
193 only form a professional affiliation if they are satisfied that they comply with the  
194 expectations in this policy;
- 195 b) comply with the Advertising provisions in the General Regulation under the  
196 *Medicine Act, 1991* including that they:
- 197 i. **not** associate themselves with any advertising for a commercial product  
198 or service other than their own medical services, or for any facility where  
199 medical services are not provided by the physician<sup>13</sup>; and
- 200 ii. ensure any published materials<sup>14</sup> relating to that professional affiliation  
201 are accurate, factual, and based on evidence and scientific reasoning.<sup>15</sup>

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<sup>11</sup> See O.Reg. 114/94 General, Part IV, Conflicts of Interest, and O.Reg. 856/93 Professional Misconduct, enacted under the Medicine Act, 1991, S.O. 1991, c.30. For example, the Conflict of Interest Regulation requires a physician who or whose family has a proprietary interest in a facility where diagnostic or therapeutic services are performed to inform the College of the details of the interest. The College's Conflict of Interest Declaration Form can be found [here](#).

<sup>12</sup> Section 1(1), paragraph 21, O.Reg. 856/93 Professional Misconduct, enacted under the Medicine Act, 1991 S.O. 1991, c.30. See also the Uninsured Services: Billing and Block Fees policy.

<sup>13</sup> As prohibited by the College's [Advertising](#) policy and O. Reg. 114/94: GENERAL under *Medicine Act, 1991, S.O. 1991, c. 30*.

<sup>14</sup> For example, presentation materials for conferences, published research or patient materials.

<sup>15</sup> O. Reg. 114/94: GENERAL under *Medicine Act, 1991, S.O. 1991, c. 30*.

# Council Briefing Note

December 2021

<b>Topic:</b>	Executive Committee Report
<b>Purpose:</b>	For Information
<b>Main Contact:</b>	Lisa Brownstone, Chief Legal Officer
<b>Attachment:</b>	N/A

**10-EX-Aug-2021** Upon a motion by B. Copps, seconded by R. Gratton and carried, that the Executive Committee approves the draft CPSO submission to the Ministry of Government and Consumer Services regarding White Paper – Modernizing Privacy in Ontario as outlined in Appendix A.

**01-EX-Oct-2021** Upon a motion by J. Fisk, seconded by B. Copps and carried, that the Executive Committee approve the proposed Licentiate of the Medical Council of Canada (LMCC) Policy attached hereto as Appendix B.

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**Contact:** Judith Plante, President  
Lisa Brownstone, Chief Legal Officer

**Date:** November 24, 2021

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Trusted Doctors  
Providing Great Care

August 10, 2021

Marlene McRae  
Manager of Access and Privacy Strategy and Policy Unit  
Ministry of Government and Consumer Services  
Enterprise Recordkeeping, Access and Privacy Branch

134 Ian Macdonald Blvd.  
Toronto, Ontario  
M7A 2C5

Via email: [access.privacy@ontario.ca](mailto:access.privacy@ontario.ca)

**Re: White Paper – Modernizing Privacy in Ontario**

Dear Marlene McRae,

The College of Physicians and Surgeons of Ontario (CPSO) welcomes the opportunity to provide its submission on the Ministry of Government and Consumer Services' white paper, *Modernizing Privacy in Ontario: Empowering Ontarians and Enabling the Digital Economy*. Below are CPSO's comments on the proposed private sector privacy legislation.

**General comments**

While CPSO can speak only on its own behalf, the following considerations may apply to other health profession regulators governed by the *Regulated Health Professions Act, 1991 (RHPA)*.

CPSO is subject to a broad confidentiality framework under the *RHPA*, which is structured and tailored to address the needs and mandate of the health profession regulators. Under the *RHPA*, CPSO has a statutory duty to serve and protect the public interest. To fulfil this regulatory mandate, CPSO routinely needs to collect, use, and disclose personal information about individuals.

The proposed legislation does not appear to recognize the professional regulatory context and unique needs of regulators in collecting, using, disclosing, and retaining personal information of physicians, patients/complainants, and other applicable persons. It would provide rights and protections to individuals that are not necessary or appropriate in the context of professional



regulation. We expect it would impose a significant regulatory burden and have the effect of hindering CPSO's ability to fulfill its regulatory mandate and duty to serve and protect in the public interest. CPSO submits that the private sector privacy legislation should expressly exempt or simply not apply to health regulators (other than with respect to employee personal information).

Ontario's current health privacy framework recognizes an exception for the activities of CPSO and other regulators under paragraph 9(2)(e) of the *Personal Health Information Protection Act, 2004* (PHIPA), which reads: "Nothing in this Act shall be construed to interfere with [...] (e) the regulatory activities of a College under the *Regulated Health Professions Act, 1991* [...]"

There should be, at a minimum, a similar provision in the proposed legislation. However, such a provision alone may be insufficient as it could still be subject to interpretation as to what would be construed to interfere with regulatory activities in the context of personal information. This would likely lead to ambiguity, inconsistency, and future challenges and disputes.

An alternative would be to *clearly and broadly* state in the legislation that the regulatory mandate of regulators constitutes a "fair and appropriate purpose" and is a "legitimate need" to allow CPSO to collect, use, and disclose personal information without consent. The regulatory mandate should be defined broadly to capture all aspects of regulation, that is, not only investigations and proceedings, but registration, compliance, quality assurance/quality improvement, and other activities. However, this approach would still impose regulatory burdens on CPSO that would not be necessary or appropriate for our context as a professional health regulator.

While the above proposals would help support CPSO's regulatory functions, given the potential challenges and regulatory burden, a clear exemption from the proposed legislation is preferable.

### **Specific comments on the proposed privacy legislation provisions**

#### ***Re: Fair and Appropriate Purposes***

- **The *RHPA*, including Schedule 2, the *Health Professions Procedural Code* (the Code) addresses the collection, use, and disclosure of information by all health regulatory colleges, including CPSO.** The *RHPA* requires CPSO to collect, and CPSO members (i.e. physicians registered with CPSO) to provide, various types of personal information about members. CPSO also requires members to provide additional personal information under CPSO's by-laws, made pursuant to specific by-law making authority under the Code for collection of additional personal information.

- **It is important that CPSO be able to use this personal information for all its regulatory needs.** While we believe collection of this personal information is objectively fair and appropriate, it would be burdensome, disruptive, and divert resources from CPSO’s regulatory mandate to respond to queries and challenges about whether personal information (particularly that collected under the by-laws) is fair and appropriate, and whether CPSO collects more personal information than is necessary to carry out its purposes.

***Re: Grounds for Collection, Use, and Disclosure of Personal Information***

- **If the “legitimate needs” ground is not applied broadly to the regulatory mandate, as submitted, CPSO would have to obtain consent to collection of personal information for regulatory purposes, which would be impractical in many circumstances** (particularly, with a membership of over 40,000 physicians). Additionally, the list of permitted categories proposed may be insufficient to capture all of CPSO’s regulatory purposes for the collection, use, and disclosure of personal information.
- **If CPSO is not able to obtain personal information about complainants and/or patients indirectly (i.e. without consent), the ability to conduct investigations and/or proceedings and otherwise fulfil CPSO’s regulatory mandate would be significantly hindered.** Sometimes personal information about complainants and/or patients can be collected directly, but in other circumstances, it would be impractical or unfeasible. The requirement for parental consent for children and youth may similarly affect CPSO’s ability to obtain needed information and may not serve the interests of children and youth in this context.
- **The requirement that an organization “determine at or before the time of the collection of any personal information each of the purposes for which the information is to be collected, used, or disclosed and record those purposes” would not provide appropriate flexibility for all of CPSO’s regulatory purposes that may become necessary over time and may go beyond the original purposes for which the personal information was collected.**
  - For example, personal information collected through the annual renewal process may be used in connection with a subsequent investigation; however, this purpose would

not be known at the time of collection. It would be burdensome to obtain consent from members for additional uses related to regulation. Further, a member would likely be unwilling to consent to use their personal information for the purposes of an investigation, which would significantly hinder CPSO's ability to carry out its mandate.

- Personal information obtained with consent that is subject to withdrawal of that consent would be an obstacle for similar reasons.

***Re: Right to access and correction***

- **Certain personal information provided by members is already accessible to members** as it is required by statute or by-law to be posted on CPSO's public register (available on its website). The *RHPA* also provides a right to correct information contained in the public register.
- **CPSO may have incorrect information about a member or other individual, but the fact that the information is incorrect may be important to maintain.** For example, if a member provides a false statement on an annual renewal survey or during an investigation or proceeding, this could serve an evidentiary purpose and be relevant to determining their truthfulness or capacity. As noted above, the *RHPA* already provides a mechanism for members to request a correction to information.
- **It may be overly burdensome to redact information that is not the personal information of the individual requesting access in order to provide the requester their personal information.** Members' files typically contain not only personal information about the members but personal information and other confidential information about others (such as patients) in addition to CPSO's own work product (such as memoranda and investigative notes) which would not be appropriate to share with members or other individuals.
- **A broad right of access to information may hinder the ability of CPSO to fulfill its regulatory mandate.** For example, advising a member of an investigation in the early stages may lead to interference with obtaining evidence. CPSO makes appropriate disclosures as part of the investigative or hearing process, taking into consideration relevant factors, such as the stage of the investigative or hearing process and requirements of procedural fairness.

- **It is not always appropriate or feasible to disclose the names or types of third parties to whom disclosure of personal information was made without consent.** Currently, CPSO discloses personal information of individuals (including patients and members) in the course of investigations, proceedings, and other circumstances, as permitted by the *RHPA* and as required by law.

***Re: Right to transfer (data mobility or data portability)***

- **Due to the confidential nature of much of the personal information in CPSO's custody, the right to transfer information may not be appropriate.** It is also unlikely the information CPSO has (other than what is on the public register, which is accessible and can be provided) would need to be transferred.

***Re: Right of disposal (right to erasure or deletion)***

- **The Code sets out limited circumstances when members may request that information on the public register be deleted.** Generally, it is in the public interest for this information to be displayed on the register, even after a physician is no longer a member, so that the public is aware of the status of their license to practice medicine. It is unlikely CPSO would approve requests for disposal of personal information outside of the prescribed circumstances, and it would be burdensome and divert resources for CPSO to have to respond to requests for disposal and appeals of denials.
- **It is critical that CPSO retain personal information of its members over the course of their careers for regulatory purposes.** For example, a record of a member's regulatory history with CPSO may serve an evidentiary purpose in subsequent investigations or proceedings.

CPSO supports the government's goal towards modernizing privacy in Ontario, harmonizing with Ontario's other privacy laws, and minimizing regulatory burden for Ontario organizations. Our submissions reflect the need for Ontario's privacy framework to support CPSO's regulatory mandate to serve and protect the public. It is essential that modernization continue in a manner that appropriately addresses the professional regulatory context, recognizing that the balance between the needs of a regulator serving in the public interest and the proposed privacy rights of



individuals is very different than in a commercial context. CPSO is available to answer any questions you may have and support this important work.

Sincerely,

Nancy Whitmore, MD, FRCSC, MBA  
Registrar and Chief Executive Officer

Judith Plante, MDCM, CCFP, FCFP  
President

## Appendix B: Proposed Policy

### Licentiate of the Medical Council of Canada (LMCC) Policy

The College's registration regulation sets out the requirements which must be met in order for an applicant to be issued a certificate of registration.

If an applicant does not meet the requirements set out in the regulation it may still be possible for an applicant to qualify for a certificate of registration.

Please note if you currently hold a certificate of registration in any Canadian jurisdiction except Nunavut you may be eligible for registration in Ontario under new provisions of the *Health Professions Procedural Code* (the "Code"). Please refer to sections 22.15 to 22.23 of the Code.

Please see Legislation and By-Laws for more details.

All applicants must be able to demonstrate that their past and present conduct indicates that they are mentally competent to practise medicine; will practise with decency, integrity and honesty and in accordance with the law; have sufficient knowledge, skill and judgment to engage in the kind of practice authorized by the certificate and can communicate effectively; and will display an appropriately professional attitude.

In addition to the registration regulation and policies, all applicants will also be subject to other CPSO policies and regulations which apply to current registrants. In particular, the Changing Scope of Practice and Re-entering Practice policies, and the regulation pertaining to the use of specialist titles may have relevance for new applicants. All applicants will also be subject to the College's expectations with respect to continuing professional development.

All applicants may choose to proceed through any other applicable registration policy. In such instances, the provisions in this policy will not apply.

### Policy

#### Licentiate of the Medical Council of Canada (LMCC) Policy

The standards and qualifications for the issuance of a certificate of registration authorizing independent practice, set out in Section 3 of *Ontario Regulation 865/93*, stipulate that the applicant must have:

1. A degree in medicine.
2. Successfully completed Part 1 and Part 2 of the Medical Council of Canada Qualifying Examination.

3. Completed a clerkship at an accredited medical school in Canada; or one year of postgraduate medical education at an accredited medical school in Canada; or one year of active medical practice in Canada.
4. Certification by examination by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC); and

Until June 2021, the Medical Council of Canada (MCC) awarded individuals who had successfully completed MCCQE Parts 1 & 2 with the Licentiate of the Medical Council of Canada (the “LMCC”).

However, on June 10, 2021, the MCC announced that it cancelled the MCCQE 2, and effective June 29, 2021 will award the LMCC to individuals who meet specified criteria, in absence of MCCQE Part 2.

This Policy provides an alternative to the requirement for the successful completion of Part 2 of the MCCQE for physicians who hold the Licentiate of the Medical Council of Canada (LMCC) Qualification.

The Registration Committee may direct the Registrar to issue a certificate of registration authorizing **independent practice** to applicants who hold the LMCC and are otherwise qualified for an Independent Practice Certificate of Registration and satisfy the non-exemptible requirements set out in *Section 2(1) of Ontario Regulation 865/93*.

*Regulation 865/93.*

# Council Briefing Note

December 2021

<b>Topic:</b>	<b>Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases –August 28-November 23, 2021</b>
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation
<b>Public Interest Rationale:</b>	<p><b>Accountability:</b> Holding regulated health professionals accountable to their patients/clients, the College and the public</p> <p><b>Protection:</b> Ensuring the protection of the public from harm in the delivery of health care services</p>
<b>Main Contacts:</b>	Moira Calderwood, Tribunal Counsel
<b>Attachments:</b>	None

## Issue

- This report summarizes the Ontario Physicians and Surgeons Discipline Tribunal reasons for decision released between August 28 and November 23, 2021, including reasons on liability and penalty, reasons on motions brought before the Tribunal and reasons on a reinstatement application.
- This report is for information.

## Current Status and Analysis

In the period reported, the Tribunal released seven sets of reasons for decision:

- One set of reasons on findings (liability) and penalty
- One set of reasons on penalty only
- Four sets of reasons on motions
- One set of reasons on a reinstatement application.

## Findings

The liability finding in the case released was of disgraceful, dishonourable or unprofessional conduct.

### Penalty

Penalty orders included:

- One revocation
- One suspension
- Two reprimands
- Two impositions of terms, conditions or limitations on the physician's Certificate of Registration.

### Costs

The Tribunal imposed a costs order on the physician in both penalty reasons. The maximum costs order was \$43,110 and the minimum was \$6,000.

### Motions

For the period reported, the Tribunal released four orders and reasons for decision on motions.

### Application for reinstatement

For the period reported, the Tribunal released one set of reasons on an application for reinstatement.

**TABLE 1: TRIBUNAL DECISION – FINDINGS (August 28 to November 23, 2021)**

Citation and hyperlink to published reasons	Physician	Date of Reasons	Sexual abuse	Disgraceful, Dishonourable, Unprofessional	Failed to maintain standard of practice	Other
<a href="#">2021 ONPSDT 45</a>	Timothy Wade Rourke	2021-11-18		Y		

**TABLE 2: TRIBUNAL DECISIONS - PENALTY (August 28 to November 23, 2021)**

Citation and hyperlink to published reasons	Physician	Date of reasons	Penalty (TCL = Term, Condition or Limitation)	Length of suspension in months	Costs/ Reimbursement
<a href="#">2021 ONPSDT 39</a>	Romeo Banzon Tan	2021-09-10	Revocation, reprimand, TCL		Costs: \$43,110 Reimbursement for funding provided to patients under s. 85.7 of the Code: \$17,370
<a href="#">2021 ONPSDT 45</a>	Timothy Wade Rourke	2021-11-18	Suspension, reprimand, TCL	10	Costs:\$6,000

**TABLE 3: TRIBUNAL DECISIONS - MOTIONS (August 28 to November 23, 2021)**

Citation and hyperlink to published reasons	Physician	Date of Reasons	Motion Outcome	Nature of Motion
<a href="#">2021 ONPSDT 40</a>	Kenneth Buttoo	2021-10-18	Dismissed	Motion by the physician to vary a 2013 order of the Discipline Committee
<a href="#">2021 ONPSDT 42</a>	Ayokunle Fagbemigun	2021-10-26	Dismissed	Motion by the College for adjournment
<a href="#">2021 ONPSDT 43</a>	Luis Cesar Garcia Pan	2021-10-29	Dismissed	Motion by the physician for adjournment
<a href="#">2021 ONPSDT 44</a>	Nikolaos Tzemos	2021-11-16	Granted in part	Motion by the College to strike portions of an affidavit filed in support of a third-party records motion

**TABLE 4: TRIBUNAL DECISION – REINSTATEMENT APPLICATION (August 28 to November 23, 2021)**

Citation and hyperlink to published reasons	Physician	Date of Reasons	Application Outcome	Nature of Application
<a href="#">2021 ONCPSD 41</a>	John Justin Chrozy Kitakufe	2021-10-18	Dismissed	Application by the physician for reinstatement following revocation in 2010

# Council Briefing Note

December 2021

<b>Topic:</b>	Government Relations Report
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation System Collaboration
<b>Public Interest Rationale:</b>	Government relations supports CPSO to regulate in a more effective, efficient, and coordinated manner.
<b>Main Contact(s):</b>	Miriam Barna, Senior Government Relations Advisor Danna Aranda, Government Relations Coordinator Craig Roxborough, Director, Policy
<b>Attachment(s):</b>	N/A

## Update on the Ontario Legislature

- The Ontario legislature is scheduled to rise for its winter break on December 9, after a somewhat shortened session. This fall session will be the last full session of legislative business prior to the June 2, 2022, provincial election.
- It has been a relatively busy session with regard to legislation. Government has introduced five substantive government bills. While none of these bills will directly impact CPSO or health regulatory colleges, three of the bills are broadly of interest to CPSO.
  - The government’s red-tape reduction omnibus bill, [Bill 13, Supporting People and Business Act](#), amends 25 Acts, including the *Ontario College of Teachers Act*. These proposed changes are relevant to CPSO’s governance modernization efforts. If Bill 13 passes, the Ontario College of Teacher’s Council will be further reduced from 18—which government established in December 2020—to 12 members. The equal split between professional and public members will be maintained.
  - Labour Minister Monte McNaughton also tabled [Bill 27, Working for Workers Act](#), which amends 6 Acts. Of relevance, but of no impact to CPSO, is Schedule 3, which contemplates removing barriers for certain internationally trained regulated professions including the ability to expedite registration during an emergency, exempt individuals from Canadian practice requirements as well as language

testing. Notably, the bill does not apply to any regulated health professions, however, the provisions previously noted are already in place at CPSO.

- Long-term Care Minister Rod Philips introduced [Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act](#). If passed, this bill would repeal the current *Long-Term Care Homes Act, 2007* and replace it with the new *Fixing Long-Term Care Act, 2021*. Following the deaths of thousands of nursing home residents over the course of the pandemic, the legislation seeks to increase oversight and restore confidence in the sector. If passed, among many measures, the legislation would allow government to appoint supervisors for troubled homes, increase the number of inspectors and their enforcement powers, and significantly increase fines. The bill would also ensure that by 2025, residents would receive an average of four hours of direct care a day.
- On November 4, government released its fall economic statement. Health and long-term care remain at the top of government’s agenda, along with a post-pandemic agenda aimed at stimulating the economy through infrastructure development and worker supports.
- Opposition members have also been busy driving their own legislative agenda. The private members’ bills introduced this session include those that would create “safe zones” around hospitals from anti-vaccine protesters, implement vaccination mandates for health and education workers, increase minimum standards of daily care for long-term care residents, and overhaul the province’s approach to gender-affirming health care.
- MPP Lindsay Park left the PC caucus to sit as an independent following allegations from party leadership that she had misrepresented her vaccine status. Park is the sixth former PC MPP to either be removed from or resign from the PC Caucus.
- While the election remains more than five months off (assuming it remains on June 2, 2022), there is no question that we have entered into election season. At this point, it is anticipated that the election will be called on or before May 4, 2022.

## Issues of Interest

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### a) *Physician Assistants*

- Council will recall that staff had been working on the implementation of physician assistant (PA) regulation following the passage of legislation in June 2021.
- Over the course of the summer and fall, the project team developed a phased implementation plan and began executing it.
  - This work included research and jurisdictional analysis, development of the required regulations, stakeholder consultations, and operational considerations.

- Developing the required regulations was identified as the first step of implementation as regulations must be approved and enacted by government prior to PAs coming under CPSO's oversight.
- Conversations with government stakeholders were held over the fall but unfortunately, in late October, it became clear that unforeseen issues with the drafting of regulations would require an adjustment of our timelines.
  - Staff are continuing to work with government to reach a mutually agreeable approach to the regulations.
  - The upcoming provincial election will likely impact government's timelines for reviewing/approving regulations and it is therefore unclear what the timelines will be for enacting PA regulation.
- Further updates will be shared with Council and the Executive Committee, as they become available.

b) *Governance Modernization*

- As Council will recall, a letter outlining CPSO's recommended legislative changes regarding governance modernization and red-tape reduction, was sent to government in June 2021. More information and a copy of the letter can be found in the [September Council materials](#).
- Originally, it was anticipated that government was seeking to introduce legislation in the fall session that would possibly bring forward these proposed changes. Following the September Council meeting, we learned that prior to the introduction of legislation a new consultation process would be initiated instead.
- On October 7, government introduced their fall red-tape reduction legislation, [Bill 13, Supporting People and Businesses Act, 2021](#). This omnibus legislation will not have any direct impact on CPSO. However, the government [backgrounder](#) released alongside Bill 13, indicated that government is initiating a consultation on governance reforms for health regulatory colleges.
  - The backgrounder states that government is consulting on governance reforms that would "improve decision making, bolster transparency and accountability" for health colleges.
  - It also notes that government is consulting on "designating colleges as public service agencies under the *French Language Services Act, 1990* to bring greater consistency to the availability of French language services across colleges and improve access to services for Francophones".

- As of the writing of this note, the timelines and further details of this consultation are not yet known.
- With the timing of the upcoming provincial election, it seems unlikely that governance modernization legislation will be introduced in 2022.
- Given the significant slowdown on this file, and the central importance of governance modernization, consideration is now being given to the possibility of implementing internal changes to bring forward modernization, in absence of legislative change.
- CPSO has already taken important steps to support governance modernization such as term limits and committee orientation/training. In 2021, further work was put on hold pending the introduction of legislation.
- In absence of legislative change, staff intend to conduct an internal review of further opportunities for governance modernization.
  - This review will occur over the next number of months and involve exploration of the limits to which modernization can be undertaken within the parameters of the *Regulated Health Professions Act*, the *Health Professions Procedural Code*, and the *Medicine Act*.
- Staff will develop options for internal governance modernization and report back and seek direction from to the Governance Committee, Executive Committee, and Council in 2022.

c) *Public member update*

- Lucy Becker, who was originally appointed for a 5-month term ending in December, has been reappointed to Council for a 3-year term.
- In September, CPSO welcomed a new appointee, Julia Goyal, who has been appointed for a 3-year term.
- At the time this note was written, there are currently 14 public members on Council.

**Interactions with Government**

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- Over the last number of months government relations activities have been focused on the implementation of physician assistant regulation.

- Staff has also been in regular contact with government stakeholders with regards to ongoing issues related to COVID-19, public members issues, and routine inquiries from MPPs.
- MPP meetings are being planned for the new year in order to facilitate introductions of the new President and further our relationship with MPPs/their parties.

# Council Briefing Note

December 2021

<b>Topic:</b>	Annual Committee Reports
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Continuous Improvement Meaningful Engagement
<b>Public Interest Rationale:</b>	Accountability: CPSO’s mandate to serve and protect the public interest involves fulfilling its legislative obligations
<b>Main Contact(s):</b>	Laurie Cabanas, Director of Governance Suzanne Mascarenhas, Governance Analyst
<b>Attachment(s):</b>	Appendix A – Annual Committee Reports 2021

## Issue

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- To fulfill this year’s legislative requirement for Committees to report to Council on their activities, Committee Chairs provided Council with their Annual Committee Reports for 2021 (Appendix A).

## Background

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- All statutory Committees have an obligation under the *Health Professions Procedural Code* (the Code) to report annually to Council. The Code further specifies that the report of Committee activities to the Council should be in a form acceptable to the Council.
- In November 2020, the Executive Committee discussed new timing for the Annual Committee Reports that was better aligned with other reporting requirements and would reduce duplication of information that was contained in the other reports (i.e. Annual Financial Report, Annual Report, College Performance Measurement Report).
- CPSO submitted its first [College Performance Management Report \(CPMF\)](#) to the Ministry of Health on March 31, 2021. While it was anticipated that the CPMF might alleviate existing reporting requirements, the Ministry clarified that the CPMF would be an additional reporting obligation.

- The Annual Committee Reports are narrative in nature highlighting key accomplishments in 2021. Much of the data that may have been included in previous Annual Reports is now included in the CPMF report.
- As the Ministry strengthens ongoing CPMF reporting by Colleges, it might allow for the Annual Committee Reports to become less significant as a reporting tool. Future opportunities for efficiencies between the two reports can be explored at that time.
- It is anticipated that future Annual Committee Reports will be submitted to Council at its March meeting to align with CPMF reporting. As an example, the 2022 Annual Committee reports will be provided to Council at the March 2023 meeting.

# Annual Committee Reports **2021**

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# Executive Committee

## Committee Mandate

The Executive Committee may exercise all the powers and duties of the Council with respect to any matter that, in the opinion of the Executive Committee, requires attention between meetings of the Council, except that the Executive Committee does not have the power to make, amend or revoke a regulation or by-law. [General By-law, s. 30; HPPC<sup>1</sup>, s. 12(1)]

In addition to the duties set out above, the Executive Committee is required to:

- review the performance of the Registrar and set the compensation of the Registrar, which includes:
  - o consulting with Council in respect of the performance of the Registrar and with respect to setting performance objectives in accordance with a process approved by Council;
  - o ensuring that the appointment and re-appointment of the Registrar are approved by Council; and
  - o approving a written agreement setting out the terms of employment of the Registrar; [General By-law, s. 39(3(a) and (4)]
- oversee and assist CPSO staff with the development and delivery of major communications, government relations, and outreach initiatives to the profession, the public and other stakeholders, consistent with CPSO's strategic plan; and [General By-law, s. 39(3(b))]
- making recommendations to Council where appropriate.

The Executive Committee may make appointments to fill any vacancies which occur in the membership of a committee. The Executive Committee is required to make such appointments if it is necessary for a committee to achieve its quorum. [General By-law, s. 37(4)]

## Committee Members

- Dr. Judith Plante – President, 2020-2021
- Dr. Janet van Vlymen – Vice President, 2020-2021
- Dr. Brenda Copps – Past President, 2020-2021
- Ms. Joan Fisk – Executive Member Representative, 2020-2021
- Dr. Robert Gratton – Executive Member Representative, 2020-2021
- Mr. Peter Pielsticker – Executive Member Representative, 2020-2021

We wish to thank Dr. Copps for her dedication, commitment and contribution to the Executive Committee as she transitions off in December 2021.

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<sup>1</sup> Health Professions Procedural Code ("HPPC"), Schedule 2 to the Regulated Health Professions Act, 1991 ("RHPA")

## Key Accomplishments

The Executive Committee continues to monitor the Key Performance Indicators (KPIs) and measure progress on the 2020-2025 Strategic Plan. The KPIs are reported on at every Executive Committee meeting as well as at every Council meeting during the CEO/Registrar's report.

The Executive Committee was instrumental in the successful launch of the Ontario Physicians and Surgeons Discipline Tribunal (formerly the Discipline Committee) which occurred in September 2021.

The Executive Committee reviewed and discussed several policies over the course of the year, including:

- Rescinding three statements related to Interprofessional Collaboration and replacing the statements with one broader statement that supports interprofessional collaboration with all health care professionals;
- Rescinding the College's Female Genital Cutting (Mutilation) (FGC/M) policy and replace it with the new FGC/M statement;
- Academic Registration policy;
- Approving housekeeping amendments to the Medical Assistance in Dying policy;
- Approving Licentiate of the Medical Council of Canada (LMCC) policy;
- Professional Responsibilities in Medical Education policy;
- Third Party Medical Reports policy;
- Complementary and Alternative Medicine policy;
- Delegation of Controlled Acts policy;
- Rescinding the Methadone Maintenance Treatment for Opioid Dependence policy;
- Alternative Pathways to Registration policy.

The following draft policies were distributed to a number of stakeholders for consultation:

- Social Media – Draft Policy for Consultation
- Virtual Care – Draft Policy for Consultation

Members of the Executive Committee were involved in various outreach activities over the past year, including but not limited to:

- Meeting of the Presidents with the Ontario Medical Association
- Meetings between the President and select MPPs
- Presentations to the profession and the public regarding various issues such as self-regulation, professionalism, complaints and continuity of care.

Additional information about the Committee's activities can be found in CPSO's 2020 College Performance Measurement Framework Report.

## Looking Ahead to 2022

The Executive Committee is motivated to build on the successes from this year and continue the momentum into 2022. The Executive Committee will continue to collaborate with government to move the process of Physician Assistant regulation forward and plan to further explore opportunities to modernize our governance structures via internal changes. We remain committed to supporting government initiatives to reduce red-tape reduction and to consider major regulatory change.

Respectfully submitted,

Dr. Judith Plante  
Chair

Dr. Janet van Vlymen  
Vice-Chair

# Finance & Audit Committee

## Committee Mandate

The Finance and Audit Committee shall review and report to the Council regarding the financial affairs and position of the College. In order to fulfill its duty, the Finance and Audit Committee shall:

- meet with the auditor each year,
  - o before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matters to which it considers the auditor should pay attention; and
  - o as shortly before the annual financial meeting as practical in order to review and discuss with the auditor the financial statements, the auditor's report and the management letter;
- review the draft budget before it is presented to the Executive Committee, and report to the Executive committee and the Council arising from its review of,
  - o the assumptions in the draft budget;
  - o the steps taken to maximize efficiency and minimize cost in relation to the quality of goods and level of service; and
  - o any other issue which the committee considers may affect the financial affairs and position of the College; and
- review from time to time,
  - o the expenditures of the College in relation to the budget;
  - o the performance and administration of the College's pension plans;
  - o the investment strategies and performance of the College's non-pension investments; and
  - o the security of the College's assets generally.

The Finance and Audit Committee reviews and considers implications of proposed significant unbudgeted expenditures and may provide the Executive Committee with a revised budget, except where Council or the Executive Committee directs otherwise by resolution. [General By-law, ss. 43(1)-(3)]

## Committee Members

Dr. Thomas Bertoia (Chair)

Mr. Pierre Giroux

Dr. Robert Gratton (Vice-Chair)

Mr. Rob Payne

Mr. Peter Pielsticker

Dr. Judith Plante (until December 2021)

Dr. Janet van Vlymen

We thank those members whose terms are ending in 2021. Your dedication, commitment and contribution to the Finance and Audit Committee, over the years of your service, has been valued and greatly appreciated.

## Key Accomplishments

The Finance and Audit Committee convened four times in 2021 as outlined below.

January 28, 2021 (Orientation)

- Solis/Vault/F&O update
- GIC and cost awards
- Space – Reviewed space options

April 8, 2021 (Audit)

- Auditor's Report and Year-end Financial Statement, which were highlighted as impeccable
- Internal Controls
- Solis/Vault/Finance and Operations update
- FMRAC Integrated Risk Management System (FIRMS) update
- Budget Objectives for 2022
- Council and Committee Member per diem

Council was provided with a more detailed account of these topics at the June Council meeting.

September 21, 2021

- 2022 Draft Budget
- Budget Process

October 12, 2021 (Budget)

- Tinkham LLP the College's external auditor presented and reviewed the Engagement and Audit

Planning Letters for the 2022

- 2022 Budget, no fee increase for the fourth year was recommended
- Contract review process, the fee by-law and required amendments regarding maternity leave
- Cyber Insurance
- The College's Compensation Plan
- Finance and Operations update
- Space update

Further details on a some of these items follow.

## 2022 Budget

The College is accountable for \$75.5M budget, and regularly demonstrates through detailed reports to the Finance and Audit Committee, Council, fiscal accountability, optimal resource use and delivery of effective and efficient programs.

Revenue is predicted to be \$77.4M. The surplus before new requests is \$300K and after new requests the deficit will \$1.7M. Requests for new items such as an increase to the per diem, staff salary increases and related costs leaving a modest deficit.

The Finance and Audit Committee approved the following motions:

- It was moved by Mr. Payne, seconded by Dr. van Vlymen, and CARRIED that the Finance & Audit Committee recommends to Council that the budget for 2022 be approved as presented.
- It was moved by Mr. Payne, seconded by Dr. Gratton, and CARRIED that the Finance & Audit Committee recommends to Council that per diem rates be increased by 2.5% effective January 1, 2022.
- It was moved by Dr. Plante, seconded by Dr. Gratton, and CARRIED that the Finance and Audit Committee is recommends to Council that the membership fee for 2022 remain at \$1,725.

Over the last seven years, we have had an average increase of 1.2% and no increase for the past four years.

## Cyber Insurance

Mr. Bracamonte from HIROC discussed the challenges of obtaining cyber insurance with the Committee. He reviewed the ever-evolving Cyber Risk stating that there has been an uptick in true cyber losses, largely in the form of ransomware, while liability losses remain stable. Cyber Insurers are now limiting, reducing or declining to offer Cyber insurance if baseline cyber security posture is not met. HIROC has a robust cyber insurance policy but recommend a stand-alone Cyber Insurance policy with Ascent/Nirvana that provides Cyber coverage in addition to HIROC's coverage.

Additional information about the Committee's activities may be found in CPSO's 2020 College Performance Measurement Framework Report.

## Looking Ahead to 2022

The Finance Department is looking forward to the use of the newly deployed Finance and Operations system. This will lead to more efficiencies and a reduction on the reliance of paper.

Respectfully submitted,

Dr. Thomas Bertoia  
Chair

# Fitness to Practise Committee

## Committee Mandate

The Fitness to Practise (FTP) Committee conducts hearings into matters referred to it by a panel of the Inquiries, Complaints and Reports Committee (ICRC) regarding a member's possible incapacity to practise medicine. The FTP Committee may also receive and consider a motion to vary a previous order of the FTP Committee. The FTP Committee is governed by the Health Professions Procedural Code (Code) and other applicable law, including administrative law. The FTP Committee manages cases from the point of ICRC referral or a member's variance application forward, conducting pre-hearing conferences, considering motions, holding hearings on the merits then releasing orders and reasons for decisions.

The FTP Committee receives administrative support from the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT)'s office and membership in the FTP Committee is largely the same as membership in the OPSDT.

The powers of the FTP Committee include:

- Making a finding whether a member is incapacitated, and an accompanying order in accordance with s. 69(1) of the Code
- Specifying criteria for the removal of an FTP order for suspension or of terms, conditions and limitations imposed on a member's certificate of registration in accordance with s. 69(2) of the Code
- Determining whether to remove or modify any term, condition or limitation imposed by the FTP Committee in accordance with s. 69(3) of the Code.

## Committee Members

Dr. Ida Ackerman  
Mr. Raj Anand  
Dr. Steven Bodley  
Dr. Heather-Ann Badalato  
Dr. Glen Bandiera  
Dr. Philip Berger  
Mr. Jose Cordeiro  
Dr. Michael Franklyn  
Dr. Paul Garfinkel  
Mr. Pierre Giroux  
Dr. Catherine Grenier  
Dr. Kristen Hallett  
Dr. Deborah Hellyer -- Chair

Dr. Paul Hendry  
Dr. Stephen Hucker  
Dr. Allan Kaplan  
Ms. Shayne Kert  
Dr. Roy Kirkpatrick  
Ms. Sherry Liang  
Mr. Paul Malette  
Ms. Sophie Martel  
Dr. Veronica Mohr  
Dr. Joanne Nicholson  
Dr. Terri Paul  
Mr. Rob Payne  
Mr. Peter Pielsticker

Dr. Peeter Poldre  
Dr. Ian Preyra  
Dr. John Rapin  
Ms. Linda Robbins  
Dr. Deborah Robertson  
Ms. Jennifer Scott  
Dr. Andrew Turner (resigned:  
Sept 2021)  
Dr. James Watters – Vice-Chair  
Ms. Shannon Weber  
Mr. David Wright  
Dr. Susanna Yanivker

We thank those members whose terms are ending in 2021. Your dedication, commitment and contribution to the Fitness to Practise Committee, over the years of your service, has been valued and greatly appreciated.

## Key Accomplishments

No matters were referred to the FTP Committee in 2021 and there were no ongoing matters from earlier years. For this reason, the FTP Committee did not engage in its core activities of pre-hearings and hearings.

Members of the FTP Committee are also members of the OPSDT. They therefore receive transferable training and gain hearing experience through the OPSDT.

Additional information about the Committee's activities may be found in CPSO's 2020 College Performance Measurement Framework Report.

## Looking Ahead to 2022

Referrals to the FTP Committee have been infrequent in recent years. However, we recognize that the issues involved in FTP hearings and motions to vary previous fitness orders are unique, involving highly personal matters that may include challenging physical or mental conditions, and the Committee must be prepared for any referrals. The stakes are high in terms of protection of the public and the consequences to the physician. We remain committed to ensuring timely and efficient adjudication of FTP matters, should any be received.

Respectfully submitted,

Dr. James Watters  
Vice-Chair

# Governance Committee

## Committee Mandate

The Governance Committee shall:

- monitor the governance processes adopted by Council and report annually to the Council on the extent to which the governance processes are being followed;
- recommend to Council changes to the governance process as the Governance Committee considers advisable;
- ensure nominations for the office of President and Vice-President;
- make recommendations to the Council regarding the members and Chairs of committees; and
- make recommendations to the Council regarding any other officers, officials or other people acting on behalf of the College. [General By-law, s. 44(3)]

## Committee Members

Dr. Brenda Copps (Past President & Chair, 2020-2021)

Mr. Pierre Giroux

Mr. Paul Malette

Dr. Judith Plante (President & Vice-Chair, 2020-2021; Chair in 2021-2022)

Dr. Ian Preyra

Dr. Janet van Vlymen

We sincerely thank those members whose terms are ending in 2021. Your dedication, commitment and contribution to the Governance Committee has been valued and greatly appreciated.

## Key Accomplishments

In 2021, as in previous years, the Governance Committee developed a work plan that builds on the successes from the previous year and addresses opportunities for improvement. Areas of focus for the 2021 Governance Committee continued to include legislative and regulatory reform, internal governance modernization, governance education and implementation of good governance practices.

### *Right Touch Regulation*

The Committee continues to advocate for legislative and regulatory reform to modernize CPSO's governance structure and processes. This advocacy has resulted in:

- Ongoing monthly meetings between the Assistant Deputy Minister (Health Transformation) and CPSO Registrar to discuss opportunities for reform;
- The government initiating consultations with health regulatory colleges regarding governance modernization;

- A proposal approved by Council that authorizes ongoing discussions with government for legislative changes as noted below:
  - o Reduce the size of the board;
  - o Implement a competency-based board selection process;
  - o Eliminate overlap between board and statutory committee membership;
  - o Equal composition of public and professional members on board;
  - o Allow CPSO to compensate public members;
  - o Eliminate the Executive Committee; and
  - o Allow for flexibility of presidential term and change of presidential and vice-presidential titles; and
- More timely and longer public member appointments that bring broad and diverse perspectives to the Council table.

A key priority for CPSO this past year has been modernizing and strengthening its internal governance structures and processes that are outside the scope of legislation and regulation.

Term limits came into effect across CPSO Committees beginning in December 2020. There was a smooth transition of all members across Committees who were affected by term limits. The Governance Office continues to make enhancements and improvements to the succession planning process to ensure that Committees remain stable and can continue functioning effectively to carry out their mandates.

It was another busy year for committee recruitment activities because of the vacancies created by the implementation of term limits. The process was begun earlier this year to allow new recruits to undergo their training in advance of official assuming their roles after December Council. A generic (not committee specific) application process was trialed which met with some success but is felt to require some refining.

Perhaps the most notable accomplishment for the Governance Committee was its commitment to championing several changes that were required for CPSO to be compliant with the requirements set out in the Ministry of Health's College Performance Measurement Framework. These include but are not limited to:

- A Council Profile, which outlines the technical skills, knowledge, experience and diversity attributes that Council members are expected to possess collectively;
- A cooling off period that must be observed before candidates can be eligible to run in the elections;
- A mandatory orientation that nominees must complete prior to running in the election; and
- Refinements to the Council elections eligibility criteria that are reflective of good governance practices.

Additional information about the Committee's activities can be found in CPSO's 2020 College Performance Measurement Framework Report

### *Continuous Improvement*

The Governance Committee have an instrumental role to play in designing the education that Council and Committee members will receive, each year making enhancements as needed.

With Chairs and Vice Chairs now having 2-year terms, the Governance Committee worked with the Governance Office to develop and host a workshop for new Committee Chairs, Vice-Chairs and relevant staff. The session served as both an orientation for this cohort of Committee leaders as well as an opportunity to create an informal network where Chairs and Vice Chairs could learn from and support each other. Topics that were addressed included: roles and expectations of Committee Chairs, enhancing Committee member performance, succession planning and mentoring.

In early 2021, the Governance Committee provided resources to Committee Chairs and Vice-Chairs, through the Committee Mentoring Program, to support identification of mentors. An evaluation of the program will be conducted by the end of the year and a report provided to the Committee in early 2022.

In light of the pandemic, the Annual Education Day was redesigned to provide Council and Committee members with shorter sessions using a virtual format. These sessions were developed by the Governance Office in collaboration with the EDI Lead in the organization and included sessions on Implicit Bias and Anti-Indigenous Racism. The sessions held this year included:

- Understanding Equity, Diversity, Inclusion and Belonging in a Regulatory Context (Dr. Javeed Sukhera);
- Cultural Safety and Humility (Dr. Lisa Richardson);
- Tidal Equality (Anna Dewar Gully); and
- Toward Peacemaking, Part 2: Embracing Alternatives to a Colonial Mindset (Stephanie Nixon, Dr. Ed Connors).

Overall, the feedback from the sessions was very positive and engagement from Council and Committee members was high with requests to continue providing education on equity, diversity and inclusion issues.

Under the direction of the Governance Committee, CPSO launched a Governance Orientation Program which is an interactive online platform that will be used to orient prospective elected physician Council members, newly appointed Committee members, public members and academic representatives to the College's work and their respective roles.

The Governance Office continues to explore opportunities to accredit educational offerings sessions with the Royal College of Physicians and Surgeons of Canada as well as the College of Family Physicians of Canada.

## Meaningful Engagement

The Governance Committee continues to strengthen the Council elections process and promote the need for physicians with diverse and broad perspectives on Council. CPSO continued fostering relationships with the Indigenous Physicians Association of Canada and the Black Physicians Association of Ontario seeking advice about how to raise awareness about CPSO Council and Committees and engage their physician members in CPSO's work.

The Governance Committee continues to develop and refine tools, resources and processes to support Council and Committees with implementing good governance practices. Examples of initiatives that the Governance Committee has led this year include but are not limited to:

- Supporting statutory and standing committees with developing a Terms of Reference that outlines clear objectives and expectations of Committee members; Committees will be reviewing the Terms of Reference on an annual basis;
- Working with the Governance Office and other senior leaders to advise and guide Committee Chairs/Vice-Chairs when addressing challenges within their Committees; and
- Administering a Committee Member Satisfaction Survey to gather feedback about Committee members' experience this past year and to identify potential opportunities for improvement which will inform the Governance Committee's work next year.

## Looking Ahead to 2022

2021 was a busy year for the Governance Committee as it played a critical role in championing the necessary changes to ensure that CPSO was compliant in the Governance domains of the College Performance Measurement Framework. The Ministry of Health released its Summary Report highlighting the findings and trends from all health regulatory colleges. CPSO was highlighted alongside a small number of health regulatory colleges as having notable practices and taking steps to modernize and improve their governance

Building on the success of 2021, the Governance Committee will continue advocating for legislative and regulatory changes to our governance structures and processes in 2022. Consideration will be given to the possibility of implementing internal changes to bring forward modernization through a scoping exercise of cataloguing areas of potential opportunity and within the parameters of legislation.

The Governance Committee will continue to build on its work on governance education and continue its emphasis on applying education learnings from 2021 to its governance processes and structures.

Respectfully submitted,

Dr. Brenda Copps  
Chair

Dr. Judith Plante  
Vice-Chair

# Inquiries, Complaints & Reports Committee

## Committee Mandate

The Inquiries, Complaints and Reports Committee has jurisdiction over all CPSO investigations, of which there are three kinds: complaints investigations, Registrar's investigations and incapacity investigations. The Inquiries, Complaints and Reports Committee carries out its mandate, duties and powers in accordance with the HPPC and other applicable law (including administrative law).

The powers of the Inquiries, Complaints and Reports Committee with respect to investigations of complaints and Registrar's investigations include:

- approving the appointments of investigators [HPPC, s. 75(1)(a)];
- conducting investigations, including through staff to whom it may provide investigative direction;
- making interim orders directing the Registrar to suspend or impose terms, conditions or limitations on a member's certificate of registration pursuant to s. 25.4(1) of the HPPC<sup>1</sup>;
- reviewing and disposing of investigations, including as follows:
  - o referring a specified allegation of a member's misconduct or incompetence to the Discipline Committee if the allegation is related to the complaint or the report [HPPC, s. 26(1)];
  - o referring a member to a panel of the Inquiries, Complaints and Reports Committee under s. 58 of the HPPC for incapacity proceedings [HPPC, s. 26(1)];
  - o requiring a member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned [HPPC, s. 26(1)];
  - o requiring a member to complete a specified continuing education or remediation program [HPPC, s. 26(3)];
  - o taking action it considers appropriate that is not inconsistent with the RHPA, the HPPC, the regulations or by-laws (for example, directing undertakings). [HPPC, s. 26(1)]; and
  - o taking no further action; and
- providing reasons when required in support of its decisions [HPPC, s. 27].

With respect to incapacity investigations, the powers of the Inquiries, Complaints and Reports Committee include:

- making inquiries it considers appropriate [HPPC, s. 59(1)];
- requiring the member to submit to physical or mental examinations [HPPC, s. 59(2)];
- referring a matter to the Fitness to Practise Committee [HPPC, s. 61]; and
- making interim orders directing the Registrar to suspend or impose terms, conditions or limitations on a member's certificate of registration pursuant to s. 62(1) of the HPPC<sup>2</sup>.

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<sup>1</sup>Section 25.4(1) is engaged following the receipt of a complaint or following the appointment of an investigator and the Inquiries, Complaints and Reports Committee is of opinion that the conduct of the member exposes or is likely to expose the member's patients to harm or injury.

<sup>2</sup>Section 62 authorizes a panel of the Inquiries, Complaints and Reports Committee inquiring into a member's capacity to make such an interim order if it is of the opinion that the conduct of the member exposes or is likely to expose the member's patients to harm or injury.

## Committee Members

Dr. Trevor Bardell	Dr. Daniel Greben	Dr. Val Rachlis
Dr. Haig Basmajian	Dr. Andrew Hamilton	Dr. Michael Rogelstad
Dr. George Beiko	Dr Elaine Herer	Dr. Jerry Rosenblum
Dr. Mary Bell	Dr. Christopher Hillis	Dr. Karen Saperson
Dr. Thomas Bertoia	Dr. Robert Hollenberg	Dr. Dori Seccareccia
Dr. Brian Burke	Dr. John Jeffrey	Mr. Fred Sherman
Mr. Shahid Chaudhry	Dr. Asif Kazmi	Dr. David Tam
Dr. Anil Chopra	Dr. Lara Kent	Dr. Anne Walsh
Dr. Paula Cleiman	Dr. Edith Linkenheil	Dr. Donald Wasylenki
Dr. Brenda Copps	Dr. Jane Lougheed	Dr. Brian Watada
Dr. Mary Jean Duncan	Dr. Haidar Mahmoud	Dr. Stephen Whittaker
Dr. Gil Faclier	Dr. Lydia Miljan	Dr. Lesley Wiesenfeld
Dr. Thomas Faulds	Dr. Robert Myers	
Ms. Joan Fisk	Dr. Wayne Nates	
Mr. Murthy Ghandikota	Dr. Kashif Pirzada	
Dr. Robert Gratton	Dr. Anita Rachlis	

## Committee Leadership

ICRC Chair: Dr. Anil Chopra  
 ICRC Vice Chair: Dr. Brian Burke  
 Specialty Chair, General: Ms. Joan Fisk  
 Specialty Designate Chair, General: Dr. Lydia Miljan  
 Specialty Chair, Internal Medicine: Dr. Anita Rachlis  
 Specialty Designate Chair, Internal Medicine: Dr. Mary Bell  
 Specialty Chair, Settlement: Dr. Brian Burke  
 Specialty Designate Chair, Settlement: Dr. Dori Seccareccia  
 Specialty Chair, Surgical: Dr. Andrew Hamilton  
 Specialty Designate Chair, Surgical: Dr. Mary Jean Duncan  
 Specialty Chair, Family Practise: Dr. Thomas Faulds  
 Specialty Designate Chair, Family Practise: Dr. Val Rachlis  
 Specialty Chair, Mental Health & HIP: Dr. Lesley Wiesenfeld  
 Specialty Designate Chair, Mental Health & HIP: Dr. Daniel Greben  
 Specialty Chair, Obstetrical: Dr. Robert Gratton  
 Specialty Designate Chair, Obstetrical: Dr. Elaine Herer

We thank those members whose terms are ending in 2021. Your dedication, commitment and contribution to the Inquiries, Complaints & Reports Committee, over the years of your service has been valued and greatly appreciated.

## Key Accomplishments

### *Continuous Improvement*

The Inquiries, Complaints and Reports Committee (ICRC) along with Investigations and Resolutions staff continually measure, monitor, report and identify continuous improvements to committee work. The Committee has demonstrated an openness to change and supported modernizing various areas of their work this year.

As of September 15, 2021, ICRC panel meetings transitioned from using a SharePoint portal to the new Solis application. The Solis platform provides mechanisms for ICRC members to provide their availability, conflict screen, access materials and share member's notes within the system, thus allowing for greater efficiencies. The actual meetings continue to run virtually on Microsoft Teams.

The ICRC members also transitioned to a new Finance and Operations system for submitting expense claims as of October 4, 2021. The improvements identified include the elimination of cheques and manual calculations and allows for documents and receipts to be uploaded electronically, a mobile application and the ability to track the status of expenses through the member portal.

This year ICRC participated in the applied mentorship program for onboarding new members to the Committee. This involved pairing an experienced ICRC member(mentor) with a new member (mentee) to assist with the first assigned cases. The mentor and mentee reviewed cases, discussed the deliberative processes, attended the panel meeting together and then reconvened to discuss the deliberations and outcomes. Feedback from both mentors and mentees has been positive.

Training and learning opportunities for both new and existing members continued throughout the year. A number of facilitated sessions were provided on topics either suggested by the membership or identified by the I&R staff.

Additional information about the Committee's activities may be found in CPSO's 2020 College Performance Measurement Framework Report.

## Looking Ahead to 2022

In accordance with the strategic plan, the Inquiries, Complaints and Reports Committee will continue to focus on ways to improve the effectiveness and efficiency of its processes.

The Committee will continue holding its member specific panel meetings virtually into 2022 and looks forward to gathering onsite for the semi-annual business meetings.

Succession planning will continue to be a focus in 2022, while maintaining a core group of experienced members with the understanding of legal processes, College policies and the governing legislation in order to fulfill the legislated duties of the Committee. The ICRC will also look to further enhance the mentorship, training, education and recruitment of members which is critical for the maintenance of a stable and diverse Committee.

Respectfully submitted,

Dr. Anil Chopra  
Chair

Dr. Brian Burke  
Vice-Chair

## Tribunal Mandate

The Ontario Physicians and Surgeons Discipline Tribunal<sup>1</sup> is a neutral, independent, administrative tribunal that adjudicates allegations of professional misconduct or incompetence of Ontario physicians referred to it by the College of Physicians and Surgeons of Ontario's Inquiries, Complaints and Reports Committee (ICRC). The Tribunal also hears applications brought by former members of the College for reinstatement of their certificate of registration.

The Tribunal is governed by the Health Professions Procedural Code (the Code) and other applicable law, including administrative law. The Tribunal is made up of physicians, non-physician members of the public and experienced adjudicators. The Tribunal manages cases from the point of ICRC referral or a member's reinstatement application forward. This involves conducting pre-hearing conferences, considering motions, holding hearings in a trial-like process on merits and penalty, then releasing orders and reasons for decisions.

The Code sets out that the Tribunal may determine whether a member has committed an act of professional misconduct and, if so, may make an order:

- directing the Registrar to revoke the member's certificate of registration
- directing the Registrar to suspend the member's certificate
- directing the Registrar to impose specified terms, conditions or limitations on the member's certificate
- requiring the member to appear before the panel to be reprimanded
- requiring the member to pay a fine to the Ministry of Finance
- requiring a member found to have committed sexual abuse to contribute to funding for therapy and counselling provided to the patient under the program required under [section 85.7](#) of the Code.

The Code provides that the Tribunal may determine whether a member is incompetent and, if so, make orders directing revocation or suspension of the member's certificate of registration, or imposing terms, conditions and limitations on it.

The Code also gives the Tribunal the power to impose costs orders on the parties.

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<sup>1</sup> The Ontario Physicians and Surgeons Discipline Tribunal is the College of Physicians and Surgeons of Ontario's Discipline Committee established under the Health Professions Procedural Code.

## Tribunal Members

### *2020-2021 Members:*

Dr. Ida Ackerman	Mr. Paul Malette
Mr. Raj Anand (appointed June 2021)	Ms. Sophie Martel (appointed June 2021)
Dr. Heather-Ann Badalato	Dr. Veronica Mohr
Dr. Glen Bandiera	Dr. Joanne Nicholson
Ms. Lucy Becker (appointed September 2021)	Dr. Terri Paul
Dr. Philip Berger	Mr. Rob Payne
Dr. Steven Bodley	Mr. Peter Pielsticker
Dr. Pamela Chart	Dr. Dennis Pitt
Mr. Jose Cordeiro	Dr. Peeter Poldre
Dr. Melinda Davie	Dr. Ian Preyra
Dr. Michael Franklyn	Dr. John Rapin
Dr. Paul Garfinkel	Ms. Linda Robbins
Mr. Pierre Giroux	Dr. Deborah Robertson
Dr. Catherine Grenier (appointed June 2021)	Ms. Jennifer Scott (appointed June 2021)
Dr. Kristen Hallett	Dr. Robert Sheppard
Dr. Deborah Hellyer	Dr. Eric Stanton
Dr. Paul Hendry	Dr. Andrew Turner (resigned Sept 2021)
Dr. Stephen Hucker	Dr. James Watters – Vice-Chair
Dr. Allan Kaplan	Ms. Shannon Weber
Ms. Shayne Kert (appointed June 2021)	Mr. David Wright – Chair
Dr. Roy Kirkpatrick	Dr. Susanna Yanivker
Ms. Sherry Liang (appointed June 2021)	

### *Exiting Members in December 2021:*

Dr. Steven Bodley  
 Dr. Pamela Chart  
 Dr. Melinda Davie  
 Dr. Paul Garfinkel  
 Dr. Terri Paul  
 Dr. Dennis Pitt

## Key Accomplishments

### *Ontario Physicians and Surgeons Discipline Tribunal established*

Effective September 1, 2021, the Tribunal was established as the successor to the College's Discipline Committee.

In addition to the name change, fundamental changes to the previous model included increasing the independence, both actual and perceived, of the discipline adjudicative process from the College itself. Since the College is a party to every disciplinary hearing as prosecutor, it is crucial that the Tribunal be an independent entity that deals even-handedly with both parties appearing before it.

Other important changes included appointing a full-time lawyer-chair who collaborates with a physician vice-chair, appointing experienced part-time adjudicators and establishing a practice advisory group of lawyers who practise before the Tribunal.

As noted, an element of transition to the Tribunal was the competitive, merit-based recruitment of experienced adjudicators with strong hearing management, writing and mediation skills. The Tribunal received over 90 applications for these appointments and selected 20 candidates for interviews. Interviewees were required to write a decision after viewing a video of a mock hearing. Their decisions were assessed without the assessors knowing the identity of the author.

After the recruitment process was completed, CPSO Council appointed five adjudicators in June 2021. All those appointed have served on at least two different tribunals in the past. Many have been full-time adjudicators for several years. Going forward, most hearings and pre-hearing conferences will be chaired by one of these experienced adjudicators and each hearing panel will be composed of the panel chair, one Council physician, one non-Council physician and two public members of Council. Independent Legal Counsel will no longer be required, due to the knowledge and experience of the panel chairs. While it was not the primary goal of the change, the increased use of in-house expertise has resulted in considerable cost savings.

Establishing the Tribunal involved fundamental change, yet its goals and objectives remain aligned with the College's strategic plan, including commitment to continuous improvement and right-touch regulation.

### *Ontario Physicians and Surgeons Discipline Tribunal's Rules of Procedure and Practice Directions updated*

To encode practice changes necessitated by the pandemic and those arising from transition to the Tribunal, the [Rules of Procedure and Practice Directions](#) were updated in 2021 to implement the Tribunal's name change and to provide for electronic filing and for holding hearings virtually. Taking effect in November 2021, recently-added [Rule 8.01\(3\)](#) articulates the factors to be considered – both currently and post-pandemic – in determining whether a hearing will be held virtually or in-person. These factors include the Tribunal's public interest mandate, any consent of the parties, the nature, significance and complexity of the issues, including whether credibility is in question, accessibility of the hearing to par-

participants and the public and facilitation of participation by persons who have been historically disadvantaged within the legal and/or medical system, in particular Indigenous peoples and communities and vulnerable witnesses.

Further updates to the Rules under discussion in 2021 include updates to the rules about accommodations for witnesses, public access to the Tribunal's record of proceeding, and new procedures for applications to remove information from the public register, for reinstatement and to vary, amend or cancel a Tribunal order.

### *Tribunal administrative processes updated*

Throughout 2021, the Tribunal chair and staff continuously worked on improving many of the Tribunal's administrative processes, resulting in increased efficiency and better service to parties.

For example, an innovation in 2021 was instituting a "Hearing Information Form" that asks hearing participants to provide details such as their preferred pronouns and the correct pronunciation of their name. The completed form is provided to the panel chair to assist them in fostering an atmosphere of inclusion at the hearing.

### *Updated affirmation*

The Tribunal has adopted an innovative form of affirmation for witnesses appearing at Tribunal hearings. In addition to the usual request that the witness solemnly promise that their evidence is the truth, the whole truth and nothing but the truth, the chair administering the Tribunal's affirmation goes on to ask witnesses to make promises specifically related to remote hearings:

- Do you solemnly promise that no one else is with you, that you will tell me if anyone comes into the room during your testimony, and that you will not communicate with anyone in any way while you are testifying unless I give you permission? (This can be modified if a witness requires a support person.)
- Do you solemnly promise you will not look at documents, notes, electronic devices or other materials unless asked to by me or by counsel?

The affirmation then asks the witness to acknowledge that intentionally breaking any of their promises is a punishable offence under the Criminal Code.

The new affirmation steps away from any religious element unless requested by a witness and takes a head-on approach to tackling the unique difficulties that can arise when witnesses testify remotely.

### *Practice Advisory Group*

The Practice Advisory Group (PAG), established in 2021, provides feedback to the OPSDT Chair about Tribunal policies and processes. The 2021 PAG members were:

- individuals who regularly represent physicians before the Tribunal
  - o Carolyn Brandow, Lerner LLP,
  - o Marie Henein, Henein Hutchison LLP,
  - o Jaan Lilles, Lenczner Slaght LLP,
  - o Andrew Matheson, McCarthy Tétrault LLP,
  - o Andrew W. McKenna, Gowling WLG International Limited
  - o Robert Sheahan, Gowling WLG International Limited
- individuals who regularly represent the College before the Tribunal
  - o Lisa Brownstone, Chief Legal Officer, CPSO
  - o Carolyn Silver, Legal Office, CPSO
  - o Elisabeth Widner, Legal Office, CPSO
  - o Peter Wardle, Singleton Urquhart Reynolds Vogel LLP
- Tribunal Chair, David Wright
- Tribunal Counsel, Margaret Leighton.

The PAG met four times in 2021.

### *Ontario Physicians and Surgeons Discipline Tribunal website launched*

Viewable at [opsdt.ca](https://opsdt.ca) and [tdmco.ca](https://tdmco.ca), the Tribunal's website went live on September 1, 2021 with fully bilingual French/English content. A Glossary, FAQs and guides to the Tribunal process and for witnesses are available to help physicians, complainants, witnesses, media and the public understand the Tribunal's processes. This is particularly important for physicians who choose to represent themselves before the Tribunal.

Information about each hearing is posted 60 days before its start date, with instructions as to how a member of the public may obtain the link to view a hearing over YouTube. Outcomes are posted immediately with links to the public register and reasons on the CanLII website ([canlii.org](https://canlii.org)) when they become available. Starting in January 2021, the Tribunal began publishing its motion decisions on CanLII, in addition to the merits and penalty decisions that were previously posted. The Tribunal values transparency and believes that the public's ability to view hearings on YouTube and to have easier access to Tribunal decisions enhances that value.

The Tribunal welcomes feedback about its processes and services. The website's contact information page sets out various ways that the general public and the media can get in touch with the Tribunal.

### *Pandemic-related changes*

Since March 2020, the Tribunal has held all pre-hearings and hearings electronically, with no in-person attendance. In 2021, all Tribunal hearings proceeded via videoconference and scheduling was unaffected by the pandemic. Process modernizations, including hearings via videoconference and electronic filing of documents, that initially arose as a response to the pandemic, were formalized. As noted above, the

Tribunal's Rules of Procedure were amended to reflect the permanent nature of such improvements. Staff occasionally worked in the office in the summer and fall of 2021, although they continued to work remotely for the most part. No in-person hearings were held in 2021.

### *Tribunal Member orientation and continuing education*

The Tribunal values a robust programme of education for its members, both when they are first appointed, and as an ongoing feature of Tribunal membership. Tribunal members were provided with formal training and education sessions throughout the year, as follows:

- In March 2021, new member orientation included an introduction to discipline principles and process followed by a deeper dive into jurisdiction and procedural fairness, a session on evidence in adjudication, a presentation on myths and stereotypes in sexual violence cases and an introduction to inclusive and accessible adjudication.
- In March 2021, the full Discipline Committee had an education and training session on effective decision writing and reviewing by educator Pamela Chapman.
- The June 2021 Discipline Committee Business Meeting included presentations on the background of the practice of oaths and affirmations, costs principles, and myths and stereotypes in sexual violence cases.
- In July to August 2021, three training sessions were held for the new adjudicators appointed in June 2021. Topics included an introduction to College complaints and investigations, common allegations of professional misconduct, incompetence and Fitness to Practise cases, considerations on penalty and an advanced reason-writing workshop. The sessions also included discussion of professional discipline values, joint submissions, the reason writing and review process, reprimands, reinstatements, vulnerable witnesses and victim impact statements.
- September 2021's Tribunal Business and Education meeting included education on the psychology of adjudication from Steve Joordens, a psychology professor at the University of Toronto, Scarborough.
- In November 2021, several Tribunal members attended the Society of Ontario Adjudicators and Regulators' annual conference to enhance their understanding of administrative justice.
- At the Tribunal's November 2021 business and education meeting, Justice Janet Leiper spoke about "Thinking Like An Adjudicator" and there was a presentation on joint submissions, featuring a review of recent caselaw.

In addition to the formal educational sessions described above, new Tribunal members observe hearings via the YouTube stream before sitting. In 2021, all Tribunal members watched a video presentation on myths and stereotypes in sexual violence cases. Another educational tool of the Tribunal is its newsletter, Tribunal Roundup, which was also established in 2021 and includes educational topics. Tribunal Chair David Wright sits as a vice-chair of the Council of Canadian Administrative Tribunals (CCAT) and chair of CCAT's professional development committee, and brings his expertise on adjudicator education to the Tribunal.

### *Additional information*

Additional information about the Tribunal's activities can be found in the CPSO's [2020 College Performance Measurement Framework Report](#).

## **Looking Ahead to 2022**

The Tribunal's focus in 2022 will include:

- Ongoing review and updating of Tribunal's Rules of Procedure and Practice Directions to continue modernization, to ensure that Tribunal hearings run smoothly and that parties involved in the hearings understand the Tribunal's expectations regarding practice. The Tribunal is striving for the use of plain, understandable language, processes that are flexible and can adapt to a particular case, and to rules are based on a set of adjudicative values. We will continue to consider how rule and practice direction changes can lead to more efficient proceedings, and to discuss and implement such changes.
- Enhancing the program of education for incoming Tribunal members
- Continuing to build the Tribunal's independent brand particularly through addition of content to its website.

We are confident that these activities, combined with the Tribunal's core work, will continue to serve the public interest.

For further details about the Tribunal's work, please visit our website at [opsdt.ca](http://opsdt.ca) or [tdmco.ca](http://tdmco.ca)

Respectfully submitted,

Mr. David Wright  
Chair

Dr. James Watters  
Vice-Chair

# Patient Relations Committee

## Committee Mandate

The Patient Relations Committee is responsible for advising Council on the College's patient relations program. The College is required under the Health Professions Procedural Code<sup>1</sup> to have a patient relations program which includes measures for preventing and dealing with sexual abuse of patients, including:

- educational requirements for members;
- guidelines for the conduct of members with their patients;
- training for the College's staff; and
- provision of information to the public. [HPPC, s. 84]

The Patient Relations Committee is also responsible for administering the College's program for funding therapy and counselling for persons alleging sexual abuse by a College member in accordance with the HPPC. [HPPC, s. 85.7]<sup>2</sup>

## Committee Members

Ms. Nadia Bello  
Dr. Rajiv Bhatla  
Ms. Sharon Rogers – Chair  
Dr. Heather Sylvester  
Dr. Angela Wang  
Dr. Diane Whitney

We thank those members whose terms are ending in 2021. Your dedication, commitment and contribution to the Patient Relations Committee, over the years of your service, has been valued and greatly appreciated.

## Key Accomplishments

### *Funding for Therapy and Counselling*

In 2021, the PRC focused primarily on reviewing funding for therapy and counselling applications as well as reviewing requests for specific types of therapy from applicants who have been found eligible to receive funding.

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<sup>1</sup>The purpose of the provisions of the HPPC with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counselling in connection with allegations of sexual abuse by members, and ultimately to eradicate the sexual abuse of patients by members.

<sup>2</sup>The funding program may also provide funding for other purposes related to allegations of sexual abuse by members as may be prescribed in regulations. As of the date of these Terms of Reference, there are no such additional purposes.

As part of the Committee's commitment to continuous improvement, a framework was developed to help the Patient Relations Committee assess ad hoc requests for novel requests for funding in order to foster consistency. This framework focuses the Committee's review on the purpose of the treatment and its relationship to the harm caused by the sexual abuse. In addition, this year the process for reviewing and processing invoices from regulated health professionals who itemize specific treatments in their invoices was streamlined to incorporate triaging by the Chair and forwarding to the Committee for review only when necessary. This change supports the College's Key Performance Indicator relating to continuous improvement.

Process improvements were also made to support expedited review and approval of applications in certain circumstances. Applications that fall under specific eligibility criteria are now presented to the Committee as part of a consent agenda with more concise materials. The following are the specific eligibility criteria that would apply: there is an admission by the physician in a statement/agreement with College that they sexually abused the applicant while the applicant was a patient; the physician was convicted of sexually assaulting the applicant; there is a finding of the Discipline Committee on or after December 31, 1993 that the applicant was sexually abused by the physician before December 31, 1993 while they were a patient; or that there is a statement, contained in the written reasons of a Committee given after a hearing that the physician sexually abused the applicant while they were a patient.

The Patient Relations Committee continues to update the application forms to make them easier to use, takes a trauma-informed approach to updating the application process as much as possible, and continues to work collaboratively across departments to support applicants in the process, all of which support both the College's Strategic Plan regarding meaningful engagement as well as the Ministry of Health's College Performance Measurement Framework (having an accessible and supportive complaints process).

### *Education*

The Patient Relations Committee participated in a number of educational sessions throughout the year including sessions on the CPSO complaints process, historic sexual impropriety decisions, polling and meaningful engagement, and the College's outreach efforts. As members of the Patient Relations Committee are not on Council or other College Committees, these sessions provide opportunities for the Committee to learn more about the activities of the College more broadly.

### *Mentoring*

A mentoring plan was developed and implemented for the new public member of the Patient Relations Committee.

Additional information about the Committee's activities may be found in CPSO's 2020 College Performance Measurement Framework Report.

## Looking Ahead to 2022

The Patient Relations Committee will continue to identify ways to implement process improvements as well as build on the efficiencies that have recently been implemented.

The Patient Relations Committee will also continue to identify ways to respond to applicant/approved applicant feedback, and use found time to do educational and engagement activities with a specific focus on providing information and education to the public in concert with other communication activities by the College.

Respectfully submitted,

Ms. Sharon Rogers  
Chair

# Premises Inspection Committee

## Committee Mandate

The Premises Inspection Committee is responsible for administering and governing the College's premises inspection program, referred to as the Out-of-Hospital Premises Inspection Program, in accordance with Part XI of Ontario Regulation 114/94 (the "Regulation"). The purpose of the Out-of-Hospital Premises Inspection Program is to ensure that out-of-hospital premises (as defined in the Regulation) comply with its Standards.

The Premises Inspection Committee is required to:

- ensure adequate inspections and re-inspections are conducted as authorized under the Regulation;
- review premises inspection reports and other material referred to in the Regulation and determining whether premises pass, pass with conditions or fail an inspection;
- specify the conditions that shall attach to each "pass with conditions" rating and where applicable, "fail" rating;
- deliver written reports as required under the Regulation; and
- establish or approve costs of inspections and re-inspections and ensure the member or members performing the procedures on the premises are invoiced for those costs. [General By-law, s. 47.1]

The Premises Inspection Committee informs Council on policy and program implementation issues including recommending or reviewing periodic changes to the Out-of-Hospital Premises Inspection Program Standards.

## Committee Members

Dr. El-Tantawy Attia  
Dr. Timea Belej-Rak  
Dr. Andrew Browning  
Dr. Patrick Davison  
Dr. Marjorie Dixon  
Dr. William (Bill) Dixon  
Dr. Mark Mensour  
Dr. Gillian Oliver - Chair  
Mr. Peter Pielsticker

Dr. Kashif Pirzada  
Mr. Ron Pratt  
Dr. Jerry Rosenblum  
Dr. Holli-Ellen Schlosser  
Dr. Robert Smyth  
Dr. Catherine Smyth (as of September 2021)  
Dr Andrew Turner  
Dr. James Watson – Vice Chair  
Dr. Ted Xenodemetropoulos

We thank those members whose terms are ending in 2021. Your dedication, commitment and contribution to the Premises Inspection Committee, over the years of your service, has been valued and greatly appreciated.

## Key Accomplishments

The Out of Hospital Premises Inspection Program (OHPIP) has started to modernize the program by focusing on the program operations, the Committee structure and the standards documents used to guide the inspections and assessments of premises.

Some initial operational changes made in 2021 include the elimination of the Assessment and Nurse Assessment Coordinator positions which were replaced by one position, the Nurse Inspector position. Replacing two positions with one improves file continuity and increases accountability for all file related responsibilities.

Initial changes to the Committee structure include the introduction of its first specialty panel, the Adult Chronic Pain panel, that is responsible for the review and consideration of inspection reports from adult chronic pain premises inspections and assessments. Other specialty panels including, plastics & other surgeries, endoscopy, women's health and ophthalmology specialty panels will follow in 2022.

The program is working with the Policy team to modernize the standards documents to improve clarity, simplify the documents and refer to existing practice standards when possible to do so.

Additional information about the Committee's activities may be found in CPSO's 2020 College Performance Measurement Framework Report.

## Looking Ahead to 2022

The program will continue to modernize in 2022 by revising the current standards documents, improving the operational processes and introducing more specialty panels within the Premises Inspection Committee. These changes will align with the College's adoption of Right Touch Regulation and improve the programs ability to exceed the Key Performance Indicators endorsed by Council.

Respectfully submitted,

Dr. Gillian Oliver  
Chair

Dr. James Watson  
Vice-Chair

# Quality Assurance Committee

## Committee Mandate

The Quality Assurance Committee is responsible for administering the College's quality assurance program in accordance with the Health Professions Procedural Code and the Quality Assurance Regulation<sup>1</sup>. [QA Reg s. 27(1)]

In carrying out the above mandate, the Quality Assurance Committee has the power to:

- appoint assessors for the quality assurance program; [HPPC s. 81]
- require a member to undergo a peer and practice assessment; [QA Reg. s. 28(1)] and
- approve the form and manner in which members are required to maintain a record of their participation in a program of continuing professional development. [QA Reg. s. 29(3)]

The Quality Assurance Committee reviews peer and practice assessment reports and makes decisions regarding members who have been assessed. In so doing, the Quality Assurance Committee may only do one or more of the following:

- confirm the physician had a successful peer assessment and no further action is required;
- require individual members whose knowledge, skill and judgment have been assessed under the quality assurance program and found to be unsatisfactory to participate in specified continuing education or remediation programs;
- direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
  - o whose knowledge, skill and judgment have been assessed or reassessed under s. 82 of the HPPC and have been found to be unsatisfactory, or
  - o who has been directed to participate in specified continuing education or remediation programs as required by the Committee and has not completed those programs successfully;
- direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory; or
- disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct or may be incompetent or incapacitated. [HPPC s. 80.2(1)].

CPSO's operational programs and any other aspect of quality assurance that is not expressly stated in the Terms of Reference, fall within Council's accountability and are not within the Quality Assurance Committee's scope of authority.

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<sup>1</sup> Ontario Regulation 114/94, Part VII (the "QA Reg")

## Council Oversight of Quality Improvement Program

The Quality Improvement Program falls within Council's accountability and is not within the Quality Assurance Committee's scope of authority. From time to time the Quality Assurance Committee may be provided with information and education related to the Quality Improvement Program as it relates to the Committee's authority to require members to undergo peer and practice assessments.

## Committee Members

Dr. Steven Bodley	Dr. Miriam Ghali Eskander (resigned March 2021)
Dr. Lisa Bromley (resigned March 2021)	Mr. Peter Pielsticker
Dr. Jacques Dostaler	Dr. Sarah Reid, Vice-Chair
Dr. Michael Franklyn	Dr. Patrick Safieh
Dr. Ken Lee	Dr. Ashraf Sefin
Dr. Camille Lemieux	Dr. Robert Smith
Dr. Meredith MacKenzie (resigned March 2021)	Dr. Tina Tao
Mr. Paul Malette	Dr. Janet van Vlymen, Chair

We thank those members whose terms are ending in 2021. Your dedication, commitment and contribution to the Quality Assurance Committee, over the years of your service, has been valued and greatly appreciated.

## Key Accomplishments

As there was some refocus and realignment within the Quality Assurance Committee in the latter part of 2020, in 2021, in collaboration with the Governance Office, the Chair and Vice-Chair facilitated a process that reconfirmed and renewed the commitment of each Committee member. As a result of the process, three members, due their particular scope of practice and other commitments, volunteered to step down from the Quality Assurance Committee.

The Quality Assurance Committee worked with the Governance Office to clarify the Terms of Reference for the Quality Assurance Committee, which set out the Committee's function and articulate the expectations for Committee members. The current Quality Assurance Committee has been functioning effectively and is well supported by the staff at the College who support their program.

The Quality Assurance Committee provides physicians with an opportunity to respond to the Committee's concerns prior to rendering a decision. Subject physicians are provided an opportunity to speak with a Medical Advisor to assist the member in preparing their responses. As a result, we have noted that there has been an increase of physicians making use of this support and a decrease in the number of reassessments that are required, demonstrating that taking a right-touch approach with members has resulted in a positive outcome for the member.

## Quality Care and Right Touch Regulation

### *Renewal of the Assessor Network Group*

The Quality Assurance Committee was involved in sunsetting the current Assessor Network Group to create a new recruitment process that will engage a smaller number of assessors. The Committee received great interest from physicians in this new opportunity and a new smaller cohort of assessors is expected to be finalized by end of 2021. In line with this initiative we are also reviewing our current training materials to see what we can continue to be used as well as reaching out to areas such as Policy, Human Resources and the Governance Office for further training enhancements.

### *Creation of New Generic Assessment Tools for both Office-Based and Procedural-Based Practices*

The Quality Assurance Committee is moving away from specialty specific assessment tools and moving towards more generic tools to address both procedural and office-based practices. In doing this, the Quality Assurance Committee will have tools that can be utilized not only for the current specialties with the old-style format as well as addressing areas of practice that are not currently assessed as there has been no specialty specific tool developed. It is anticipated that these new tools will be ready to implement by the end of 2021.

### *Pilot Project for Opportunity to Address*

This year the Quality Assurance Committee launched a pilot project to reframe one of the Opportunity to Address options regarding the Opportunity of the Member to meet the Committee in-person. In reviewing the current process, the Committee identified an opportunity to better align it with the College's Right-Touch-Regulation approach. The QAC has opted to restructure the interview process to be more effective, consistent and supports more meaningful engagement among those involved.

- The pilot commenced in September 2021 and the Quality Assurance Committee will evaluate its efficacy over the first half of 2022.

## Looking Ahead to 2022

In 2022, we will be launching the new cohort of peer assessors to complete the age-related peer assessment for 2022. This smaller group will have opportunities to attend monthly virtual meetings as well as two in-person training sessions which will look at such things as standardization of how assessments should be conducted, inter rater reliability through simulated chart reviews.

The Quality Assurance Committee is reviewing the outcomes and feedback of a new pilot 'Opportunity to Address -In-person Interview Process', which will inform the Committee's thinking around whether or not it is something that should continue as an option or inform their decision guide.

In 2022, the Quality Assurance Committee intends to build on the successes of the past year and looks forward to supporting the College's mandate to protect and serve in the public interest.

Respectfully submitted,

Dr. Janet van Vlymen  
Chair

Dr. Sarah Reid  
Vice-Chair

# Registration Committee

## Committee Mandate

The Registration Committee reviews and considers applications for a certificate of registration to practice medicine in Ontario of individuals referred to it by the Registrar [HPPC, s. 15(1)]. The Registrar refers applications for review where the Registrar:

- has doubts on reasonable grounds as to whether the applicant fulfils the registration requirements;
- is of the opinion that terms, conditions and limitations should be imposed on a certificate of registration if the applicant does not consent to the imposition or the applicant already holds an out-of-province certificate that is equivalent to the certificate being applied for;
- proposes to refuse the application [HPPC, s. 15(2)]; or,
- is of the opinion that a certificate should be issued to an applicant with terms, conditions and limitations imposed and the applicant consents to the imposition [HPPC, s. 15(4)]

In reviewing and considering applications, the Registration Committee considers any written submissions from an applicant.

- The powers of the Registration Committee with respect to the above mandate include:
  - o making orders directing the Registrar to:
- issue a certificate of registration to an applicant [HPPC, s. 18(2)];
- issue a certificate of registration to an applicant subject to the completion of examinations or additional training [HPPC, s. 18(2)];
- issue, with the applicant's consent, a certificate of registration with the terms, conditions and limitations specified and imposed by a panel of the Registration Committee [HPPC, s. 18(4)];
- impose specified terms, conditions and limitations on a certificate of registration of an applicant and specifying a limitation on the applicant's right to apply to remove or modify the term, condition or limitation under s. 19 of the HPPC [HPPC, s. 18(2)]; and
- refuse to issue a certificate of registration. [HPPC, s. 18(2)]
  - o developing and implementing registration policies passed by Council, including reviewing and updating the policies based on information provided to the Committee.

## Committee Members

Dr. Glen Bandiera  
 Dr. Bob Byrick – Acting Vice-Chair  
 Mr. Shahid Chaudry  
 Mr. Pierre Giroux  
 Dr. Barbara Lent – Acting Chair  
 Mr. Paul Malette  
 Dr. Lynn Mikula  
 Dr. Damien Redfearn  
 Dr. Kim Turner

We thank those members whose terms are ending in 2021. Your dedication, commitment and contribution to the Registration Committee, over the years of your service, has been valued and greatly appreciated.

## Key Accomplishments

### *Right Touch Regulation*

Throughout the COVID-19 pandemic the Registration Committee has been committed to acting as a flexible, enabling Committee with the goal of ensuring there are minimal to no impacts on health care human resources while ensuring safe care for the public.

This reflects the Committee's core objective – to remove barriers to registration for qualified individuals – creating and maintaining mechanisms to enable registration of individuals who may not fulfill the requirements outlined in the Regulation, but who are capable of practicing at the standard expected of an Ontario physician.

The Registration Committee continues to review the registration policies on an on-going basis to determine if the policies are still relevant and if further changes are warranted.

The following policies were revised in 2021:

#### Academic Registration:

At the recommendation of the Registration Committee Council approved changes to its Academic Registration policy that improve transparency and reflect a more streamlined process for registration. The policy's language has also been made clearer and more concise.

#### Alternative Pathways to Registration:

At the recommendation of the Registration Committee, Council approved substantive revisions to this registration policy in order to reflect streamlined process changes and bring increased clarity to applicants and the public.

Changes

- No longer distinguishing route based on source of medical degree. The policy's language has been updated to simply state that an applicant must hold an acceptable medical degree as defined in Ontario Regulation 865/93 under the Medicine Act, 1991.
- Removing the requirement for a mentor.
- Providing more detail about the supervisory requirements. The language in the undertakings was updated to specify a period of limited direct observation for an initial period to be determined, and regular direct observation where appropriate.

As a result of the changes:

- Pathways 1 and 2 were combined into one route (Pathway B). Given that the policies no longer differentiate based on source of medical degree, it is redundant to have these two pathways.
- Pathways 3 and 4 were combined into one route (Pathway A). Previously, the only difference in the requirements between Pathways 3 and 4 was the source of medical degree (US/Canada vs. IMG), and licence status in the US. Pathway A now requires that the applicant hold an acceptable degree in medicine and demonstrate that he or she is eligible for independent/full licensure in the United States.

Additionally, the following new Registration Policy was approved by Council:

*Licentiate of the Medical Council of Canada (LMCC) Policy:*

In June 2021, the Medical Council of Canada (MCC) announced it was ceasing delivery of the Medical Council of Canada Qualifying Examination Part 2 (MCCQE2), one of the requirements for issuance of an independent practice certificate. Additionally, the MCC stated that successful completion of the MCCQE Part 2 is no longer required to become a licentiate of the MCC (LMCC).

The MCC announcement directly affected the licensure of both physicians practising in the province and those physicians seeking initial licensure in Ontario as they are unable to satisfy the prescribed requirement to successfully complete Part 2 of the MCCQE.

The policy permits the issuance of an independent practice certificate to applicants who hold the LMCC and are otherwise qualified for an Independent Practice Certificate of Registration and satisfy the non-exemptible requirements set out in Section 2(1) of Ontario Regulation 865/93."

The new policy is broader than the first policy in that it is not time-limited and it provides a route for licensure for the following groups who were ineligible under the Pandemic Exemption Policy:

- Individuals with previous unsuccessful attempts at the MCCQE Part 2;
- New applicants to Ontario; and
- Applicants from another Canadian jurisdiction.

### *System Collaboration*

The Registration Committee continues to work closely with several stakeholders including medical schools, certifying bodies and resident organizations to ensure it is proactively regulating the profession.

### *Education Initiatives*

This year, in addition to circulating relevant articles of interest and discussing decision review and outcomes, the Committee participated in educational sessions with stakeholders including the RCPSC, CFPC and MCC.

The Committee and staff continue to look for ways to increase efficiency without compromising quality. With changes to the administrative processes and procedures, the Committee and staff have been successful in managing increasing caseloads without increasing the Committee in-person meeting days.

Additional information about the Committee's activities may be found in CPSO's College Performance Measurement Framework Report.

### *Continuous Improvement*

In September 2021 the Registration Committee was on-boarded to the College's New Solis System Platform which allows for a centralized electronic Committee portal that will increase efficiency.

## **Looking Ahead to 2022**

A guiding principle of Right-Touch Regulation is the belief that regulation should be utilized only when necessary and should aim to be proportionate, consistent, targeted, transparent, accountable, and agile.

The Registration Committee has continued to demonstrate its ability to be nimble, fair, proactive and innovative.

We continue to look at ways in which the Registration Committee can employ Right-Touch Regulation and anticipate enhancements in our process in the year to come. Additionally, in 2022 we anticipate continuing to explore educational opportunities to support our mandate.

2022 will also see a focus on succession planning. The Registration Committee will continue to foster a core group of experienced members who understand legal processes, College policies, and legislation and provide robust mentorship and training to new members.

The Registration Committee remains committed to continuous improvement and in accordance with the College's strategic plan and will continue to focus on ways to improve efficiency of the Registration Committee process while ensuring that is fair, transparent, impartial and objective.

Respectfully submitted,

Dr. Barbara Lent  
Acting Chair

Dr. Bob Byrick  
Acting Vice-Chair

# Council Briefing Note

December 2021

<b>Topic:</b>	Policy Report
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Meaningful Engagement
<b>Public Interest Rationale:</b>	Keeping Council apprised of ongoing policy-related issues and activities for monitoring and transparency purposes.
<b>Main Contact(s):</b>	Craig Roxborough, Director, Policy
<b>Attachment(s):</b>	Appendix A: Policy Status Report

## Issue

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- An update on recent policy-related activities is provided to Council for information.

## Current Status

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### 1. Policy Consultation Update

#### [Dispensing Drugs:](#)

- CPSO is undertaking an expedited review of our [Dispensing Drugs](#) policy to determine whether the guidance is current for physicians who dispense drugs and whether additional guidance is needed.
- A 30-day [public consultation](#) was launched following September Council via CPSO's regular communication and social media channels inviting external stakeholders and membership.
- The consultation received 19 responses: 3 through written feedback and 16 via the online survey.<sup>1</sup> The majority of responses were from physicians.
- Some of the constructive feedback and suggestions received from respondents included:

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<sup>1</sup> Organizational responses included: Ontario Medical Association (OMA) and Professional Association of Residents of Ontario (PARO).

- Indicate any new relevant provincial or federal legislative requirements (and list the corresponding sections) that have been introduced since it was last reviewed,
  - Expand on the practical steps required to dispense (e.g., what information needs to be included in a medication label) and provide more specific guidance around issues such as procurement, secure storage, and packaging and mailing; and
  - Create an *Advice to the Profession* document to provide further guidance and best practices and/or reference existing resources in the updated policy.
- Council will be provided with further detail about the results of this accelerated review at future meetings.

Virtual Care:

- Council approved the draft Virtual Care policy and Advice document for public consultation in September 2021.
- The consultation received 388 responses: 66 through written feedback and 322 via the online survey.<sup>2</sup> The majority of responses were from physicians, including both family physicians and specialists.
- Given the dramatic transformation that has occurred during the COVID-19 pandemic, the consultation feedback was clearly coloured by these experiences. There was both broad support for virtual care in terms of its potential to promote access, convenience, and safety, as well as significant concerns raised about virtual care inappropriately being prioritized over in-person care.
- Consultation feedback suggests that the pendulum may have swung too far with respect to virtual care. Frustrations with managing the balance between practising in-person and virtually during the pandemic manifested in the consultation feedback, including:
  - Concerns about some family physicians seeming reluctant to provide in-person care, as well as reports that this has resulted in inappropriately diverting patients to emergency rooms or walk-in clinics for physical exams/assessments and patients being referred to specialists without a prior adequate (in-person) assessment;
  - Comments that all physicians, including virtual walk-in clinics, should be able to offer, or at least coordinate, in-person care where necessary; and
  - Suggestions that patients should be able to be seen in-person when requested.

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<sup>2</sup> Organizational responses included: Addictions and Mental Health Ontario; Alliance for Healthier Communities; Association of Family Health Teams of Ontario (AFHTO); Canadian Medical Protective Association (CMPA); College of Physicians and Surgeons of Alberta (CPSA); Information and Privacy Commissioner of Ontario (IPC); KMH Cardiology Centers; Maple Corporation; Ontario College of Family Physicians (OCFP); OMA; OMA Section on General & Family Practice (SGFP); OMA Section on Plastic Surgery; OntarioMD; PARO; and The Ottawa Hospital.

- Notwithstanding this, generally there was broad support for the draft policy with a strong majority of survey respondents agreeing that the draft is clear and easy to understand and that the expectations are reasonable.
- Respondents were generally supportive of the draft expectations, including those related to meeting the standard of care, providing virtual care only when it is in the patient's best interest, and appropriate actions to take when in-person care is required. For example, a strong majority agreed that:
  - Physicians must continue to meet the standard of care when practising virtually (although fewer felt that it was clear from the draft policy how to meet the standard of care in a virtual environment);
  - It is important to only provide virtual care if it is in the patient's best interest to do so (though there were some concerns that patient preference for "convenience" can lead to inappropriate virtual care);
  - Use of less secure technology to deliver virtual care is appropriate in some instances and that a patient's best interest should drive decisions around the appropriate use of less secure technology (e.g., unencrypted platforms);
  - It is important to set out expectations around scenarios where in-person care is required and expectations around compromised encounters (e.g., where technology fails or security becomes compromised); and
  - It is important to allow flexibility around licensure and cross-border care to allow the provision of virtual care that is in the patient's best interest.
- Respondents also provided some constructive suggestions to improve the draft policy, including:
  - Suggestions to emphasize the importance of performing in-person examinations and appropriate follow-up in order to effectively meet the standard of care;
  - Requests for additional clarity on when it is appropriate to provide virtual care, and when virtual care is in the patient's best interest (although respondents also cited the importance of flexibility and allowing for professional judgment to determine appropriateness);
  - Requests for clarity on how to confirm if a patient's physical setting is appropriate and safe for a virtual care encounter (some respondents also felt that patients should share this responsibility and should be able to receive virtual care at a location they are comfortable in);

- Requests for guidance around how to involve substitute decision-makers, caregivers, or family members in virtual encounters and the consent process (e.g., for patients who may be vulnerable, cognitively impaired, or for children/adolescents);
  - Requests for how to deal with situations where a patient's best interests and patient preference are misaligned; and
  - Additional clarification around providing virtual care to patients when either the physician, the patient, or both are physically located outside Ontario, including requests for clarity around billing and liability protection in these scenarios.
- All feedback is currently being reviewed in detail and will help inform revisions to the draft policy. Council will be provided with further detail about the results at future meetings.

## 2. Policy Status Table

- The status of ongoing policy development and reviews, as well as target dates for completion, is presented for Council's information as **Appendix A**. This table will be updated at each Council meeting.
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**Table 1: Current Reviews**

Policy	Launch	Stage of Policy Review Cycle						Target Comp.	Notes
		Prelim. Consult	Drafting	Approval to Consult	Consult on Draft Policy	Revising Draft Policy	Final Approval		
<u><a href="#">Physicians' Relationships with Industry: Practice, Education and Research</a></u>	Dec-21	✓						2023	
<u><a href="#">Dispensing Drugs</a></u>	Sep-21		✓					2022	An expedited review of this policy is being undertaken.
<u><a href="#">Professional Obligations and Human Rights</a></u>	Dec-20		✓					2023	
<u><a href="#">Medical Assistance in Dying</a></u>	Dec-20		✓					2023	
<u><a href="#">Planning for and Providing Quality End-of-Life Care</a></u>	Dec-20		✓					2023	
<u><a href="#">Telemedicine</a></u>	Sep-20					✓		2022	The draft policy has been retitled to <i>Virtual Care</i> .
<u><a href="#">Social Media: Appropriate Use by Physicians (Statement)</a></u>	Apr-20					✓		2021	A draft policy was approved by Council for external consultation and is being revised in response to the feedback received.
<u><a href="#">Statements &amp; Positions Redesign</a></u>	Jan-20		✓					2022	All CPSO <i>Statements &amp; Positions</i> are being evaluated for relevance and currency.

Council **Table 2: Policy Review Schedule**

Policy	Target Review	Policy	Target Review
<u><a href="#">Mandatory and Permissive Reporting</a></u>	2017/18 <sup>1</sup>	<u><a href="#">Managing Tests</a></u>	2024/25
<u><a href="#">Providing Physician Services During Job Actions</a></u>	2018/19	<u><a href="#">Transitions in Care</a></u>	2024/25
<u><a href="#">Cannabis for Medical Purposes</a></u>	2020/21	<u><a href="#">Walk-in Clinics</a></u>	2024/25
<u><a href="#">Consent to Treatment</a></u>	2020/21	<u><a href="#">Disclosure of Harm</a></u>	2024/25
<u><a href="#">Blood Borne Viruses</a></u>	2021/22	<u><a href="#">Prescribing Drugs</a></u>	2024/25
<u><a href="#">Physician Treatment of Self, Family Members, or Others Close to Them</a></u>	2021/22	<u><a href="#">Boundary Violations</a></u>	2024/25
<u><a href="#">Physician Behaviour in the Professional Environment</a></u>	2021/22	<u><a href="#">Medical Records Documentation</a></u>	2025/26
<u><a href="#">Accepting New Patients</a></u>	2022/23	<u><a href="#">Medical Records Management</a></u>	2025/26
<u><a href="#">Ending the Physician-Patient Relationship</a></u>	2022/23	<u><a href="#">Confidentiality of Personal Health Information</a></u>	2025/26
<u><a href="#">Uninsured Services: Billing and Block Fees</a></u>	2022/23	<u><a href="#">Advertising</a></u>	2025/26
<u><a href="#">Ensuring Competence: Changing Scope of Practice and Re-entering Practice</a></u>	2023/24	<u><a href="#">Delegation of Controlled Acts</a></u>	2025/26
<u><a href="#">Public Health Emergencies</a></u>	2023/24	<u><a href="#">Professional Responsibilities in Medical Education</a></u>	2025/26
<u><a href="#">Closing a Medical Practice</a></u>	2024/25	<u><a href="#">Third Party Medical Reports</a></u>	2025/26
<u><a href="#">Availability and Coverage</a></u>	2024/25	<u><a href="#">Complementary and Alternative Medicine</a></u>	2026

<sup>1</sup> A comprehensive update to this policy was completed as part of the Policy Redesign process. Council approved this updated version in September 2019.

## Ontario Medical Students Association CPSO Council Update December 9-10, 2021



Presented by:  
Ushma Purohit, President  
Angie Salomon, President-Elect

Thank you once again to the CPSO for inviting representatives from the Ontario Medical Students Association (OMSA) to observe and participate in your December Council meeting.

Over the past several months, Ontario's medical students have continued to work together through many changes to their curriculum due to the COVID-19 pandemic, including delayed clerkships, reduced clinical exposure, and limited opportunities for social connection and mentorship.

Final year students are beginning their CaRMS journey, with applications open since the 4th of October and due the 31st of January. They are also on electives, which continue to be local/regional (no visiting electives). This is a very exciting, albeit stressful time for final year students, and we would like to extend OMSA's unwavering support to them. All of the junior clerks have now begun their clerkship, and are thrilled to be diving into the clinical environment after many months of online schooling. Pre-clerkship students (including new students of the class of 2025/2024 for McMaster) are getting into the swing of the medical student rhythm, and continue to find ways to engage in extracurricular endeavours.

OMSA continues to provide programming and services for Ontario's medical students while working on operational improvements. A small subset of OMSA's activities over the last month include:

- Recruiting over 80 students to work in 25+ committees across several portfolios
- Conducting our annual anti-oppression training for the entire OMSA Council (with a focus on anti-racism and anti-oppression in medicine)
- Writing and promoting an open letter to the PM that supports the Decent Work and Health Network's campaign for paid sick leave in Canada
- Starting a critical review and overhaul of our hiring practices to ensure they are transparent and align with our EDI principles
- Leading the planning process for the Ontario Medical Student Weekend for Fall 2022

Thank you for welcoming medical students to the table and we look forward to continuing to work with the CPSO.



## CPSO Council November 2021

PARO champions the issues that create the conditions for residents to be their best and ensure optimal patient care. We have determined that to fulfill this mission we must achieve three key goals.

**Optimal training** - so that residents feel confident to succeed and competent to achieve excellence in patient care.

**Optimal working conditions** - where residents enjoy working and learning in a safe, respectful, and healthy environment.

**Optimal transitions** – into residency, through residency, and into practice – so that residents are able to make informed career choices, have equitable access to practice opportunities, and acquire practice management skills for residency and beyond.

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We are pleased to submit this update on some organizational projects, info related to COVID-19 as well as some strategic initiatives at PARO.

### **Burnout and Morale Mitigation**

A cornerstone of work has always been to provide opportunities for residents to socialize and make connections outside of the workplace. Many of our members move to new cities, provinces, and indeed for some, to a new country for residency, taking them away from their existing social and family networks. As a result and on top of the reasons all people are experiencing social-isolation during COVID 19, our members have experienced high levels of burnout.

PARO has undertaken some initiatives related to identifying, preventing, and managing burnout. We created a resource guide for members, which helps identify specific signs of burn out and provides specific tips and resources to manage each sign. That guide is currently available on PARO's website.

Our work continues with our Site Teams continuing to host virtual social events for our members and we are planning for how PARO will transition safely to limited in-person **outdoor** events held outdoors.

### **Resident Enhancement Fund (REF)**

In 2000, PARO's General Council approved the establishment of a fund to be used to support projects that provide a long-term benefit to both existing and future residents. Projects that are approved demonstrate that they augment the well-being of residents at a particular teaching site or throughout the province.

We have two deadlines for applications each year and any PARO member is eligible to submit an application. In evaluating a project proposal, the Resident Enhancement Fund (REF) Team will consider the amount of any previously funded projects at the same hospital and/or site and endeavor to distribute funds in a fair manner across the province.

Last year, PARO received a record number of 37 applications. The applications included a wide variation of requests, which included items such as kettles, coffee machines, device chargers, general lounge updates such as sofa, TV, and fridge.

Our November application process for the current year has just closed and we look forward to seeing what proposals have been submitted for consideration by this year's team.

### ***PARO Program Administrators and Program Director Educational Sessions***

Each year with the support of our six PG Deans and PGME Offices, we host participatory sessions for the Program Administrators and Program Directors at each site. During these sessions we present information about PARO, about how we can support the PAs & PDs in their roles **and** to highlight their important leadership roles in impacting the culture in their programs and by extension the resident experience.

During the intense days of COVID we took a break. This spring we relaunched a virtual edition of sessions. At the end of this week, we will have completed three sites, we have another booked in December and are booking our sessions for the remaining two sites early in the New Year.

In addition, again with PG Deans support and facilitation, we continue our *PARO's Contract Email* series to all Program Administrators at the six universities. These emails are timed to anticipate when our PARO Office has experienced spikes of these particular questions in prior years.

### ***Equity, Diversity and Inclusion (EDI)***

PARO's EDI framework empowers us to create a medical culture that is diverse, equitable and inclusive where we *make room for it, speak up for it, show it and show up for it, and share it so people can see it*. We will do this under four categories:

- creating psychological safety
- having an equitable advocacy system
- showcasing and celebrating equity
- having equitable representation of membership of PARO

Of late, we have been applying our EDI Framework to our PARO Awards process. We have drawn on the experience of our PARO Awards Selection Committee to help us consider how to integrate EDI practices into the PARO Awards.

### ***Government MRRP (Medical Resident Redeployment Program)***

Last year we were acutely aware of the increasing numbers of very sick patients and the demands on our health care system. We heard from Hospitals and Program Directors how residents could be mobilized to help with the increased patient care needs. And, we had many enquiries from residents asking how they might expedite their application for the Ontario Restricted Registration program (RR license). We also heard many reports of residents being asked to volunteer to cover extra call and shifts.

After significant work by our PARO CEO, Staff and consultants we very pleased when Government announced the Government MRRP to enable residents to provide much-needed additional service and to obtain payment in the amount of \$50 per hour. Our priority was to ensure that all residents to be eligible to participate, and to ensure that they will receive extra pay for doing so, as a tangible way of recognizing their contribution.

The Program had an end date of July 31<sup>st</sup>. Over the summer PARO advocated for the Program to be reimplemented to continue to provide our members with the ability to provide much needed services when they feel they can.

Anticipating a fourth wave of the COVID-19 pandemic in Ontario, and due to our advocacy, we received confirmation that the Government Program extended to December 31<sup>st</sup> 2021 and we have had positive discussions about a further extension if necessary, however Government likely won't make that decision until December.

### ***PARO Teaching to Teach Program***

We continue to deliver the teaching to teach workshop via Zoom to training programs at their academic half day session. Since the program was operationalized in 2017, 30 workshops have been delivered to 613 resident participants.

An important requirement to ensure the success of the teaching to teach program is a comprehensive training component for resident facilitators. To-date, 72 residents have been trained as facilitators and we are planning to host two more training sessions this academic year.

### ***Integration of Virtual Care in Medical Education***

Last year the PARO Board directed a team to determine how a virtual care curriculum might be optimally developed and integrated into medical education to create the conditions for resident training to be enhanced. Although PARO is not in a position to directly influence curriculum development and implementation, we can play a valuable role by providing the resident perspective and highlighting how this is an opportunity to streamline and leverage current training. We can also empower residents to understand existing best practices, such as to respect privacy standards and to promote resident safety. Virtual care encompasses all the ways healthcare providers remotely interact with their patients.

In January 2021, we brought together a group of residents comprised of GC reps and general members for a facilitated session. The group worked through a series of exercises to clarify the issues related to virtual care and discuss how PARO might best support members. The input was summarized and the team met again in early May 2021 to review/provide feedback as well as ideate how PARO could champion the development of standards, so residents can competently provide virtual care. At the June 2021 PARO Board meeting, we provided an overview of the strategic framework for this initiative and outlined the plan for next steps. The Board endorsed the framework as presented. As well, a divergent exercise to learn more about the Ontario resident experience with virtual care was delivered at the June 2021 PARO General Council meeting. We are now in the next phase of our work which includes development of a best practices/FAQ guide for residents and a PARO perspective paper on care standards and training implications for virtual care.

Kind Regards,

Brendan Lew, MD, CCFP  
PARO Board of Directors

# Council Briefing Note

December 2021

<b>Topic:</b>	Update on Council Decisions
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right Touch Regulation, Quality Care, Meaningful Engagement, System Collaboration, Continuous Improvement
<b>Public Interest Rationale:</b>	Accountability: Holding Council and the College accountable for the decisions made during the Council meetings
<b>Main Contacts:</b>	Lisa Brownstone, Chief Legal Officer Laurie Cabanas, Director, Governance Adrianna Bogris, Council Administrator
<b>Attachment(s):</b>	Appendix A: Nominations and Appointments to Committees Appendix B: Chair / Vice-Chair Appointments

## Issue

- To promote accountability and ensure that Council is informed about the status of the decisions it makes, an update on the implementation of Council decisions is provided below.

## Current Status

- Council held a meeting on September 13 & 14, 2021. The motions carried and the implementation status of those decisions are outlined in Table 1.

*Table 1: Council Decisions from September Meeting*

Reference	Motions Carried	Status
<b><u>01-C-09-2021</u></b>	<b><u>Consent Agenda</u></b>  The Council approves the items outlined in the consent agenda, which include in their entirety: <ul style="list-style-type: none"> <li>The Council meeting agenda for September 13 &amp; 14, 2021, as amended; and</li> <li>The minutes from Council held June 17 &amp; 18, 2021</li> </ul>	Completed.

Reference	Motions Carried	Status
<u>N/A</u>	Items for information: <ul style="list-style-type: none"> <li>3.1 Executive Committee Report</li> <li>3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases</li> <li>3.3 Government Relations Report</li> <li>3.4 Finance and Audit Committee Report</li> <li>3.5 Policy Report</li> <li>3.6 Medical Learners Report</li> <li>3.7 Update on Council Action Items</li> <li>3.8 2022 Council Meeting Dates</li> </ul>	N/A
<u>02-C-09-2021</u>	<p><b><u>Virtual Care – Draft Policy for Consultation</u></b></p> <p>The College engage in the consultation process in respect of the draft policy, “Virtual Care,” (a copy of which forms Appendix “A” to the minutes of this meeting).</p>	Consultation process in progress.
<u>04-C-09-2021</u>	<p><b><u>Executive Committee Elections</u></b></p> <p>The Council appoints:</p> <p>Dr. Janet van Vlymen (as President);                      Dr. Robert Gratton (as Vice President);                      Dr. Ian Preyra (as Executive Member Representative);                      Ms. Joan Fisk (as Executive Member Representative);                      Mr. Peter Pielsticker (as Executive Member Representative); and                      Dr. Judith Plante (as Past President),</p> <p>to the Executive Committee for the year that commences with the adjournment of the Annual General Meeting of Council in December 2021.</p>	Effective as of December 10, 2021.
<u>05-C-09-2021</u>	<p><b><u>Request for Exceptional Circumstances</u></b></p> <p>The Council approves the application of the Exceptional Circumstances clause in subsection 37(8) of the General By-law in respect to Dr. Jerry Rosenblum for an additional one-year term on the Inquiries, Complaints &amp; Reports Committee, when the term of his current appointment expires at close of the 2021 Annual General Meeting.</p>	Effective as of December 10, 2021.

Reference	Motions Carried	Status
<b><u>06-C-09-2021</u></b>	<p><b><u>Nominations and Appointments to Committees</u></b></p> <ol style="list-style-type: none"> <li>1. The Council appoints Dr. Catharine Smyth to the Premises Inspection Committee, effective immediately, with the term expiring at the close of the Annual General Meeting of Council in December 2023;</li> <li>2. The Council appoints Ms. Lucy Becker to the Ontario Physicians and Surgeons Discipline Tribunal, effective immediately, with the term expiring at the close of the Annual General Meeting of Council in December 2023;</li> <li>3. The Council appoints the following individuals to the following Committees for the terms indicated below as of the close of the Annual General Meeting of Council in December 2021 – Please refer to Appendix A attached hereto.</li> </ol>	<p>Completed.</p> <p>Completed.</p> <p>Effective as of December 10, 2021.</p>
<b><u>07-C-09-2021</u></b>	<p><b><u>Chair / Vice-Chair Appointments</u></b></p> <p>The Council appoints the following Committee Members as Chairs and Vice-Chairs, as noted below, to the following Committees as of the close of the Annual General Meeting of Council in December 2021 – Please refer to Appendix B attached hereto.</p>	<p>Effective as of December 10, 2021.</p>
<b><u>09-C-09-2021</u></b>	<p><b><u>Licentiate of the Medical Council of Canada (LMCC) Policy</u></b></p> <p>The College engage in the notice and consultation process in accordance with section 22.21 of the Health Professions Procedural Code, in respect of the draft policy “Licentiate of the Medical Council of Canada (LMCC) Policy” (a copy of which forms Appendix “B” to the minutes of this meeting).</p>	<p>Completed.</p>
<b><u>10-C-09-2021</u></b>	<p><b><u>Complementary and Alternative Medicine – Revised Draft Policy for Final Approval</u></b></p> <p>The Council approves the revised policy “Complementary and Alternative Medicine”, formerly the “Complementary / Alternative Medicine” policy, (a copy of which forms Appendix “C” to the minutes of this meeting).</p>	<p>Completed.</p>

Reference	Motions Carried	Status
<p><b><u>11-C-09-2021</u></b></p>	<p><b><u>By-law for Declaration of Emergency – Amended Motion</u></b></p> <p><i><b>WHEREAS</b> the Declaration of Emergency By-law provides for certain emergency powers for CPSO governance purposes;</i></p> <p><i><b>AND WHEREAS</b> the emergency powers are no longer needed at this present time;</i></p> <p>The Council declares that the emergency declared by the Executive Committee on March 24, 2020 under CPSO By-law No. 42 (the Declared Emergency By-law) is over, effective immediately.</p>	<p>Completed.</p>
<p><b><u>12-C-09-2021</u></b></p>	<p><b><u>Housekeeping By-law Amendments re: Terms of Academic Representatives</u></b></p> <p>The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 142:</p> <p style="text-align: center;">By-law No. 142</p> <p>(1) Subsection 24(3) of the General By-law is amended by deleting clauses (i) to (l) and replacing them with clauses (i) to (m) below:</p> <p>(3) A member is eligible for appointment to the academic advisory committee if, on the date of the appointment, ...</p> <p style="padding-left: 40px;">(i) the total of (A) the number of years of the proposed appointment, (B) the number of years the member was an elected member of the council (if any), and (C) the number of years the member was a member of the academic advisory committee (regardless of whether such member was selected as a councillor pursuant to Section 26 for all or part of that time) does not exceed nine years;</p> <p style="padding-left: 40px;">(j) the member is not, and has not been within five years before the date of the</p>	<p>Completed.</p>

Reference	Motions Carried	Status
	<p>election, an employee of the College (whether on contract or permanent, and whether on a full-time or part-time basis);</p> <p>(k) council has not disqualified the member from council or from one or more committees during the five years before the election date;</p> <p>(l) the member has not resigned from council or from one or more committees during the five years before the election date where there are reasonable grounds to believe that the resignation is related to a proposed disqualification of the member from council or one or more committees; and</p> <p>(m) the member has completed the orientation program specified by the College relating to the business and governance of the College and the duties, obligations and expectations of council and committee members.</p> <p>(2) Section 26 of the General By-law is amended by adding the following as subsection 26(5):</p> <p><b>Selection of Councillors</b></p> <p><b>26. ...</b></p> <p>(5) For purposes of subsection 11(2), the period of time a member was appointed to the academic advisory committee shall be counted as part of the calculation of the nine year total, regardless of whether the member was selected as a councillor pursuant to Section 26 for all or part of that time.</p>	

## Appendix A: Nominations and Appointments to Committees

### Ontario Physicians and Surgeons Discipline Tribunal:

Name of Member	Type	Committee Term
Mr. Jose Cordeiro	Public Member	3 years
Mr. Paul Malette	Public Member	3 years
Mr. Rob Payne	Public Member	3 years
Ms. Linda Robbins	Public Member	3 years
Ms. Shannon Weber	Public Member	3 years
Mr. Pierre Giroux	Public Member	1 year

### Fitness to Practise Committee:

Name of Member	Type	Committee Term
Mr. Jose Cordeiro	Public Member	3 years
Mr. Paul Malette	Public Member	3 years
Mr. Rob Payne	Public Member	3 years
Ms. Linda Robbins	Public Member	3 years
Ms. Shannon Weber	Public Member	3 years
Mr. Pierre Giroux	Public Member	1 year

### Finance and Audit Committee:

Name of Member	Type	Committee Term
Mr. Rob Payne	Public Member	3 years

### Inquiries, Complaints and Reports Committee:

Name of Member	Type	Committee Term
Mr. Murthy Ghandikota	Public Member	3 years
Mr. Fred Sherman	Public Member	3 years
Dr. Jerry Rosenblum	Physician Member	1 year
Dr. Andrew Stratford	Non-Council Physician Member	3 years
Dr. Olufemi Ajani	Non-Council Physician Member	3 years
Dr. Prema Samy	Non-Council Physician Member	3 years
Dr. Jude Obomighie	Non-Council Physician Member	3 years
Dr. Amie Cullimore	Non-Council Physician Member	3 years
Dr. Samantha Kelleher	Non-Council Physician Member	3 years

### Premises Inspection Committee:

Name of Member	Type	Committee Term
Dr. Gillian Oliver	Non-Council Physician Member	1 year
Dr. Colin McCartney	Non-Council Physician Member	3 years
Dr. Suraj Sharma	Non-Council Physician Member	3 years
Dr. Edsel Ing	Non-Council Physician Member	3 years
Dr. Wusun Paek	Non-Council Physician Member	3 years
Dr. Winnie Leung	Non-Council Physician Member	3 years
Dr. Haemi Lee	Non-Council Physician Member	3 years

**Quality Assurance Committee:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Dr. Camille Lemieux	Physician Member	3 years
Dr. Sarah Reid	Physician Member	3 years
Mr. Paul Malette	Public Member	3 years
Mr. Peter Pielsticker	Public Member	3 years
Dr. Jacques Dostaler	Non-Council Physician Member	3 years
Dr. Ken Lee	Non-Council Physician Member	3 years
Dr. Ashraf Sefin	Non-Council Physician Member	3 years
Dr. Robert Smith	Non-Council Physician Member	3 years
Dr. Tina Tao	Non-Council Physician Member	3 years
Dr. Patrick Safieh	Physician Member	1 year
Dr. Charles Knapp	Non-Council Physician Member	3 years

**Registration Committee:**

<b>Name of Member</b>	<b>Type</b>	<b>Committee Term</b>
Mr. Paul Malette	Public Member	3 years
Dr. Judith Plante	Physician Member	3 years
Dr. Bob Byrick	Non-Council Physician Member	1 year
Dr. Barbara Lent	Non-Council Physician Member	1 year

## Appendix B: Chair / Vice-Chair Appointments

<b>Committee</b>	<b>Chair</b>	<b>Term</b>
Fitness to Practise	Mr. David Wright	2 years
Inquiries, Complaints and Reports	Dr. Brian Burke	2 years
Premises Inspection	Dr. Gillian Oliver	1 year
Quality Assurance	Dr. Sarah Reid	2 years
Registration	Dr. Judith Plante	1 year

<b>Committee</b>	<b>Vice-Chair</b>	<b>Term</b>
Inquiries, Complaints and Reports	Dr. Thomas Faulds	2 years
Premises Inspection	Dr. James Watson	1 year
Quality Assurance	Dr. Ashraf Sefin	2 years
Registration	Dr. Kim Turner	1 year

# Council Briefing Note

December 2021

<b>Topic:</b>	Council Award Recipient
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Meaningful Engagement
<b>Public Interest Rationale:</b>	<b>Quality Care:</b> Ensuring that the care provided by individual regulated health professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved
<b>Main Contact:</b>	Caitlin Ferguson, Governance Coordinator Laurie Cabanas, Director, Governance
<b>Attachment:</b>	None

## Issue

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- At the December meeting of Council, **Dr. Ramona Mahtani** from Toronto will receive the CPSO Council Award through a virtual presentation.

## Background

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- The CPSO Council Award recognizes physicians who demonstrate the ideal qualities that are required to effectively meet the health care needs of the people they serve. These abilities are articulated in the Royal College of Physicians and Surgeons of Canada's [CANMEDS Framework](#) which consists of seven roles:
  - The physician as medical expert (the integrating role)
  - The physician as communicator
  - The physician as collaborator
  - The physician as leader
  - The physician as health advocate
  - The physician as scholar
  - The physician as professional

- A competent physician seamlessly integrates the competencies of all seven CPSO Council Award qualities.

**Current Status and Analysis**

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- Council member Dr. Patrick Safieh will present the award.
-

# Council Briefing Note

December 2021

<b>Topic:</b>	Cybersecurity & Updated Declaration of Adherence
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Continuous Improvement
<b>Public Interest Rationale:</b>	Ensure effective and appropriate governance of the CPSO's Council and committees.
<b>Main Contacts:</b>	Laura Rinke-Vanderwoude, Jr. Governance Analyst Marcia Cooper, Senior Corporate Counsel and Privacy Officer Laurie Cabanas, Director of Governance
<b>Attachment:</b>	Appendix A: Declaration of Adherence Appendix B: Council and Committee Code of Conduct

## Issue

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- Since the Declaration of Adherence and Council and Committee Code of Conduct were last approved, a number of necessary housekeeping amendments have been identified. In addition, amendments are needed to align with recent updates to the Use of CPSO Technology Policy in light of increasing cybersecurity risks. Council is asked to approve the updated Declaration of Adherence and Council and Committee Code of Conduct.
- This briefing note outlines the proposed changes and will be supported by a presentation on cybersecurity risks at CPSO during the Council meeting.

## Background

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- In 2020, the Declaration of Adherence and Council and Committee Code of Conduct were refreshed and approved by Council.
- In the past year, as a result of emerging cybersecurity risks, the College has been updating the way it conducts its work and communicates. In response to this changing landscape, updates have been made to the operational policy regarding the use of CPSO technology. These changes clarify that all College work is required to be performed on CPSO-issued laptops, and that all College email communication is required to be conducted using CPSO-

provided emails. These requirements apply not only to CPSO staff but to Council and committee members.

- The Executive Committee has identified a need to amend the Declaration of Adherence and Council and Committee Code of Conduct to align with the language in the recently updated CPSO Use of Technology policy.
- Additionally, independent of the changes regarding technology, two areas were identified that would benefit from housekeeping changes to the Declaration of Adherence and Council and Committee Code of Conduct:
  - Updates to the language referring to the Discipline Committee to reflect its new identity as the Ontario Physicians and Surgeons Discipline Tribunal throughout; and,
  - Updates to the Conflict of Interest form contained in the Declaration of Adherence to clarify the requirement to declare actual and potential conflicts or expressly indicate if there are no conflicts to declare.
- These changes have also been included for Council's approval.

### **Current Status and Analysis**

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- References to the Discipline Committee have been changed to the Ontario Physicians and Surgeons Discipline Tribunal or OPSDT, with a footnote in the first mention to indicate that the Tribunal is the same as the Discipline Committee as set out in the *Regulated Health Professions Act*. This change does not alter the meaning of the document and would not require Council approval.
- In collaboration with the Legal Office, the Conflict of Interest Form within the Declaration of Adherence has been updated to include additional explanation regarding conflicts of interest. This form is on Page 4 of the Declaration of Adherence (Appendix A).
- In addition, the form contains a new checkbox that requires the signatory to confirm they have no conflicts to declare. Previously, the only checkbox was for stating there was a conflict, and there was no mechanism to confirm that there were no conflicts to declare. Having this additional checkbox ensures that staff can rely on the forms without additional follow-up when no conflicts have been declared.
- With regards to technology, language changes are indicated in Appendix A and include:
  - Additions to the Declaration of Adherence and Council and Committee Code of Conduct regarding the required use of CPSO technology (laptops) and CPSO email for the performance of Council and committee work; and,

- Clarifications in the Council and Committee Code of Conduct regarding expectations that Council and committee members regularly monitor their CPSO email accounts.

### **Next Steps**

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- If approved, the new Declaration of Adherence and Council and Committee Code of Conduct will take effect immediately and will be circulated to all Council and Committee members for signature.

### **Question for Council**

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1. Does Council approve the changes to the Declaration of Adherence and Council and Committee Code of Conduct?
-

# Appendix A: Declaration of Adherence



## Members of CPSO Council and Committees

As a member of Council and/or a committee of the College of Physicians and Surgeons of Ontario (CPSO), I acknowledge that:

- the CPSO's duty under the *Regulated Health Professions Act, 1991* (RHPA) and the Health Professions Procedural Code (the Code) (relevant excerpts of which are attached to this document) is to serve and protect the public interest.
- I stand in a fiduciary relationship to the CPSO. This means that I must act in the best interests of the CPSO. As a fiduciary, I must act honestly, in good faith and in the best interests of the CPSO, and must support the interests of the CPSO over the interests of others, including my own interests and the interests of physicians.
- Council and Committee members must avoid conflicts between their self-interest and their duty to the CPSO and conflicts of interest by virtue of having competing fiduciary obligations to the CPSO and to another organization. As part of this Declaration of Adherence, I have identified below any relationship(s) I currently have with any organization that may create a conflict of interest by virtue of having competing fiduciary obligations to the CPSO and the other organization (including, but not limited to, entities of which I am a director or officer).
- I am aware of the confidentiality obligations imposed upon me by Section 36 (1) of the RHPA, a copy of which is attached to this Declaration. All information that I become aware of in the course of or through my CPSO duties is confidential and I am prohibited, both during and after the time I am a Council member or a CPSO committee member, from communicating this information in any form and by any means, except in the limited circumstances set out in Sections 36(1)(a) through 36(1)(k) of the RHPA.
- I have read Section 40 (2) of the RHPA, and understand that it is an offence to contravene subsection 36 (1) of the RHPA. I understand that this means in addition to any action the CPSO or others may take against me, I could be convicted of an offence if I communicate confidential information in contravention

Initial

## Appendix A: Declaration of Adherence



of Section 36 (1) of the RHPA, and if convicted, I may be required to pay a fine of up to \$25,000.00 (for a first offence), and a fine of not more than \$50,000 for a second or subsequent offence.

- I have read and agree to abide by the Council and Committee Code of Conduct (a copy of which is attached to this Declaration of Adherence).
- I understand that I am subject to the CPSO By-Laws, including the provisions setting out the circumstances in which I may be disqualified from sitting on Council or on a committee.
- I have read and am familiar with the CPSO's By-laws and governance policies. I am bound to adhere to and respect the CPSO's By-laws and the policies applicable to the Council, including without limitation, the following:
  - [Council and Committee Code of Conduct](#)
  - [Conflict of Interest Policy](#)
  - [Impartiality in Decision Making Policy](#)
  - [Confidentiality Policy](#)
  - [Use of CPSO Technology Policy](#)
  - [Information Breach Protocol](#)
  - [E-mail Management Policy](#)
  - [Protocol for Access to CPSO Information](#)
  - [Safe Disclosure Policy](#)
  - Role Description of a CPSO Council/Committee Member (as applicable)
- I must conduct CPSO work using a CPSO-issued computer or laptop, and that I am not permitted to use a personal computer or laptop for CPSO work.
- I must use **only** my CPSO-provided email address (eg., cpso.on.ca) for any and all communications relating to CPSO work.
- I have completed the attached Conflict of Interest Disclosure Form to the best of my ability, and will notify the CPSO of any changes or additions to the disclosed information at the earliest opportunity, in accordance with the Conflict of Interest Policy.

# Appendix A: Declaration of Adherence



- I confirm I have read, considered and understand the Declaration of Adherence including associated documents, and agree to abide by its provisions.
  
- I understand that any breach of this Declaration of Adherence may result in remedial action, censure or removal from office.

Printed Name:

Signature:

Date:

# Appendix A: Conflict of Interest Form



As part of your Council or committee work, you are expected to declare any actual or potential conflicts of interest. A conflict of interest is defined in the CPSO General By-law as:

*A conflict of interest exists where a reasonable person would conclude that a Council or committee member's personal or financial interest may affect his or her judgment or the discharge of his or her duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.*

Please indicate any financial or personal interests that are or may be perceived to be a conflict of interest with your duties at CPSO, including any positions you hold as an officer or director of any other entity whose interests or mandate could reasonably appear to be in conflict or inconsistent with the CPSO. Please review the *Conflict of Interest* policy for more details and examples of what may constitute a conflict of interest.

Potential conflicts will be investigated by the CPSO to confirm whether a conflict exists, and the extent of the impact of any conflicts on your involvement in work. If you are unsure if something is a conflict, please disclose it below.

I have no conflicts of interest to report

I have the following potential or actual conflicts of interest

1.
2.
3.

Printed Name:

Signature:

Date:

Initial

# Appendix B: Council and Committee Code of Conduct



## Purpose

This Code of Conduct sets out expectations for the conduct of Council and committee members to assist them in:

- carrying out the CPSO's duties under the *Regulated Health Professions Act, 1991* (RHPA) to serve and protect the public interest; and,
- ensuring that in all aspects of its affairs, Council and committees maintain the highest standards of public trust and integrity.

## Application

This Code of Conduct applies to all members of Council and to all CPSO committee members, including non-Council committee members.

## Fiduciary Duty and Serving and Protecting the Public Interest

### Fiduciary Duty

Council members and committee members are fiduciaries of the CPSO and owe a fiduciary duty to the CPSO. This means they are obligated to act honestly, in good faith and in the best interests of the CPSO, putting the interests of the CPSO ahead of all other interests, including their own interests and the interests of physicians.

As set out in the Declaration of Adherence, members must avoid situations where their personal interests will conflict with their duties to the CPSO. See the CPSO's [Conflict of Interest Policy](#) for further information.

Members who are appointed or elected by a particular group must act in the best interests of the CPSO even if this conflicts with the interests of their appointing or electing group. In particular:

- Professional members who are elected to Council do not represent their electoral districts or constituents.
- Academic professional members who are appointed to Council by their academic institutions do not represent the interests of their institutions.

- Public members of Council who are appointed by the Lieutenant Governor in Council do not represent the government's interests.

### **Serving and Protecting the Public Interest**

The CPSO is the self-regulating body for the province's medical profession. In carrying out its role as a regulator governed by the RHPA, the CPSO has a duty to "serve and protect the public interest". This duty takes priority over advancing any other interest. For greater clarity, advancing other interests must only occur when those interests are not inconsistent with protecting and serving the public interest. As Council and committee members have a fiduciary duty to the CPSO, they must keep in mind that in performing their duties they are expected to work together to support the CPSO in fulfilling this mandate.

### **Advancing the Profession's Interests**

It is possible that while serving and protecting the public, Council and committee members can also collectively advance the interests of the profession. However, there may be times when serving and protecting the public may not align with the interests of the profession. When this occurs, Council and committee members must protect and serve the public interest over the interests of the profession.

## **Conduct and Behaviour**

### **Respectful Conduct**

Members bring to the Council and its committees diverse backgrounds, skills and experiences. While members may not always agree on all issues, discussions shall take place in an atmosphere of mutual respect and courtesy and should be limited to formal meetings as much as possible.

For greater clarity, discussing Council or committee matters outside of formal meetings is strongly discouraged.

The authority of the President of Council must be respected by all members.

### **Council and Committee Solidarity**

Members acknowledge that they must support and abide by authorized Council and committee decisions, even if they did not support those decisions. The Council and CPSO committees speak with one voice. Those Council or committee members who have abstained or voted against a motion must adhere to and support the decision of a majority of the members.

### Media Contact, Social Media, and Public Discussion

#### Council and CPSO Spokespersons

The President is the official spokesperson for the Council. The President represents the voice of Council to all stakeholders. The Registrar/CEO is the official spokesperson for the CPSO.

#### Media Contact and Public Discussion

News media contact and responses and public discussion of the CPSO's affairs should only be made through the authorized spokespersons. Authorized spokespersons may include the President, the Registrar/CEO, or specified delegate(s).

No member of Council or a CPSO committee shall speak or make representations (including in social media or in private communications) on behalf of the Council or the CPSO unless authorized by the President (or, in the President's absence, the Vice-President) and the Registrar/CEO. When so authorized, the member's representations must be consistent with accepted positions and policies of the CPSO and Council and must comply with the confidentiality obligations under the RHPA.

#### Social Media Use

Members must take care in their social media posts and in sharing personal opinions that they do not appear to represent the CPSO. It is a member's responsibility to consider whether their post could possibly give rise to the appearance of representing the CPSO, even if such representation was not the intention of the post. This includes all manner of communications and social media use, whether private or public. For example, members should:

- Speak on behalf of the CPSO only when authorized by the President or CEO/Registrar;
- Make it clear that they are only speaking for themselves when commenting on matters that relate to the CPSO, and where their relationship to the CPSO is or could reasonably become known;
- Not respond to any negative or confrontational content that is or could be seen to be related to the CPSO, and notify CPSO staff should they discover or receive any negative/confrontational content on social media; and,
- Not engage in harassing, discriminatory or otherwise abusive behaviour.

## Appendix B: Council and Committee Code of Conduct



### Representation on Behalf of the CPSO

Council and committee members may be asked to present to groups on behalf of the CPSO, or may be invited to represent the CPSO at events or within the community. Council and committee members are expected to first obtain authorization to do so, as noted above, and to coordinate with CPSO staff to develop appropriate messaging and materials for such presentations.

Every Council and committee member of the CPSO shall respect the confidentiality of information about the CPSO whether that information is received in a Council or committee meeting or is otherwise provided to or obtained by the member. The duty of confidentiality owed by Council and committee members is set out in greater detail in the CPSO's [Confidentiality Policy](#).

### Diversity, Equity, and Inclusion

Diversity, equity, and inclusion is important to the CPSO in order to fulfil our mandate to protect and serve the public interest. Council and committee members are expected to support the CPSO's work towards providing a more diverse, equitable, and inclusive environment at the CPSO, within the profession, and for our patients across the province. This includes Council and committee members approaching all work at the CPSO with a diversity, equity, and inclusion lens.

### Email and CPSO Technology

More information on email and CPSO technology use can be found in the:

- [Use of CPSO Technology Policy](#)
- [Information Breach Protocol](#)
- [E-mail Management Policy](#)
- [Protocol for Access to CPSO Information](#)

### CPSO Email Address

Council and committee members must use **only** their **CPSO-provided email address (eg., cpso.on.ca)** ~~for any and all business related to the CPSO.~~ **communications relating to their CPSO work.** CPSO emails (including virtual meeting invitations) ~~should~~ **must** not be forwarded or sent to a personal email address under any circumstances. This is very important to maintain the confidentiality of CPSO-related communications. ~~Members are expected to minimize the use of their CPSO email address with regards to personal or~~

## Appendix B: Council and Committee Code of Conduct



~~non-CPSO matters.~~ The use of the CPSO email system by Council and committee members for personal matters should be incidental and kept to a minimum.

Members are expected to check their CPSO email account regularly. Council and committee members should not expect to receive notifications that CPSO email has been sent to them via a personal email, text or phone number, and should not ask CPSO staff to send these notifications. Council and committee members may contact IT for assistance with accessing or using their CPSO email, including having IT download the CPSO Outlook app on their personal mobile phones. ~~If a member is having difficulties accessing or using their CPSO email, the Information Technology department can provide assistance.~~

### CPSO Technology

Council and committee members should have no expectation of privacy in their use of CPSO Technology or in CPSO Information. The CPSO may monitor and review the use of CPSO Technology by Council and committee members, and may open and review e-mail messages, instant messaging, internet activity and other CPSO Information (including those of a personal nature), at any time without notice for the purposes of verifying compliance with CPSO policies, to protect CPSO Information and other CPSO property and for other lawful purposes.

The CPSO Policy on Use of CPSO Technology applies to Council and committee members. As provided in that policy, all information and data (including e-mail and instant messaging) (referred to as CPSO Information) generated or stored on CPSO systems, devices and associated computer storage media (referred to as CPSO Technology) are the exclusive and confidential property of the CPSO.

~~Council and committee members are expected to use laptop computers or other technology or devices provided by the CPSO for CPSO business purposes only. Additionally, the Information Technology department must approve any software downloads to CPSO technology or systems. The CPSO may approve the use of a personal device for CPSO work in some circumstances, in which case the member will be expected to sign an Undertaking with the CPSO regarding its use and security.~~ Council and committee members must conduct CPSO work using CPSO-issued computers or laptops, not personal computers or laptops. Use of CPSO-issued computers or laptops by CPSO Council and committee members for personal or non-CPSO matters should be kept to a minimum.

## Appendix B: Council and Committee Code of Conduct



Additionally, the Information Technology department must approve any software downloads to CPSO Technology or systems.

CPSO information must be saved in CPSO systems, and Council and committee members should not download, save or store CPSO information on CPSO Technology (e.g. on C drive or desktop) or on personal devices.

Council and committee members should be aware that they leave a CPSO “footprint” on the internet when accessing it from the CPSO’s wireless network or while using CPSO Technology or their CPSO email address. Members are reminded that when they use CPSO networks, they are representing the CPSO at all times during their Internet travels.

### Other Council and Committee Member Commitments

In addition to any other obligation listed in this Code of Conduct or in the Declaration of Adherence, each Council member and committee member commits to:

- uphold strict standards of honesty, integrity and loyalty;
- adhere to all applicable CPSO by-laws and policies, in addition to those listed or referred to in this Code of Conduct;
- attend Council and committee meetings, as applicable to the member, be on time and engage constructively in discussions undertaken at these meetings;
- prepare prior to each Council and committee meeting, as applicable to the member, so that they are well-informed and able to participate effectively in the discussion of issues and policies;
- state their ideas, beliefs and contributions to fellow Council and committee members and CPSO staff in a clear and respectful manner;
- where the views of the Council or committee member differ from the views of the majority of Council or committee members, work together with Council or the committee, as applicable, toward an outcome in service of the highest good for the public, the profession and the CPSO;
- uphold the decisions and policies of the Council and committees;
- behave in an ethical, exemplary manner, including respecting others in the course of a member’s duties and not engaging in verbal, physical or sexually harassing or abusive behaviour;

## Appendix B: Council and Committee Code of Conduct



- participate fully in evaluation processes requested by CPSO that endeavor to address developmental needs in the performance of the Council, Committee and/or individual member;
- willingly participate in committee responsibilities;
- promote the objectives of the CPSO through authorized outreach activities consistent with CPSO's mandate and strategic plan and in accordance with this Code of Conduct;
- respect the boundaries of CPSO staff whose role is neither to report to nor work for individual Council or committee members; and,
- if a member becomes the subject of a hearing by the Ontario Physicians and Surgeons Discipline Tribunal<sup>1</sup> or the Fitness to Practice Committee of the CPSO, withdraw from the activities of Council or any committee on which the member serves until those proceedings are formally concluded.

Any member of Council or a CPSO committee who is unable to comply with this Code of Conduct or the Declaration of Adherence, including any policies referenced in them, shall withdraw from the Council and/or such committees.

### **Amendment**

This Code of Conduct may be amended by Council.

**Updated and approved by Council: Month Day, Year**

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<sup>1</sup> The Ontario Physicians and Surgeons Discipline Tribunal is the Discipline Committee established under the Health Professions Procedural Code. For convenience, it is referred to as the OPSDT in other instances in this package.

# Council Motion

<b>Motion Title</b>	Declaration of Adherence and Council and Committee Code of Conduct Amendments
<b>Date of Meeting</b>	December 9, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council approves the amendments to the Declaration of Adherence, a copy of which forms Appendix “ “ to the minutes of this meeting;

AND THAT the Council approves the amendments to the Council and Committee Code of Conduct, a copy of which forms Appendix “ “ to the minutes of this meeting.

# Council Briefing Note

December 2021

<b>Topic:</b>	Finance and Audit Committee Recommendations – Budget 2022
<b>Purpose:</b>	For Decision
<b>Main Contact(s):</b>	Dr. Thomas Bertoia (Chair, Finance and Audit Committee) Ms. Nathalie Novak, Chief Transformation Officer Mr. Douglas Anderson, Corporate Services Officer Ms. Leslee Frampton, Manager, Finance
<b>Attachment(s):</b>	Appendix A: 2022 Budget

## Issue

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The Finance and Audit Committee met on October 12, 2021 and is recommending the following item to Council for approval:

- 2022 Budget

## Background

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### 2022 Budget

The College is accountable for \$76M budget, and regularly demonstrates – through detailed reports to the Finance and Audit Committee, Council, fiscal accountability, optimal resource use and delivery of effective and efficient programs.

Revenue is predicted to be \$75.8M. The surplus before new requests is \$300K and after new requests the deficit is budgeted to be \$1.7M. Requests for new items such as an increase to the per diem, staff salary increases and related costs leaving a modest deficit. \$2M of expenses are related to the depreciation of the new Enterprise System projects.

The Finance and Audit Committee approved the following motions:

It was moved by Mr. Payne, seconded by Dr. van Vlymen, and CARRIED. That the Finance & Audit Committee recommends to Council that the budget for 2022 be approved as presented.

It was moved by Mr. Payne, seconded by Dr. Gratton, and CARRIED. That the Finance & Audit Committee recommends to Council that per diems rates be increased by 2.5% effective January 1, 2022.

It was moved by Dr. Plante, seconded by Dr. Gratton, and CARRIED. That the Finance and Audit Committee is recommends to Council that the membership fee for 2022 remain at \$1,725.

Over the last four years there has been no increase to the Membership fee.

**Questions for Council**

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1. Does Council approve the budget for 2022 as presented?
  2. Does Council approve that per diem rates be increased by 2.5% effective January 1, 2022?
  3. Does Council approve that the membership fee for 2022 remain at \$1,725?
-

**Statement of Operations Input Template**  
College of Physicians and Surgeons of Ontario

	ACTUALS			BUDGET			% INCREASE OVER 2021 BUDGET	
	ACTUALS 2018	ACTUALS 2019	ACTUALS 2020	BUDGET 2021	NUMBERS	FEES		BUDGET 2022
<b>REVENUE NET OF CRCC'S</b>								
<b>MEMBERSHIP FEES</b>								
31100 - Independent Practice Licenses	60,325,027	63,368,956	64,354,783	65,653,788	37,680	1,725	64,998,000	-1% Decrease is due to several factors: Discounts for mat/pat leaves, more doctors leaving the profession and fewer joining.
31200 - Post Graduate	2,195,560	2,326,220	2,322,055	2,404,995	7,000	345	2,415,000	0%
31960 - Penalty Fees	336,705	178,723	1,026	408,353			404,478	-1%
34650 - Credit Card Fees	(1,513,182)	(1,521,195)	(1,540,401)	(1,526,423)			(1,519,241)	0%
<b>TOTAL MEMBERSHIP FEES</b>	<b>61,344,111</b>	<b>64,352,704</b>	<b>65,137,462</b>	<b>66,940,712</b>			<b>66,298,237</b>	<b>-1%</b>
<b>APPLICATION FEES</b>								
32100 - Independent Practice Licenses	2,322,670	2,478,628	2,537,690	2,534,779	2,650	1,035	2,742,750	8%
32200 - Post Graduate	1,469,807	1,506,297	1,323,348	1,333,950	3,075	431	1,326,094	-1%
33400 - Corporations - New	398,367	412,750	475,874	417,200	1,190	400	476,000	14% Increase is due to a return to pre-Covid levels.
33410 - Corporations - Renewals	3,568,110	3,639,925	3,449,621	3,568,075	20,570	175	3,599,750	1%
33250 - Certificates of Professional Conduct	648,367	662,175	146,740		0	0	0	0%
<b>TOTAL APPLICATION FEES</b>	<b>8,407,321</b>	<b>8,699,775</b>	<b>7,933,273</b>	<b>7,854,004</b>			<b>8,144,594</b>	<b>4%</b>
<b>OTHER</b>								
<b>Miscellaneous Services</b>								
35200 - Investment Income	1,625,027	4,016,920	2,740,013	2,038,000	825,000		825,000	-60% Interest on long term investment cannot be included until maturity.
38300 - Discipline Fees	589,792	610,458	367,616	455,000	500,000		500,000	10% Increase is due to a return to pre-Covid levels.
38350 - Court Awarded Costs	38,000	32,500	15,000		15,000		15,000	0%
39900 - Miscellaneous	178,837	216,258	72,874	101,878	-15,000		-15,000	-115% This budget line is hard to predict from year-to-year. However, exchange rate losses and service charges have been retained.
<b>TOTAL OTHER</b>	<b>2,431,657</b>	<b>4,876,136</b>	<b>3,195,503</b>	<b>2,594,878</b>			<b>1,325,000</b>	<b>-49%</b>
<b>TOTAL REVENUE (BEFORE CRCC'S)</b>	<b>72,183,088</b>	<b>77,928,615</b>	<b>76,266,237</b>	<b>77,389,595</b>			<b>75,767,830</b>	<b>-2%</b>
<b>EXPENDITURES NET OF CRCC'S</b>								
<b>Registrar Division</b>	1,829,442	2,908,039	1,380,461	2,037,202			1,873,149	-8%
<b>Chief Medical Advisor Division</b>		2,757,832	3,349,480	536,750				-100% Division dissolved and Medical Advisors returned to other program areas.
<b>Quality Management Division</b>	8,970,314	6,582,175	4,252,194	6,911,285			6,886,144	0%
<b>Registration &amp; Membership Services Division</b>	4,826,339	4,816,222	5,078,722	4,531,107			3,968,289	-12% Reduction in Staffing Costs.
<b>Communications &amp; Media Division</b>	3,029,699	1,921,124	1,526,751	1,778,220			2,194,502	23% Inclusion of new EDI Program, additional Staffing Costs, Professional Fees and Other (i.e. Miscellaneous and Members Dialogue).
<b>Transformation Office Division</b>	14,936,524	20,053,911	19,471,645	24,981,154			26,635,712	7%
<b>Legal Office Division</b>	4,912,920	4,909,346	5,450,469	5,684,130			6,155,118	8%
<b>Complaints Division</b>	21,589,570	19,943,676	17,230,316	22,057,364			20,153,500	-9%
<b>OPSDT Division</b>	2,922,263	3,134,584	2,797,033	2,918,081			2,780,541	-5%
<b>Governance Division</b>	1,189,797	1,421,270	2,051,854	3,833,677			3,173,786	-17% Decreased costs for committees due to virtual versus face-to-face meetings; the government has not yet asked us to assume the regulation of Physician Assistants; and decreases in Staffing Costs and Professional Fees.
<b>Policy Division</b>	2,111,033	1,947,412	1,377,570	1,277,630			1,646,739	29% increase in Staffing Costs.
<b>TOTAL EXPENDITURES (BEFORE CRCC'S)</b>	<b>66,317,901</b>	<b>70,395,591</b>	<b>63,966,495</b>	<b>76,546,599</b>			<b>75,467,479</b>	<b>-1%</b>
<b>EXCESS REVENUE OVER EXPENDITURES (BEFORE CRCC'S)</b>	<b>5,865,187</b>	<b>7,533,024</b>	<b>12,299,742</b>	<b>842,996</b>			<b>300,352</b>	
<b>CAPITAL AND NEW REQUESTS</b>								
<b>ADDED:</b>								
Increase in Membership Fee (i.e. 7 months of the New Year at the increased rate)							-	
<b>LESS:</b>								
Per diem rate increase - Operating							198,377	
HST increase (Due to per diem rate increase) - Operating							11,347	
Salary Increases							263,611	
Benefit increase due to change in salaries - Operating							36,906	

Pension increase (Due to salary increase) - Operating  
New Requests - Depreciation on Capital Additions  
New Positions  
OHPIP  
Depreciation on three building projects  
OPSDT

24,252  
170,000  
657,224  
75,000  
150,000  
400,000

**TOTAL NET SURPLUS/(DEFICIT)**

**(1,686,365)**

## EXPENDITURES BY DEPARTMENT (BEFORE CRCC'S)

College of Phys. & Surgs. Ont

Cost Centre

Reporting as of: Jun, 2021

CPSO

	ACTUALS			BUDGET					
	ACTUALS 2018	ACTUALS 2019	ACTUALS 2020	BUDGET 2021	BUDGET 2022	FORECAST FOR 2021	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET \$	CHANGE FROM PY BUDGET %
<b>REGISTRAR DIVISION</b>									
Executive Department	1,829,442	2,908,039	1,380,461	2,037,202	1,873,149	1,479,950	393,198	(164,053)	-8%
<b>TOTAL REGISTRAR DIVISION</b>	<b>1,829,442</b>	<b>2,908,039</b>	<b>1,380,461</b>	<b>2,037,202</b>	<b>1,873,149</b>	<b>1,479,950</b>	<b>393,198</b>	<b>(164,053)</b>	<b>-8%</b>
<b>CHIEF MEDICAL ADVISOR DIVISION</b>									
Chief Medical Advisor		2,757,832	3,349,480	536,750		-	-	(536,750)	-100%
<b>TOTAL CHIEF MEDICAL ADVISOR DIVISION</b>	<b>-</b>	<b>2,757,832</b>	<b>3,349,480</b>	<b>536,750</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(536,750)</b>	<b>-100%</b>
<b>QUALITY MANAGEMENT DIVISION</b>									
Education Advisory Group	23,476	15,621	10,669	29,043	25,534	91,105	(65,571)	(3,509)	-12%
Changing Scope Working Group	40,239	3,081							0%
Registration Pathways Evaluati	46,578	84,652							0%
Quality Assurance Committee	887,216	598,769	170,555	598,595	368,399	166,884	201,515	(230,196)	-38%
Peer Assessment Program	1,643,621	752,669	394,098	852,243	1,300,997	2,701,288	(1,400,291)	448,753	53%
Quality Improvement Program	1,805,974	1,179,592	436,554	1,235,668	1,458,196	754,862	703,335	222,529	18%
Assessor Bi-Annual Meeting	219,649	35	36,573	80,722				(80,722)	-100%
Registration & COS Assessments	89,936	47,933	34,928	65,122	14,318	13,458	860	(50,804)	-78%
Assessor Networks	25,738	30,093	5,317	43,244		3,287	(3,287)	(43,244)	-100%
Quality Management Department	1,452,883	857,556	569,595						0%
QA/QI Department	2,735,005	3,012,173	2,593,904	4,006,649	3,718,700	2,969,521	749,180	(287,948)	-7%
<b>TOTAL QUALITY MANAGEMENT DIVISION</b>	<b>8,970,314</b>	<b>6,582,175</b>	<b>4,252,194</b>	<b>6,911,285</b>	<b>6,886,144</b>	<b>5,086,867</b>	<b>1,799,277</b>	<b>(25,141)</b>	<b>0%</b>
<b>REGISTRATION &amp; MEMBERSHIP SERVICES DIVISION</b>									
Registration Committee	160,481	154,981	126,975	177,302	247,389	368,785	(121,396)	70,087	40%
Annual Membership Survey	22,159	11,330	207						0%
Applications and Credentials	2,919,183	2,958,205	3,366,171	4,353,805	3,720,900	5,300,886	(1,579,986)	(632,905)	-15%
Membership Department	752,526	762,744	905,235						0%
Corporations Department	971,990	928,961	680,133						0%
<b>TOTAL REGISTRATION &amp; MEMBERSHIP SERVICES DIVISION</b>	<b>4,826,339</b>	<b>4,816,222</b>	<b>5,078,722</b>	<b>4,531,107</b>	<b>3,968,289</b>	<b>5,625,507</b>	<b>(1,657,218)</b>	<b>(562,818)</b>	<b>-12%</b>
<b>COMMUNICATIONS AND MEDIA DIVISION</b>									
Outreach Program	60,186	11,291	2,142	25,000	19,858	1,392	18,466	(5,142)	-21%
EDI Program					122,000		122,000	122,000	0%
Communications Department	2,969,513	1,909,833	1,524,609	1,753,220	2,052,644	2,134,345	(81,702)	299,423	17%
<b>TOTAL COMMUNICATIONS AND MEDIA DIVISION</b>	<b>3,029,699</b>	<b>1,921,124</b>	<b>1,526,751</b>	<b>1,778,220</b>	<b>2,194,502</b>	<b>2,133,686</b>	<b>60,815</b>	<b>416,281</b>	<b>23%</b>
<b>TRANSFORMATION OFFICE DIVISION</b>									
Finance Committee	76,680	77,593	68,849	66,627	73,994	140,175	(66,180)	7,367	11%
Education Program Development	1,636	950	11,741	81,600	17,100		17,100	(64,500)	-79%
AD&D Support Projects	124,089	67,628	11,265						0%
Human Resources Department	954,771	1,417,604	1,545,880	1,274,792	1,865,322	2,328,002	(462,680)	590,530	46%
Training & Documentation			504,751	777,664	1,537,847	2,230,964	(693,117)	760,184	98%
Control Accounts									0%
Facility Services	983,034	1,039,424	980,169	934,484	989,420	911,685	77,735	54,936	6%
Records Management	904,102	883,158	1,452,875	1,446,304	1,526,541	1,671,252	(144,711)	80,237	6%
Business Services	224,909	199,696	101,947						0%
Finance Department	2,067,462	2,583,762	2,071,084	1,765,640	1,906,285	2,661,265	(754,980)	140,645	8%
Continuous Improvement			2,045,465	2,659,461	3,357,288	4,115,668	(758,379)	697,828	26%
IT Support	3,956,428	4,539,285	3,373,973	3,200,909	3,157,999	3,660,343	(502,344)	(42,910)	-1%
Operations and Support									0%
Infrastructure	1,564,455	4,069,669	2,756,544	2,982,512	3,475,859	3,177,564	298,295	493,347	17%
Enterprise Systems			432,566	4,727,885	4,195,946	164,206	4,031,740	(531,939)	-11%
AD&D Support Department	1,271,377	1,853,906	1,179,880	1,295,431	1,334,897	1,563,996	(229,099)	39,466	3%
Occupancy	2,117,057	2,603,259	2,292,704	3,042,345	2,447,213	2,630,973	(183,760)	(595,132)	-20%

800 Bay Street	690,526	717,978	641,952	725,500	750,000	772,856	(22,856)	24,500	3%
<b>TOTAL TRANSFORMATION OFFICE DIVISION</b>	<b>14,936,524</b>	<b>20,053,911</b>	<b>19,471,645</b>	<b>24,981,154</b>	<b>26,635,712</b>	<b>20,193,058</b>	<b>6,442,654</b>	<b>1,654,558</b>	<b>7%</b>
<b>LEGAL OFFICE DIVISION</b>									
Legal Services	4,912,920	4,909,346	5,450,469	5,684,130	6,155,118	5,357,113	798,004	470,988	8%
<b>TOTAL LEGAL OFFICE DIVISION</b>	<b>4,912,920</b>	<b>4,909,346</b>	<b>5,450,469</b>	<b>5,684,130</b>	<b>6,155,118</b>	<b>5,357,113</b>	<b>798,004</b>	<b>470,988</b>	<b>8%</b>
<b>COMPLAINTS DIVISION</b>									
Spec Panel – Surgical					315,075	-	315,075	315,075	0%
Spec Panel – Obstetrics					140,366	-	140,366	140,366	0%
Caution Panels	115,575	95,473	42,793	85,021	84,907	53,581	31,325	(115)	0%
Business, Leadership, Training	183,841	228,022	110,426	209,039	185,649	151,095	34,554	(23,390)	-11%
Spec Panel - Family Practice					353,291	-	353,291	353,291	0%
Spec Panel – Internal Medicine					145,424	-	145,424	145,424	0%
Spec Panel – Mental Health					145,424	-	145,424	145,424	0%
Gen,Hybrid,Teleconfs,Ad-Hocs	1,291,199	1,172,348	758,346	1,168,864	988,993	810,723	178,271	(179,870)	-15%
ICRC - Specialty Panels	1,008,040	911,923	825,539	944,115	44,630	1,126,515	(1,081,884)	(899,485)	-95%
ICRC - Health Inquiry Panels	58,855	21,839	30,125	46,240	45,357	12,154	33,202	(884)	-2%
Training - Non-Staff	12,214	29,241	2,632	48,000	42,000	18,467	23,533	(6,000)	-12%
Health Assessments	154,243	128,747	73,047	148,772	148,306	49,614	98,692	(466)	0%
Medical Assessors (MIs)	1,063,962	690,739	401,529	643,886	573,069	344,324	228,745	(70,817)	-11%
Peer Opinions (IOs)	186,334	231,893	122,444	200,452	269,520	183,574	85,946	69,068	34%
Advisory Services Department	1,369,556	1,448,322	1,272,969	1,354,797	1,156,600	928,388	228,212	(198,198)	-15%
I&R Administration	2,188,580	592,266	775,676	2,457,545	1,834,342	2,831,081	(996,739)	(623,203)	-25%
ICR Committee Support	2,231,379	2,287,726	1,968,114	2,735,691	2,243,358	1,909,598	333,760	(492,332)	-18%
Compliance Monitoring	1,892,010	2,082,242	1,965,871	1,934,947	1,874,488	1,895,478	(20,990)	(60,459)	-3%
PC Resolutions	1,614,764	2,994,558	8,599,546	10,079,995	9,562,700	8,167,638	1,395,063	(517,294)	-5%
Sexual Impropriety Investigat	1,005,476	1,035,826	96,708	-	-	-	-	-	0%
PC Investigations	3,844,164	3,641,255	75,729	-	-	-	-	-	0%
Registrar's Investigations	2,824,079	1,924,565	102,704	-	-	-	-	-	0%
Incapacity Investigations	545,299	426,689	6,117	-	-	-	-	-	0%
<b>TOTAL COMPLAINTS DIVISION</b>	<b>21,589,570</b>	<b>19,943,676</b>	<b>17,230,316</b>	<b>22,057,364</b>	<b>20,153,500</b>	<b>17,857,394</b>	<b>2,296,106</b>	<b>(1,903,864)</b>	<b>-9%</b>
<b>OPSDT DIVISION</b>									
OPSDT Hearings	1,685,868	1,727,728	1,851,850	1,707,033	1,485,195	2,315,365	(830,171)	(221,839)	-13%
OPSDT Case Management	263,505	200,047	190,591	245,675	68,982	146,654	(77,672)	(176,693)	-72%
OPSDT Policy/Training	259,836	300,575	184,111	411,260	318,478	214,841	103,638	(92,782)	-23%
Fitness to Practice Committee	19,912	856	204	-	-	-	-	-	0%
Tribunal Office	693,143	905,379	570,276	554,112	907,886	974,840	(66,955)	353,774	64%
<b>TOTAL OPSDT DIVISION</b>	<b>2,922,263</b>	<b>3,134,584</b>	<b>2,797,033</b>	<b>2,918,081</b>	<b>2,780,541</b>	<b>3,664,994</b>	<b>(884,453)</b>	<b>(137,540)</b>	<b>-5%</b>
<b>GOVERNANCE DIVISION</b>									
Council	464,212	487,344	379,781	499,923	566,645	270,763	295,883	66,722	13%
Strategic Planning Project	35,560	270,443	5,009	-	-	-	-	-	0%
Governance Committee	46,306	42,472	91,493	157,007	80,749	149,737	(68,988)	(76,258)	-49%
Council Elections	3,040	4,508	5,600	6,500	5,000	-	5,000	(1,500)	-23%
Executive Committee	123,417	81,084	51,032	125,311	101,636	46,911	54,726	(23,675)	-19%
President's Expenses	83,362	89,803	87,197	156,587	169,727	46,400	123,327	13,141	8%
FMRAC	433,900	445,616	454,528	460,000	465,000	457,573	7,427	5,000	1%
Committee Education					438,578	-	438,578	438,578	0%
Government Relations				1,017,565	270,932	-	270,932	(746,633)	-73%
Governance		-	977,214	1,410,784	1,075,518	1,429,389	(353,872)	(335,266)	-24%
<b>TOTAL GOVERNANCE DIVISION</b>	<b>1,189,797</b>	<b>1,421,270</b>	<b>2,051,854</b>	<b>3,833,677</b>	<b>3,173,786</b>	<b>2,276,233</b>	<b>897,554</b>	<b>(659,891)</b>	<b>-17%</b>
<b>POLICY DIVISION</b>									
Policy Working Group	94,820	80,017	69,740	97,535	103,749	43,584	60,165	6,214	6%
Patient Relations Program	980,204	424,110	327,629	120,569	117,638	426,692	(309,054)	(2,931)	-2%
Policy	1,036,008	1,443,285	980,201	1,059,526	1,425,352	1,108,482	316,869	365,826	35%
<b>TOTAL POLICY DIVISION</b>	<b>2,111,033</b>	<b>1,947,412</b>	<b>1,377,570</b>	<b>1,277,630</b>	<b>1,646,739</b>	<b>1,490,830</b>	<b>155,909</b>	<b>369,109</b>	<b>29%</b>
<b>TOTAL EXPENDITURES (BEFORE CRCC'S)</b>	<b>66,317,901</b>	<b>70,395,591</b>	<b>63,966,495</b>	<b>76,546,599</b>	<b>75,467,479</b>	<b>65,165,633</b>	<b>10,301,846</b>	<b>(1,079,121)</b>	<b>-1%</b>

## EXPENDITURES BY ACCOUNT (BEFORE CRCC'S)

College of Phys. & Surgs. Ont

Cost Center

Reporting as of: Jun, 2021

CPSO

	ACTUALS			BUDGET					
	ACTUALS 2018	ACTUALS 2019	ACTUALS 2020	BUDGET 2021	BUDGET 2022	FORECAST FOR 2021	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET \$	CHANGE FROM PY BUDGET %
<b>PER DIEMS</b>									
Attendance	2,786,711	2,062,698	1,268,296	2,851,700	2,188,376	1,238,193	950,183	(663,324)	-23%
Teleconference	204,616	222,844	616,250		1,667,962	1,715,166	(47,204)	1,667,962	0%
Preparation Time	2,555,628	2,299,417	2,021,977	2,711,321	2,891,651	2,757,209	134,442	180,330	7%
Decision Writing	881,652	611,481	601,551	840,315	1,257,587	722,567	535,020	417,272	50%
Travel Time	1,475,825	871,275	254,163	860,244	512,456	101,079	411,377	(347,788)	-40%
Expert/Peer Opinions	1,293,652	774,158	-			-	-	-	0%
Assessors	1,296					-	-	-	0%
HST on Per Diems	570,971	426,810	278,115	472,133	391,824	326,622	65,202	(80,309)	-17%
<b>TOTAL PER DIEMS</b>	<b>9,770,351</b>	<b>7,268,684</b>	<b>5,040,353</b>	<b>7,735,713</b>	<b>8,909,856</b>	<b>6,374,182</b>	<b>2,535,674</b>	<b>1,174,143</b>	<b>15%</b>
<b>STAFFING COSTS</b>									
Salaries	35,640,945	38,163,321	36,390,956	38,777,911	38,577,378	38,166,782	410,596	(200,533)	-1%
Vacation Accrual	34,081	(165,285)	572,210			-	-	-	0%
Benefits	4,763,133	5,406,604	5,043,510	5,639,019	5,458,833	5,053,454	405,379	(180,186)	-3%
DC Pension	3,122,853	3,654,410	3,410,903	3,722,679	3,549,119	3,649,305	(100,186)	(173,561)	-5%
Legacy DB Pension Plan	213,900	390,440	147,479	200,000	300,000	147,479	152,519	100,000	50%
Training and Conferences	527,490	572,149	246,379	1,086,960	982,312	730,928	251,384	(104,648)	-10%
Employee Engagement	220,737	285,935	223,957	289,988	313,826	265,773	48,053	23,838	8%
Professional Fees - Staff	106,944	139,656	153,466	181,945	192,085	146,817	45,268	10,140	6%
Part Time Help	117,867	237,241	185,003	76,400	507,000	908,788	(401,788)	430,600	564%
<b>TOTAL STAFFING COSTS</b>	<b>44,747,948</b>	<b>48,684,470</b>	<b>46,373,862</b>	<b>49,974,903</b>	<b>49,880,553</b>	<b>49,292,419</b>	<b>588,133</b>	<b>(94,350)</b>	<b>0%</b>
<b>PROFESSIONAL FEES</b>									
Consultant Fees	1,489,814	4,193,348	2,103,068	6,930,230	4,598,954	562,648	4,036,306	(2,331,276)	-34%
Legal Fees	1,083,157	981,253	1,471,356	1,238,829	410,000	1,229,909	(819,909)	(828,829)	-67%
Audit Fees	55,597	62,498	53,901	45,000	50,000	-	50,000	5,000	11%
Recruiting	25,681	24,380	14,780	55,000	55,000	609,590	(554,590)	0	0%
<b>TOTAL PROFESSIONAL FEES</b>	<b>2,654,249</b>	<b>5,261,479</b>	<b>3,643,106</b>	<b>8,269,059</b>	<b>5,113,954</b>	<b>1,297,393</b>	<b>3,816,561</b>	<b>(3,155,105)</b>	<b>-38%</b>
<b>OTHER COSTS</b>									
Software Costs	366,598	875,862	1,445,372	2,236,242	2,193,300	2,310,903	(117,603)	(42,942)	-2%
Equipment Leasing	28,664	65,674	89,030	50,000	100,960	70,898	30,062	50,960	102%
Equipment Maintenance	36,431	15,089	5,378	56,360	100,210	8,837	91,373	43,850	78%
Miscellaneous	183,442	90,502	201,731	57,264	169,803	45,142	124,661	112,539	197%
Photocopying	339,884	279,907	210,284	273,149	184,009	129,248	54,761	(89,140)	-33%
Patient Records			8,248		33,450	-	33,450	33,450	0%
Printing	4,492	8,537	2,962	6,100	1,000	5,143	(4,143)	(5,100)	-84%
Postage	253,801	201,715	96,248	123,955	103,350	53,346	50,004	(20,605)	-17%
Members' Dialogue - Printing	197,917	256,555	168,770	220,000	250,000	422,471	(172,471)	30,000	14%
Members' Dialogue - Postage	142,446	131,985	127,828	100,000	140,000	130,659	9,341	40,000	40%
Courier	39,696	31,430	24,346	44,100	31,050	28,135	2,915	(13,050)	-30%
Telephone	316,159	271,337	256,965	313,610	311,805	427,339	(115,534)	(1,805)	-1%
Office Supplies	288,144	242,016	501,879	575,000	156,690	415,769	(259,075)	(418,310)	-73%
Reporting and Transcripts	326,489	311,878	263,056	464,597	747,670	532,212	215,458	283,073	61%
Internal Charges	(493,775)	(570,480)	(454,432)	(607,454)	(1,265,492)	(619,515)	(645,977)	(658,038)	108%
FMRAC Fees	433,900	445,616	454,528	460,000	465,000	454,528	10,472	5,000	1%
Publications and Subscriptions	181,367	206,111	185,454	150,183	173,917	174,781	(864)	23,734	16%
Meals	685,710	461,483	237,426	559,585	335,175	40,879	294,296	(224,410)	-40%
Accommodations	370,686	255,041	76,105	271,674	217,738	5,464	212,274	(53,936)	-20%
Travel Expenses	416,440	290,657	65,682	473,690	280,713	2,613	278,100	(192,977)	-41%

Kilometer Expense	250,268	190,394	66,336		78,161	33,857	44,304	78,161	0%
Witness Expenses	24,895	45,442	8,403	55,000	50,700	2,220	48,480	(4,300)	-8%
Grants	54,000	140,297	38,244	74,000	50,000	-	50,000	(24,000)	-32%
Therapy Costs	952,836	391,089	293,966	75,000	65,000	172,541	(107,541)	(10,000)	-13%
Bad Debt Expense	69,417	280,206	106,655			2,346,101	(2,346,101)	-	0%
Offsite Storage Fees	199,941	205,831	180,690	190,600	202,600	188,130	14,470	12,000	6%
<b>TOTAL OTHER COSTS</b>	<b>5,669,848</b>	<b>5,124,171</b>	<b>4,661,154</b>	<b>6,222,656</b>	<b>5,176,809</b>	<b>5,891,792</b>	<b>(714,983)</b>	<b>(1,045,847)</b>	<b>-17%</b>
<b>OCCUPANCY COSTS</b>									
Building Repairs - Electrical	59,000	235,418	260,815	19,300	31,300	342,730	(311,430)	12,000	62%
Building Repairs - Plumbing	44,525	52,579	48,760	34,900	32,500	3,407,898	(3,375,398)	(2,400)	-7%
Building Consultants	69,758	486,143	48,091	536,550	335,900	918,656	(582,756)	(200,650)	-37%
Building Repairs - Mechanical	99,730	83,746	88,684	127,650		322,612	(322,612)	(127,650)	-100%
Building Maint. - Mechanical	63,390	59,294	58,151		115,100	53,757	61,343	115,100	0%
Building Maint. - Housekeeping	211,807	231,790	222,194	244,250	254,750	202,715	52,035	10,500	4%
Building - Miscellaneous	740	854	360		-	899	(899)	-	0%
Rent - 800 Bay Street	680,117	727,355	641,587	725,000	750,000	751,554	(1,554)	25,000	3%
Other Building Costs	211,987	93,740	144,517	217,000	87,900	84,044	3,856	(129,100)	-59%
Insurance	514,556	545,263	592,234	615,000	800,000	708,500	91,500	185,000	30%
Realty Taxes	94,302	102,593	108,101	105,000	115,000	87,486	27,514	10,000	10%
Hydro	172,330	180,394	134,042	165,000	141,000	175,283	(34,283)	(24,000)	-15%
Natural Gas	15,387	15,093	14,799	17,000	20,000	18,740	1,260	3,000	18%
Water and Other Utilities	20,939	18,358	11,095	17,000	12,000	4,054	7,946	(5,000)	-29%
<b>TOTAL OCCUPANCY COSTS</b>	<b>2,258,570</b>	<b>2,832,618</b>	<b>2,373,430</b>	<b>2,823,650</b>	<b>2,695,450</b>	<b>2,769,396</b>	<b>(73,946)</b>	<b>(128,200)</b>	<b>-5%</b>
<b>DEPRECIATION AND AMORTIZATION</b>									
Depreciation - Non Building	206,440	163,200	502,855	142,851	2,419,633	5,821,336	(3,401,703)	2,276,782	1594%
Depreciation - Building	502,205	499,728	496,287	514,487	519,558	551,088	(31,530)	5,071	1%
Amortization - Computer Leases	508,292	561,240	875,449	863,281	751,666	1,011,776	(260,110)	(111,615)	-13%
<b>TOTAL DEPRECIATION AND AMORTIZATION</b>	<b>1,216,936</b>	<b>1,224,169</b>	<b>1,874,590</b>	<b>1,520,619</b>	<b>3,690,857</b>	<b>4,248,484</b>	<b>(557,627)</b>	<b>2,170,238</b>	<b>143%</b>
<b>TOTAL EXPENDITURES (BEFORE CRCC'S)</b>	<b>66,317,901</b>	<b>70,395,591</b>	<b>63,966,495</b>	<b>76,546,599</b>	<b>75,467,479</b>	<b>69,873,666</b>	<b>5,593,812</b>	<b>(1,079,121)</b>	<b>-1%</b>

# Council Motion

<b>Motion Title</b>	2022 Budget Approval
<b>Date of Meeting</b>	December 9, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

Council approve the Budget for 2022 (a copy of which forms Appendix “ ” to the minutes of this meeting) authorizing expenditures for the benefit of the College during the year 2022.

# Council Motion

<b>Motion Title:</b>	Fees By-law Amendment – Council and Committee Remuneration
<b>Date of Meeting:</b>	December 9, 2021

It is moved by \_\_\_\_\_,

and seconded by \_\_\_\_\_, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 144:

## **By-law No. 144**

(1) Paragraph 20(3) of By-Law No. 2 (the Fees and Remuneration By-Law) is revoked and the following is substituted, effective January 1, 2022:

(3) The amount payable to members of the council and a committee is, subject to subsections (4) and (8),

- (a) for attendance at, and preparation for, meetings to transact College business, \$534 per half day, and
- (b) for transacting College committee business by telephone or electronic means of which minutes are taken, the corresponding hourly rate for one hour and then the corresponding half hour rate for the half hour or major part thereof after the first hour.

# Council Briefing Note

December 2021

<b>Topic:</b>	Out-of-Hospital Premises – Envisioning a New Framework
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Quality Care System Collaboration Continuous Improvement
<b>Public Interest Rationale:</b>	The Out-of-Hospital Premises Inspection Program is being re-evaluated with an intent to modernize its regulatory approach in order to align the program with the CPSO’s new Strategic Plan and to ensure the public interest is being effectively served.
<b>Main Contact(s):</b>	Craig Roxborough, Director, Policy Laurie Reid, Director, Investigations & Accreditation Tanya Terzis, Senior Policy Analyst Courtney Brown, Policy Analyst
<b>Attachment(s):</b>	N/A

## Issue

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- It has been over a decade since the Out-of-Hospital Premises Inspection Program (OHPIP) was created. In keeping with CPSO’s [Strategic Plan](#), the OHPIP is being re-evaluated with an aim to update and modernize the Program Standards and regulatory approach.
- Council is provided with a brief overview of work that is underway to modernize the OHPIP.

## Background

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- By the early 2000s, an increasing number of procedures traditionally provided in hospitals (e.g., surgical interventions) began to move into community settings, without the same quality and institutional oversight typically found within hospitals.
- In response, the OHPIP was created through a regulatory amendment to the *General Regulation* under the *Medicine Act, 1991* requiring CPSO to establish a quality and inspection regime for premises where procedures are being performed under

general anesthesia, parenteral sedation, or regional anesthesia along with a number of more specific categories of procedures performed with local anesthetic.

- To ensure such premises are operating safely and effectively, the OHPIP inspects all facilities performing these procedures and through the inspection regime enforces a set of [standards](#) (called “Program Standards”), which outline the core requirements that must be met when performing specific procedures in out-of-hospital premises (OHPs).
  - The Program Standards outline the different levels of premises within the program (based on the level of risk of the procedures taking place at each), and set out specific requirements for the facilities in relation to, for example, post-procedure care, infection prevention and control, and physical infrastructure. They also include details regarding the inspections undertaken by CPSO to ensure compliance with the Standards.
  - Additional procedure specific standards are also set out for premises providing interventional pain, endoscopy, and induced abortion care to further clarify how the core standards apply to these specific areas of practice.
- This regulatory framework was originally intended to be revisited to ensure it continued to be fit for purpose, although there has not been significant change to the framework over the past decade.
- In keeping with CPSO’s Strategic Plan and efforts across the organization to modernize our regulatory approach in line with “Right-Touch Regulation”, the OHPIP has been identified as the next area in need of modernization.

## **Current Status and Analysis**

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- With an aim to improve the effectiveness of the program as a whole, modernization efforts will include changes at the operations level, committee level, and to the Program Standards themselves. An overview of the activities undertaken to date, as well as work that is currently underway is provided below.

### *Project Scoping – Identifying the Challenges and Potential Areas for Improvement*

- A number of activities have been undertaken to gain an understanding of the challenges within the program and potential opportunities for improvement.
  - A Kaizen event<sup>1</sup> was held earlier this year in which staff from Policy, the program area and Legal, along with CPSO’s LEAN consultant, Bruce Miyashita, met over the course of several days to identify current challenges and areas of focus for change.

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<sup>1</sup> Kaizen events are traditionally brainstorming and implementation sessions intended to improve an existing process.

- A jurisdictional scan was undertaken to compare the oversight regime of other regulators across Canada who similarly regulate out-of-hospital facilities, including their approach to setting requirements through standards documents.
- The Premises Inspection Committee (PIC) was engaged and provided feedback on the current approach to regulating OHPs, as well as their perspective on potential areas for improvement, and areas of potential risk that need to be mitigated or addressed.
- A consultation survey was distributed to all OHPs in an effort to solicit feedback on key areas of the program and the Program Standards.
  - Survey engagement was high, with a total of 111 survey respondents, including both Medical Directors and physicians practising in OHPs.
  - Overall, there was support for the aim and role of the program, along with constructive feedback on how the program could be improved.
  - In general, the feedback confirmed internal analysis of the program and supported some of the changes already being undertaken or contemplated (e.g., changes to the inspector staffing model outlined further below).
- These activities have informed the key objectives of this modernization project, including:
  1. Aligning the broader regulatory approach with the Strategic Plan (i.e., a focus on Right-Touch Regulation), including a focus on areas of greatest risk;
  2. Updating the Program Standards to increase clarity, to reference and align with existing external standards, and to promote and allow for professional judgment;
  3. Coordinating and leveraging existing regulatory tools, such as: existing standards, policies, and clinical practice guidelines (e.g., holding individual physicians practising in OHPs accountable for compliance); the role of Medical Directors (e.g., expanding oversight and responsibility); the quality monitoring and oversight regime offered by OHPIP and PIC; and finally, the investigative process.

#### *Operational Changes to the OHPIP*

- Over the course of this past year, the OHP program area has initiated some early changes that align with and support a modernized vision of the program. These have included:

- **Changes to the staffing model for inspections:** What were historically a mix of administrative and contract assessment or inspection positions, have been consolidated into a clinically focused position with the adoption of a new Nurse Inspector position. This change is intended to improve file continuity and the quality of assessments by eliminating the transfer of premises information from one position to another.
- **Introduction of a triage team for incoming adverse events reports:** Historically adverse events reports were collected and distributed to PIC panel members with limited preliminary review by staff. A triage team, comprised of OHPIP leadership and support staff, Medical Advisors, Nurse Inspectors and Legal, has been introduced to review all incoming adverse events before they proceed to PIC to allow for the collection of further information from OHPs where needed, clarification of report details, and communication with the premises as needed. The intention is to help ensure that adverse events proceeding to PIC have all relevant information for the panel members to consider when deciding next steps, and that there is consistency in the approach to all incoming adverse events.
- **PIC specialty panels:** Historically, panels that review inspection reports have been comprised of physician and public committee members with a variety of clinical backgrounds. Specialty panels are being introduced so that committee members with knowledge of the types of procedures being performed review the inspection reports for the premises. The specialty panels will consist of: plastics and other surgeries; women's health; adult chronic pain; endoscopy; and ophthalmology. The OHPIP initiated the adult chronic pain panel in August 2021 with other specialty panels to follow in 2022. New PIC members were recruited with this model in mind in order to meet quorum for each specialty panel.

#### *Program Standards Review Process*

- The Program Standards articulating requirements for facilities, Medical Directors, and physicians practising in OHPs have not been meaningfully updated in many years.
- In addition to being long, dense, detailed, and often very prescriptive, they are out of date and not necessarily aligned with clinical practice guidelines or best practices that have evolved since their development.
- Work is underway to both redesign and revise the current approach to setting standards for OHPs. The primary intention of the redesign is to improve the clarity, readability, and utility of the Program Standards to support improved understanding and uptake.

- Leveraging experience with the Policy Re-design<sup>2</sup> process, the process for reviewing Program Standards will involve a thorough analysis of the existing standards, with an eye to identification of expectations that are mandatory or permissive, and content that is duplicative or explanatory.
- Similar to the policy re-design, efforts will be made to simplify the format, and more clearly set out responsibilities of individuals within OHPs.
- Unlike the policy redesign process which left the policy expectations unchanged, this process will likely also include significant updates to the content of the standards.
- In keeping with Right-Touch Regulation, an effort will be made to move away from prescriptive or detailed standards to more principle-based requirements (where possible) and a focus on areas of greatest risk to patients. The update aims to focus on setting guiding principles for conduct and care, rather than instructions that supplant professional and clinical judgment.
- Where external standards, clinical practice guidelines, policies or hospital best practices exist, efforts will be made to rely on or point to these documents, rather than embed them into the Program Standards in order to avoid misalignment.

## Next Steps

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- This work will be an area of significant focus in 2022 with significant activity underway to review and update the Program Standards and to implement additional operational changes in the coming months.
- Council, along with the PIC and the Executive Committee, will be engaged as this work unfolds. Council approval will be required when consulting on draft Program Standards as well as to approve a final version of the Program Standards.

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<sup>2</sup> In 2019, all policies were redesigned to be clearer and more concise, with a focus on enhancing their utility for physicians. For additional details about the redesign process, please see the [May 2019](#) and [September 2019](#) Council materials.

# Council Briefing Note

December 2021

<b>Topic:</b>	Out-of-Hospital Premises Draft Standard – Image Guidance when Administering Nerve Blocks for Adult Chronic Pain
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Quality Care
<b>Public Interest Rationale:</b>	A new Standard is being developed to require image guidance when administering certain nerve blocks for adult chronic pain in Out-of-Hospital Premises to enhance patient safety and clarify the College’s expectations.
<b>Main Contact(s):</b>	Courtney Brown, Policy Analyst Tanya Terzis, Senior Policy Analyst Laurie Reid, Director, Investigations & Accreditation Craig Roxborough, Director, Policy
<b>Attachment(s):</b>	Appendix A: Draft Out-of-Hospital Premises Standard: Image Guidance when Administering Nerve Blocks for Adult Chronic Pain Appendix B: Draft Frequently Asked Questions: Image Guidance when Administering Nerve Blocks for Adult Chronic Pain in OHPs

## Issue

- In response to issues with the administration of nerve blocks in some Out-of-Hospital Premises (OHP) pain clinics, a new draft Standard has been developed to clearly articulate CPSO’s expectations.
- Council is provided with an overview of the draft Standard and is asked if it can be released for external consultation and engagement.

## Background

- As required by regulation, CPSO administers the Out-of-Hospital Premises Inspection Program, which includes setting standards and conducting inspections for facilities that administer anesthesia and sedation, as well as those that administer nerve blocks for adult chronic pain.
- OHPs that provide interventional pain management play an important role in serving and supporting patients with chronic pain in the community, underscoring the importance of ensuring the delivery of high quality care in these clinics.

- There has historically been disagreement as to the appropriate standard of care when administering nerve blocks for adult chronic pain. In particular, there is disagreement regarding whether the use of image guidance is required, and the type of imaging required for a particular nerve block in each instance (e.g., use of ultrasound, CT, or fluoroscopy to guide these procedures).
- There are two distinct approaches in practice, with one involving a technique called landmarking, and another involving the use of image guidance.
  - Physicians in favour of the first approach (i.e., landmarking) tend to be family physicians who have additional training in interventional pain management and have undergone CPSO's Change of Scope process in order to practice in this area. Notably, advocates of this approach tend to be of the view that access to care is significantly improved by adopting this approach.
  - Those in favour of the use of image guidance tend to be specialists who have undergone certification through the Royal College of Physicians and Surgeons of Canada. Advocates of this approach tend to be of the view that image guidance is essential to ensure appropriate needle placement and that the injection is delivered to the target.
- These differences in approach have been a longstanding issue in cases seen by the Premises Inspection Committee (PIC), with multiple historical attempts to reach consensus, including through consultation and engagement with physicians and stakeholders who hold both perspectives. Consensus has not been possible to this point.
- The divergence in approaches to practice is relatively unique to Ontario, and in many ways is an artifact of the billing framework in the province, as the Schedule of Benefits does not require use of image guidance when billing for these procedures.

## Current Status and Analysis

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- As outlined below, a new draft standard has been developed to clarify CPSO's expectations, and address some of the known issues in the space. An overview of the draft Standard, along with the quality concerns driving its development is provided below.

### *Quality of Care Concerns in OHPs*

- OHP inspections are identifying concerns in the quality of care occurring in some OHPs where interventional pain procedures are performed.
  - Without image guidance there is uncertainty as to whether physicians are correctly administering the nerve blocks they are claiming to provide to patients and which they are billing for. Without image guidance physicians may be inadvertently

administering trigger point injections (blocks delivered to the muscle instead of the nerve).

- In some cases, an unnecessarily high number of blocks are being administered to patients, without clear clinical indication.

### *The Draft Standard*

- To clarify CPSO's expectations, and address some of the known issues in the space, a new draft Standard (Appendix A) and companion Frequently Asked Questions (FAQ) document (Appendix B) have been developed.
- In particular, the intention of the draft Standard is to require image guidance for all nerve blocks (at minimum, use of ultrasound) with the exception of superficial facial blocks<sup>1</sup>, and signal that in some circumstances a higher level of imaging will be required in order to meet the standard of care (i.e., CT and/or fluoroscopy).
  - The draft Standard was developed in consultation with the program area, in light of our regulatory experience and committee work, and after a review of relevant jurisdictional comparators and best practices.
  - Clinical input was sought from physician members of PIC and other clinicians who practice in the space. Additional support was provided by Dr. Saroo Sharda (Medical Advisor), and Elisabeth Widner (Senior Legal Counsel) who supports the committee.
- The draft Standard reflects that available research, best practices, and other regulators who similarly regulate facilities and practices of this nature (e.g., College of Physicians and Surgeons of British Columbia), all consider image guidance to be critical when administering nerve blocks for chronic pain.
- Beyond the minimum requirement of image guidance, there are generally only 'recommendations' or 'best practices' regarding the types of imaging that should be used for each nerve block in the literature. While the draft Standard does not reference specific Clinical Practice Guidelines in the document, it does reference the Spine Intervention Society's [recommendations](#) in the FAQ, which identify the categories of nerve blocks that may require a higher level of imaging.

### *Right-Touch Regulation*

- Right-touch regulation involves exerting the right regulatory force, proportionate to the identified risks.

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<sup>1</sup> Superficial facial nerve blocks include, for example: supraorbital blocks, infraorbital blocks, supratrochlear blocks, and mental branch of mandibular nerve blocks.

- With respect to the delivery of safe and appropriate nerve blocks, other regulatory tools have been insufficient to change practice and so a draft Standard has been developed to clearly articulate in a detailed manner CPSO's expectations in this regard.
  - While right-touch regulation often results in moving away from detailed, prescriptive requirements and towards a more principle-based approach, in this instance a prescriptive Standard has been developed to ensure that the standard of care is clear, the risks in this space are appropriately managed, and patient safety is not being compromised.
  - Historically we have allowed and relied on professional judgment to guide decisions about what is appropriate. However, given the pervasiveness and extent of the disagreement and the risk of patient harm that may result, a clear Standard is an example of CPSO exerting the right tools, with the right force, for the right problem.

## Considerations

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- While it is important for CPSO to set clear standards in this area, the following are key considerations with respect to potential consequences that may arise as a result of the implementation of the draft Standard:
  - Requiring physicians to use image guidance may result in increased costs for those not currently following this practice, as they will need to purchase and maintain the appropriate equipment to perform image guidance. As a result, some OHPs may elect to no longer offer these services.
  - All levels of image guidance may not be within the scope of practice of all physicians who currently perform nerve blocks for adult chronic pain, and as a result we may see an increased number of physicians undergoing a change of scope in order to be able to incorporate image guidance into their practices. Alternatively, some OHPs may elect to no longer offer blocks that require image guidance they cannot provide.
  - Program staff estimate that of the over one hundred OHP pain clinics, a significant majority of these may be impacted by this change.
- The result of this may include a reduction in access for patients to care they are currently receiving for chronic pain. Patients who seek such care are often vulnerable and have been suffering from the effects of their pain for some time. However, this reduction in access may be necessary to ensure patient safety and appropriate pain practice.
- Should the Standard ultimately be approved following any revisions made in light of consultation feedback, physicians impacted by its implementation would be given an opportunity to comply with the requirements and to make any necessary arrangements, to ensure patients are not unduly impacted.

## Next Steps

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- Pending Council's approval, the draft Standard and FAQ document will be released for external consultation and engagement.
- Feedback received as part of these activities will be shared with the Executive Committee and Council at a future meeting and used to further refine the draft.

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## Question for Council

1. Does Council approve the draft Standard for external consultation and engagement?

## Out-of-Hospital Premises Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain

The use of image guidance is widely accepted as a critical component of administering nerve blocks in order to reduce the risk of complications, ensure the injection is delivered to the target, and enhance patient safety.

In keeping with our mandate to serve the public interest, this Standard sets out the College of Physicians and Surgeons of Ontario's (CPSO) expectations for physicians administering nerve blocks for adult chronic pain in Out-of-Hospital Premises.

### **Standard**

1. With the exception of superficial facial nerve blocks<sup>1</sup>, physicians administering nerve blocks for adult chronic pain **must**:
  - a. use image guidance;
  - b. capture an image of needle placement, appropriate contrast spread and/or local anesthetic spread to demonstrate appropriate placement and maintain a copy of the image in the patient's medical record;
  - c. ensure that the level of imaging used (e.g. ultrasound, computerized tomography (CT) and/or fluoroscopy) is appropriate for the type of nerve block being performed;
    - i. For example, it is not appropriate for ultrasound to be used for all nerve blocks. CT and/or fluoroscopy must be used where clinically indicated;<sup>2</sup>
  - d. be qualified and able to perform the required level of imaging within their premises or have a written procedure in place for the timely referral of patients to a qualified health care professional;<sup>3</sup>
  - e. practise in a manner that is consistent with this Standard, any relevant practice standards, quality standards, and clinical practice guidelines.

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<sup>1</sup> For example, superficial facial nerve blocks include: supraorbital blocks, infraorbital blocks, supratrochlear blocks, and mental branch of mandibular nerve blocks.

<sup>2</sup> Please see the *Frequently Asked Questions* document for additional information on practice standards, quality standards, and clinical practice guidelines that indicate where CT and/or fluoroscopy are necessary for proper visualization.

<sup>3</sup> For example, physicians practising in premises with only ultrasound available, need to have written procedures in place for the referral of patients in the event that CT and/or fluoroscopy is indicated for proper visualization.

## **Frequently Asked Questions: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain in Out-of-Hospital Premises**

### ***What practice standards, quality standards, and clinical practice guidelines are relevant in this space?***

The Spine Intervention Society (SIS) sets out Safety Practices for Interventional Pain Procedures. Generally, SIS recommends the use of fluoroscopy for the following procedures:

- Epidural steroid injections
- Medial branch blocks
- Medial branch radiofrequency neurotomy
- Lateral atlanto-axial joint injections
- Sacroiliac joint injections
- Sacral lateral branch blocks.

For additional information and guidance, please see the Spine Intervention Society's [website](#).

### ***Are epidurals considered to be nerve blocks under this Standard?***

Yes. Epidural injections are considered to be nerve blocks and physicians must comply with the expectations in this Standard when administering them for chronic pain in OHPs.

### ***What if CT and/or fluoroscopy is not part of my current practice?***

If you are administering nerve blocks for adult chronic pain, there are likely to be instances where you will need to use CT and/or fluoroscopy. If you do not have the necessary qualifications to use CT and/or fluoroscopy as part of your practice but wish to do so, you will need to undertake CPSO's Change of Scope process to ensure you have the requisite knowledge, skill and judgement. More information on this process can be found [here](#).

If you do not wish to undertake a change of scope, and there is no other physician qualified to perform these procedures using CT or fluoroscopy within your premises, you will need to have a written process in place to refer patients to another qualified health care professional who can provide them.

### ***What if practice standards, quality standards, and clinical practice guidelines indicate that fluoroscopy is appropriate for a specific block, but I don't think it is indicated for a specific patient?***

You are required to practise in a manner that is consistent with this Standard, other relevant practice standards, quality standards, and clinical practice guidelines. Any departure from these standards will require strong and appropriate justification.

# Council Motion

<b>Motion Title</b>	Out-of-Hospital Premises Standard: Image Guidance when Administering Nerve Blocks for Adult Chronic Pain – Draft for Consultation
<b>Date of Meeting</b>	December 9, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The College engage in the consultation process in respect of the draft “Out-of-Hospital Premises Standard: Image Guidance when Administering Nerve Blocks for Adult Chronic Pain,” (a copy of which forms Appendix “ ” to the minutes of this meeting).

# Council Briefing Note

December 2021

<b>Topic:</b>	Governance Orientation eLearning Program
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Meaningful Engagement
<b>Public Interest Rationale:</b>	Accountability: Holding regulated health professionals accountable to patients/clients, the College and the public
<b>Main Contacts:</b>	Deanna Bowlby, Education Lead Laura Rinke-Vanderwoude, Jr. Governance Analyst Laurie Cabanas, Director of Governance

## Issue

- Council is being provided with an update on the completion and launch of CPSO's new Governance Orientation eLearning Program.

## Background

- In December 2020, Council approved a high-level overview for the development of a Governance Orientation eLearning Program, which was designed to strengthen and improve the current orientation program. At the same meeting, Council approved a by-law amendment to require, as part of the eligibility criteria, that prospective election candidates have to complete an orientation program prior to submitting their nomination form and statement (s. 13(l))<sup>1</sup>.
- The program supports the CPSO in meeting requirements set out in the Ministry of Health's College Performance Measurement Framework, which all health regulatory colleges must demonstrate and report on annually to the Minister of Health.
- The program consists of 9 modules, each targeted towards their specific audience(s) which include:

<sup>1</sup> A member is eligible for election to the council in an electoral district if, on the date of the election, [...] prior to the member submitting a nomination form and nomination statement for the election, the member has completed the orientation program specified by the College relating to the business and governance of the College and the duties, obligations and expectations of council and committee members.

- prospective elected physician Council members;
  - newly appointed public Council members; and,
  - newly appointed non-Council Committee members.
- The program was created using input from a jurisdictional scan, key informant interviews with Council and non-Council Committee members, expertise from a working group, feedback from the Education Advisory Group, senior management and relevant staff (including communications, legal, governance, education and policy).
  - A preliminary version of the program was delivered to prospective physician Council members in spring 2021, prior to Council elections; it was well received.
  - Depending on the audience, the program is projected to take between one hour to an hour and a half to complete.

### **Current Status and Analysis**

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- The program was designed to ensure that Council and committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
- An application has been submitted for College of Family Physicians of Canada Mainpro+ and Royal College of Physicians and Surgeons of Canada MOC Section 1 accreditation to enable eligible physician members to claim professional development learning time spent on the modules.
- The program was finalized in the Learning Management System platform in the third week of November. The program will be made available to new Council and Committee members who were appointed in June and September and prospective elected Council members for the by-election in district 9 in alignment with the anticipated accreditation approval.

### **Next Steps**

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- Next steps include providing existing Council and Committee members with the opportunity to complete the program on the voluntary basis. The Governance Orientation eLearning Program will also be used as an orientation for prospective candidates who wish to run in the district elections that take place in May/June.

# Council Briefing Note

December 2021

<b>Topic:</b>	Governance Committee Elections
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Meaningful Engagement
<b>Public Interest Rationale:</b>	Accountability: Holding health regulated professionals accountable to patients, College and the public
<b>Main Contacts:</b>	Laura Rinke-Vanderwoude, Jr. Governance Analyst Laurie Cabanas, Director of Governance
<b>Attachments:</b>	Appendix A: Council Profile Appendix B: Candidate Nomination Statements

## Issue

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- The General By-law sets out that an election must be held to select three members for the Governance Committee for 2021-2022.

## Background

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- Section 44 of the College's General By-law states that the Governance Committee shall be comprised of the President, Vice-President, and a Past-President of Council, as well as one physician Council member and two public Council members who are not members of the Executive Committee. The term for all Governance Committee members is one year.
- An election is required for the purpose of selecting the two public and one physician Council members. If the number of nominations matches the number of open positions in the Governance Committee, they may be acclaimed rather than elected.
- All Governance Committee members are expected to demonstrate the key behavioural competencies set out in the Council Profile (see Appendix A).

### **Current Status and Analysis**

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- Drs. Judith Plante (2021-2022 Past President), Janet van Vlymen (2021-2022 President), and Robert Gratton (2021-2022 Vice President) are slated for appointment by Council to the Governance Committee because of their executive roles in 2021-2022. Dr. Judith Plante will serve as the Governance Committee Chair for 2021-2022.
- Dr. Sarah Reid has been nominated for the physician Council member vacancy and meets the eligibility criteria.
- Dr. Lydia Miljan (PhD) and Ms. Shannon Weber have been nominated for the two public Council member vacancies; both meet the eligibility criteria.

### **Next Steps**

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- Nominations may come from the floor on the day of the election. Should this occur, an election would be required and each nominee will be given an opportunity to address Council prior to election. Elections will be run using the ElectionBuddy online secret ballot voting software. All voting Council members must have access to their CPSO email during the voting period to access the voting link.
- If the Committee is populated by acclamation, Council must make a motion to acclaim the nominees to their positions of the Governance Committee.

### **Question for Council**

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1. Who does Council appoint to fill the three vacancies on the Governance Committee for 2021-2022?
-

## Appendix A – Governance Committee Profile

The Governance Committee Profile outlines the diversity attributes, technical skills, and behavioral competencies that should be represented among Governance Committee members to effectively carry out its mandate as outlined in the Terms of Reference.

The Council Profile will also provide a basis for:

- assessing where there may be gaps in the diversity attributes, skills, and behavior of current Committee members;
- informing CPSO’s recruitment efforts; and
- identifying the learning/training needs of current members.

While individual Committee members are not expected to possess all the technical skills and diversity attributes outlined in the Profile, the Governance Committee can assess the current competence and diversity of its collective members and, through training and recruitment, work towards an appropriate composition of Committee members based on these requirements.

Diversity Attributes	Technical Skills	Behavioural Competencies
<ul style="list-style-type: none"> <li>• Race/Ethnicity</li> <li>• Indigenous</li> <li>• Gender</li> <li>• LGBTQ2S+</li> <li>• Age</li> <li>• Disability</li> <li>• Practice Setting</li> <li>• Practice Specialty</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Literacy</li> <li>• French</li> <li>• Governance</li> <li>• Government Relations</li> <li>• Health System Knowledge</li> <li>• Human Resources</li> <li>• Knowledge of Anti-racism and Anti-oppression</li> <li>• Leadership</li> <li>• Legal and Fiduciary Knowledge</li> <li>• Policy Development</li> <li>• Risk Management</li> <li>• Strategic Planning</li> <li>• Technological Proficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous Learning</li> <li>• Creativity</li> <li>• Effective Communication</li> <li>• Planning &amp; Initiative</li> <li>• Relationship Building</li> <li>• Results Oriented</li> <li>• Stakeholder Focused</li> <li>• Strategic Thinking</li> <li>• Teamwork</li> </ul>

Technical Skills	
Financial Literacy	Ability to understand conceptually the financial position of CPSO as presented in its financial statements and generally accepted accounting principles; can read, interpret, and ask questions about financial statements.
French	Demonstrated capacity to comprehend and articulate complex materials in both spoken and written format.
Governance	Demonstrated experience of governance principles and practices.
Government Relations	General understanding of the workings of government and providing advice, where necessary, to access government officials to continue to enhance CPSO work.
Health System Knowledge	Understanding of the health care system in Ontario and Canada and the roles and responsibilities of health sector actors, including the different levels of government and other health organizations. A familiarity with historical and current trends in improvements to health services delivery, access to care and health outcomes.
Human Resources	Demonstrated experience in planning human resource strategies.
Knowledge of Anti-racism and Anti-oppression	Awareness of the impacts of racism and oppression on the individual, institutional, and societal levels. Builds awareness to create more just, equitable, and inclusive environments.
Leadership	Demonstrated experience in leadership positions.
Legal and Fiduciary Knowledge	Understanding of one's legal and fiduciary duties and responsibilities including loyalty, good faith, trust, preparedness, participation.
Policy Development	Knowledge and understanding of the purpose of policy at CPSO and engagement in the policy development process.
Risk Management	General understanding of the concept of risk management. Ability to think critically about operational and governance issues to ensure the effective management of potential opportunities and adverse effects.
Strategic Planning	Demonstrated ability to think critically about systemic issues and the role of CPSO in health care in Ontario.
Technological Proficiency	Ability to use software and digital platforms that CPSO uses to conduct its business.

Behavioral Competencies	
Continuous learning	Involves taking actions to improve personal capability and includes the ability to quickly understand and apply information, concepts, and strategies. Demonstrates an interest in continuous personal learning.
Creativity	Is generating new solutions, developing creative approaches, and implementing new approaches that lead to improved performance. It requires the ability to anticipate and lead change that contributes to organizational success.
Effective Communication	Is willing and able to see things from another person's perspective. Demonstrates the ability for accurate insight into other people's/group's behavior and motivation, and responds appropriately. It is the ability to accurately listen, understand, and respond effectively with individuals and groups.
Planning & Initiative	Recognizes and acts upon present opportunities or addresses problems. Displays effective use of time management skills. Is able to plan and organize workflow and meetings in an efficient manner to address the opportunity or problem.
Relationship Building	Is working to build or maintain ethical relationships or networks of contacts with people who are important in achieving Council-related goals and the College mission.
Results Oriented	Makes specific changes in own work methods or systems to improve performance beyond agreed standards (i.e., does something faster, at lower cost, more efficiently; improves quality; stakeholder satisfaction; revenues, etc.).
Stakeholder Focused	Desires to help or serve others, meets the organization's goals and objectives. It means focusing one's efforts on building relationships and discovering and meeting the stakeholders' needs. Partnerships between internal colleagues within the College are essential to meet external stakeholders' needs.
Strategic Thinking	Understands the implications of decisions and strives to improve organizational performance. It requires an awareness of organizational issues, processes, and outcomes as they impact key stakeholders and the organization's strategic direction.
Teamwork	Demonstrates cooperation within and beyond the Council or the College. Is actively involved and "rolls up sleeves". Supports group decisions, even when different from one's own stated point of view. Is a "good team player", does his/her share of work. Compromises and applies rules flexibly and adapts tactics to situations or to others' response. Can accept setbacks and change own immediate behavior or approach to suit the situation. Is candid about opinions and raises justified concerns

# Appendix B: Nomination Statements

## Nomination Statement

	<p><b>DR. SARAH REID</b> <b>District 7 Representative</b> <b>Ottawa, Ontario</b></p> <p><b>Principal Area of Practice or Specialty:</b> <b>Pediatrics</b></p> <p><b>Elected Council Terms:</b> 2018-2021 2021-2024</p>
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### CPSO Committees and Other CPSO Work:

Education Committee	2018-2019
Quality Assurance Committee	2019-Present
Policy Working Group	2020-Present

### STATEMENT:

I would be honoured to be the physician Council Member representative on the Governance Committee.

I am a Pediatric Emergency Physician and Associate Professor. As member of our Emergency Department (ED) Executive Committee, I led our outreach education program for 10 years and helped create the first Canadian virtual pediatric ED. As current Editor and national Steering Committee member for Translating Emergency Knowledge for Kids, I lead the creation of resources used in EDs across Canada, am developing a fellowship program, and provide ongoing strategic direction.

Since election to Council in 2018, I have supported the work of CPSO in a variety of ways. As Vice-Chair of the Quality Assurance Committee, I participated in member interviews, succession planning, and will become Chair in 2022. As member of the Policy Review Working Group, I collaborate to update guidance for the profession. Last year, I aided the development of e-learning modules for onboarding Council and Committee members.

CPSO has afforded many opportunities to learn and contribute. Given my strong communication skills, collaborative nature, leadership abilities, and understanding of the organization, I look forward to further optimizing Council and Committee functioning to help us achieve our shared vision and mission.

Thank you.

**Nomination Statement**



**DR. LYDIA MILJAN (PHD)**

**Public Member of Council  
Kingsville, ON**

**Occupation:**  
University of Windsor –Professor

**Council Terms:**  
2020 - 2022

**CPSO Committees and Other CPSO Work:**

Inquiries, Complaints and Reports Committee:	2020 – 2022
Policy Working Group	2021-- 2022

**STATEMENT:**

I have a varied and relevant work and volunteer experience that I believe would benefit the committee.

Professionally, I am a Professor of Political Science with over 20 years experience. I am the author of the leading title in public policy in Canada published by Oxford University Press. I have been elected to my faculty association, having served on council, executive, and on the bargaining committee. I am on University Senate and been part of the Board of Governors committees on retirements, benefits, and investment.

Outside of academia I have also had governance relevant roles. For 9 years I was on the board of directors for the Council of Canadian Academies. In addition, I served on sub-committees including nominations and governance, and executive. Throughout these experiences I have used the many competencies required of the governance committee including communication, critical thinking, and decision-making. I am confident that my tenure on the ICRC committee has demonstrated my collegiality, teamwork, and meeting management. Although I have no diversity attributes apart from gender, I have been interested in anti-racism and anti-oppression and have taken steps to better educated myself on these issue by completing the Cultural Safety Training.



**MS. SHANNON WEBER**

**Public Member of Council  
Waterloo, Ontario**

**Occupation:**  
Faculty Lead – Conestoga College School of Business  
Leadership & Governance Consultant

**Appointed Council Terms:**  
2020-2021  
2021-2024

**CPSO Committees and Other CPSO Work:**

Discipline Tribunal	2020-Present
<p><b>STATEMENT:</b> (200 words or less)</p> <p>I am honoured to be nominated to serve on the CPSO Governance Committee. I view this role as one of service and to be entrusted with your support to serve in a way that is open to feedback, dialogue and reflection on how we can be collectively effective as a Council.</p> <p>With your support, I will bring many years of governance and leadership experience working with numerous public and not-for-profit Boards and leadership teams. In addition, I have served as a governance coach and consultant both independently and as an Executive-in-Residence with Capacity Canada. One of the many effective governance tools that I have used is a generative form of stakeholder engagement. I would like to explore this approach with CPSO to further engagement of Council members with our mission and governance activities.</p> <p>I have additional experience in both external relations and human resource management. I currently teach in a graduate business program at Conestoga College, serve as a Coach with the Girls on Boards program at Fora Network and as a Strategic Planning Advisor for the KW4 Ontario Health Team. Through this OHT work I am furthering my knowledge of health system integration and health equity.</p> <p>I appreciate your consideration of my interest in serving the CPSO in this capacity.</p>	

# Council Motion

<b>Motion Title</b>	Governance Committee Elections
<b>Date of Meeting</b>	December 10, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council appoints the following individuals to the 2021-2022 Governance Committee for the term indicated below:

Dr. Judith Plante, Chair	1 year
Dr. Janet van Vlymen, Vice Chair	1 year
Dr. Robert Gratton	1 year
X – Physician Member of Council	1 year
X – Public Member of Council	1 year
X – Public Member of Council	1 year

# Council Briefing Note

December 2021

<b>Topic:</b>	2021-2022 Committee Appointments
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Quality Care Meaningful Engagement
<b>Public Interest Rationale:</b>	Select skilled, experienced and diverse members for CPSO Committees so that they can effectively carry out CPSO's work.
<b>Main Contacts:</b>	Laurie Cabanas, Director of Governance Laura Rinke-Vanderwoude, Jr. Governance Analyst
<b>Attachments:</b>	Appendix A: List of Appointments

## Issue

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- The Executive Committee is making recommendations to Council for approval of remaining Committee appointments for the 2021-2022 Committee year.
- In addition, the Executive Committee is forwarding a request to rescind one Vice-Chair appointment made at the September Council meeting.

## Background

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- Council approved the majority of Committee nominations in September 2021. A few outstanding vacancies remained, for which recruitment efforts continued in the fall.
- Candidates have been interviewed for these vacancies and have been presented to the Governance Committee as well as the Executive Committee; the recommended appointments candidates are before Council for final approval.
- The proposed candidates were selected by considering a number of factors including skills, expertise and committee membership succession planning, keeping in mind term limits and expiries.

- In September 2021, Council also approved upcoming Chair and Vice-Chair appointments. One Vice-Chair has subsequently indicated she is unable to accept the position which would require a rescindment by Council.

## **Current Status and Analysis**

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### Appointments

- The following candidates are recommended for appointment:

### *Inquiries, Complaints and Reports Committee*

- Dr. Kuppuswami Shivakumar was interviewed and selected to fill the outstanding Psychiatrist vacancy on ICRC.

### *Finance and Audit Committee*

- Succession planning was central to candidate selection for the Finance and Audit Committee. Specifically, only five of the current members are slated to continue on the Committee in 2022, with one of those members potentially having their appointment expire mid-year. The Terms of Reference require a minimum of seven members (and maximum of nine), with a minimum of two public members (and maximum of three). In addition, Council members were prioritized for membership given the nature of this Committee.
- Dr. Ian Preyra (one year) and Dr. Glen Bandiera (two years) are recommended for appointment for a term matching their Council term to meet the minimum number of Committee members set out in the Terms of Reference.
- Mr. Murthy Ghandikota was recommended for a three-year term for succession planning to meet the minimum number of public members set out in the Terms of Reference, given Mr. Peter Pielsticker's public member appointment is set to expire in June 2022.

### *Registration Committee*

- The Registration Committee expressed that they had significant scheduling difficulties in the face of unexpected resignations and leaves of absence from some members. In addition, the majority of the Committee are new to their roles or slated to expire in the next year. The Registration Committee also requires a minimum of one panel member at each meeting be a public member of Council. As such, succession planning and availability were the two main aspects considered in recommending appointments.
- Mr. Murthy Ghandikota was appointed by the Executive Committee at their November 16, 2021 meeting to alleviate immediate scheduling issues that jeopardized the functioning of the Committee. Council is asked to adjust his term of appointment to a three year term commencing immediately, and note the current appointment as expired, effective upon the

three-year term appointment. This will align Mr. Ghandikota's term with Council appointment dates.

- In addition, Dr. Edith Linkenheil (Obstetrics and Gynecology) was interviewed and is recommended for a three-year term on the Committee. Dr. Linkenheil reached her term limit of nine years on the Inquiries, Complaints and Reports Committee this year. Her familiarity with the College puts her in a position for accelerated training, which was identified as a significant need for the Registration Committee given current challenges.
- Two additional candidates were interviewed and are recommended for appointment, each for a three-year term: Dr. Bruce Fage (Psychiatry) and Dr. Sal Spadafora (Anesthesiology).

#### *Quality Assurance Committee*

- Dr. Astrid Sjodin is recommended for a three-year term to fill a remaining vacancy for a Family Physician on the Quality Assurance Committee.
- Dr. Mohammad Keshoofy is recommended for a three-year term to fill a vacancy for a General Surgeon left by Dr. Robert Smith who retired.

#### *Premises Inspection Committee*

- Dr. Olubimpe Ayeni is recommended for a three-year term to fill a vacancy for a Plastic Surgeon on the Premises Inspection Committee.

#### *Ontario Physicians and Surgeons Discipline Tribunal and Fitness to Practise Committee*

- Ms. Lucy Becker was appointed to the Tribunal at the September Council meeting. She is being recommended for a concurrent term on the Fitness to Practise Committee, to match her current appointment (two-year term, to December 2023).
- Ms. Julia Goyal (Public Council Member) and Dr. Rupa Patel (Physician Council Member) are recommended for a three-year appointment to the OPSDT and Fitness to Practise Committee.

#### *Rescindments*

- Dr. Kim Turner was appointed as Vice-Chair of the Registration Committee, effective December 10, 2021. However, Dr. Turner has expressed that she will not be able to assume this role. As a result, Council is asked to consider rescinding her appointment as Vice Chair. She is able to continue as a member of the Registration Committee.
- The Registration Committee will operate without a Vice-Chair for 2021-2022, with Chair Dr. Judith Plante being supported by two senior members of the Registration Committee.

## **Next Steps**

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- If Council chooses to appoint the nominees laid out in this briefing note, the Governance Office will communicate with the individuals accordingly and proceed with the onboarding process for new Committee members.

## **Question for Council**

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1. Does Council appoint the nominees laid out in this briefing note?
  2. Does Council rescind the appointment of Dr. Kim Turner as Vice-Chair of the Registration Committee?
-

# Appendix A: List of Appointments



## Rescindment:

Dr. Kim Turner, Vice-Chair Appointment– Registration Committee (Committee appointment continues)

## New Appointments:

Name/Committee	Term
<b>Inquiries Complaints and Reports Committee</b>	
Dr. Kuppuswami Shivakumar	3 years
<b>Finance and Audit Committee</b>	
Dr. Ian Preyra*	1 year
Dr. Glen Bandiera*	2 years
Mr. Murthy Ghandikota	3 years
<b>Registration Committee</b>	
Mr. Murthy Ghandikota**	3 years
Dr. Edith Linkenheil	3 years
Dr. Bruce Fage	3 years
Dr. Sal Spadafora	3 years
<b>Quality Assurance Committee</b>	
Dr. Astrid Sjodin	3 years
Dr. Mohammad Keshoofy	3 years
<b>Premises Inspection Committee</b>	
Dr. Olubimpe Ayeni	3 years
<b>Ontario Physicians and Surgeons Discipline Tribunal</b>	
Ms. Julia Goyal	3 years
Dr. Rupa Patel	3 years
<b>Fitness to Practise Committee</b>	
Ms. Lucy Becker***	2 years
Ms. Julia Goyal	3 years
Dr. Rupa Patel	3 years

\* Aligned with Council terms

\*\* To replace current appointment term

\*\*\*Cross appointment to match Tribunal appointment

# Council Motion

<b>Motion Title</b>	Committee Appointments and Rescindments
<b>Date of Meeting</b>	December 10, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council rescinds Dr. Kim Turner’s Vice-Chair appointment to the Registration Committee, made at the September meeting of Council in 2021;

AND THAT the Council appoints the following individuals to the following committees for the terms indicated below, as of the close of the Annual General Meeting of Council in December 2021:

## **Inquiries Complaints and Reports Committee**

Dr. Kuppuswami Shivakumar, non-Council physician – 3 years

## **Finance and Audit Committee**

Dr. Ian Preyra, physician Council member – 1 year  
 Dr. Glen Bandiera, physician Council member – 2 years  
 Mr. Murthy Ghandikota, public Council member – 3 years

## **Registration Committee**

Mr. Murthy Ghandikota, public Council member – 3 years, superseding his current appointment  
 Dr. Edith Linkenheil, non-Council physician – 3 years  
 Dr. Bruce Fage, non-Council physician – 3 years  
 Dr. Sal Spadafora, non-Council physician – 3 years

## **Quality Assurance Committee**

Dr. Astrid Sjodin, non-Council physician – 3 years  
 Dr. Mohammad Keshoofy, non-Council physician – 3 years

## **Premises Inspection Committee**

Dr. Olubimpe Ayeni, non-Council physician – 3 years

## **Ontario Physicians and Surgeons Discipline Tribunal**

Ms. Julia Goyal, public Council member – 3 years  
Dr. Rupa Patel, physician Council member – 3 years

## **Fitness to Practise Committee**

Ms. Lucy Becker, public Council member – 2 years  
Ms. Julia Goyal, public Council member – 3 years  
Dr. Rupa Patel, physician Council member – 3 years

# Council Briefing Note

December 2021

<b>Topic:</b>	Declared Emergency By-law
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Continuous Improvement
<b>Public Interest Rationale:</b>	<p>Ensuring CPSO is agile and able to operate effectively during an emergency situation.</p> <p>Accountability: Holding regulated health professionals accountable to their patients/clients, the College and the public</p> <p>Protection: Ensuring the protection of the public from harm in the delivery of health care services</p>
<b>Main Contact(s):</b>	<p>Lisa Brownstone, Chief Legal Officer</p> <p>Marcia Cooper, Senior Corporate Counsel and Privacy Officer</p>
<b>Attachment(s):</b>	Appendix A: Blacklined Proposed Amendments to CPSO Declared Emergency By-law (By-law No. 42)

## Issue

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- Council is asked to consider amendments to the By-law for Declared Emergency (By-Law No. 42).

## Background

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- The Declared Emergency By-law was passed by Council in 2007. To our knowledge, the March 2020 emergency declaration was the first time the By-law was invoked.
- The By-law for Declared Emergency is intended to provide some flexibility and processes to ensure Council, the Executive Committee and the Registration Committee are able to continue functioning during an emergency situation.
- Based on feedback from the Executive Committee at its August 2021 meeting, Legal has drafted proposed amendments for Council's consideration.

## Current Status and Analysis

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- The main changes to the By-law (see Appendix A for all proposed changes) are:
  - A reduced quorum (3) for the Executive Committee during an emergency, including for declaring the emergency in the first place.
  - A new mechanism for filling vacancies on the Executive Committee during the emergency.
  - Removing the provision that automatically made all members of Council ex-officio members of the Registration Committee. The Executive Committee can exercise the powers it already has to appoint committee members as needed in between meetings of Council.
  - Express authority to vary how by-laws are applied during the emergency, without amending the by-laws. After the emergency, the by-laws will be applied as enacted.
  - A statement of principle to exercise powers only to the extent necessary.
  - Criteria or guidance for declaring the emergency over.
- Given the number of changes, it is proposed that the amended By-law be enacted as a whole under a new By-law number (No. 145), revoking the original By-law No. 42.

## Next Steps

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- The proposed by-law amendments do not need to be circulated to the profession prior to being enacted by Council.

## Questions for Council

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1. Does Council approve the proposed By-law amendments?
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## Appendix A Proposed By-law Amendments

### COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

#### By-law No. 42145

1. The provisions of this By-law shall only take effect during a declared emergency.
2. A declared emergency shall occur in any of the following circumstances:
  - (a) the Executive Committee has, by a motion passed by majority vote, ~~majority resolution~~, declared there to be an emergency;
  - (b) the Registrar has declared there to be an emergency provided that the Registrar may only do so if there has been a declared emergency under the *Emergency Management and Civil Protection Act* anywhere in the Province of Ontario and the Executive Committee is unable to meet within twenty-four (24) hours of such declaration.
3. In the event of a declared emergency the following provisions shall apply: ~~to the governance of Council:~~
  - (a) the Registrar or the Executive Committee, ~~as the case may be~~, shall give immediate notice to every member of Council that a declared emergency exists;
  - (b) three members of the Executive Committee, at least one of which shall be a member of the College and at least one of which shall be a public member (as defined below), shall constitute a quorum, and this subsection 3(b) also applies for the purpose of the Executive Committee declaring an emergency. For purposes of this By-law, "public member" means a person appointed to the Council by the Lieutenant Governor in Council;
  - (c) in the event that during the declared emergency there shall be a one or more vacancy or vacancies on the Executive Committee, each such vacancy or vacancies shall be deemed to be filled by a member of Council in the following order: in which such member's name appears on a list prepared and approved from time to time by Council by resolution and appended to this By-law;
    - (i) if the vacancy is the President position, the Vice-President shall become the President;

(ii) if the vacancy is the Vice-President position, the member of the Executive Committee (other than the President or past President) who has been on Council the longest shall become the Vice-President;

**Commented [MC1]:** Note, this would allow either public or physician member to move into the VP role.

(iii) except as set out in clauses (i) and (ii) above, fill each public member vacancy with a public member appointed to the Governance Committee; if no public member appointed to the Governance Committee is available or willing to fill the position, fill each public member vacancy with a public member based on their seniority on Council (for greater certainty, length of term);

(iv) except as set out in clauses (i) and (ii) above, fill each physician member vacancy with a physician member appointed to the Governance Committee; if no physician member appointed to the Governance Committee is available or willing to fill the position, fill each physician member vacancy with a physician member of Council based on their seniority on Council (for greater certainty, length of term); and

(v) subject to the quorum requirements in subsection 3(b), if a vacancy on the Executive Committee is not able to be filled in accordance with clauses (iii) or (iv) above, such vacancy may be filled by either a public member or a physician member of Council, notwithstanding Section 39(1) of the General By-law;

**Commented [MC2]:** The provision that sets out composition of EC and requires min of 2 public and min of 2 physicians on EC.

(d) a position on the Executive Committee may be declared vacant by the other members of the Executive Committee if the Council member holding that position on the Executive Committee is considered by the other members of the Executive Committee to be unable to participate in Executive Committee meetings due to a circumstance connected to the declared emergency;

~~all members of Council shall be ex officio members of the Registration Committee;~~

(e) in the event that an election of mMembers to Council is not able to be held, the term of office of the elected Council mMembers shall continue notwithstanding Section 11 of the General By-law until the first regular meeting of Council held after the election;

(f) Despite Subsections 29-(3) and 29-(4) of the General By-law, a Council meeting may be called by the President or Registrar at any time on such notice as is sufficient for a quorum to be present in person, ~~or~~ by teleconference or by electronic virtual meeting and such meeting may consider and deal with any matter that the Council agrees to consider by a majority vote of those in attendance and voting; ~~and~~

~~(d)~~(g) the Executive Committee may vary the application of any provision(s) of the General By-law and the Fees and Remuneration By-law (By-law No. 2) as it determines is necessary to facilitate the proper functioning or operation of the College, the Executive Committee or the Council, or their ability to fulfill their mandate, without the need to amend such By-law(s), provided that such variation is not contrary to law and the affected By-laws shall be applied as enacted once the declared emergency is over.

4. The Executive Committee and the Registrar shall exercise the powers granted to them under this By-law only when, and to the extent, necessary in the circumstances.

4.5. In the event of a conflict between this By-law and any other By-law of the College, the provisions of this By-law shall prevail.

6. The declared emergency is not intended to continue indefinitely and should be declared over, as provided in Section 7, when there is no longer a reasonable basis or rationale for keeping the declared emergency in place. Without limiting the generality of the foregoing, the Executive Committee or Council should consider ceasing the declared emergency if one or more of the following applies:

- (a) if the emergency declared under this By-law is related to, or affected by, an emergency declared under the *Emergency Management and Civil Protection Act* anywhere in the Province of Ontario, the emergency declared under such Act is terminated; or
- (b) the circumstances leading to the declaration of emergency under this By-law no longer exist or apply, or are not significantly impeding or negatively affecting, and are not expected to significantly impede or negatively affect, the proper functioning or operation of the College, the Executive Committee or the Council, or their ability to fulfill their mandate.

5.7. A declared emergency shall cease when the Executive Committee or Council declares, by ~~resolution,~~ a motion passed by majority vote, that the emergency is over or the powers set out in this By-law are no longer needed. ~~the emergency is over.~~

# Council Motion

<b>Motion Title</b>	Amendments to By-law for Declared Emergency (By-law No. 145)
<b>Date of Meeting</b>	December 10, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

1. By-law No. 42 (the By-law for Declared Emergency) is revoked; and
2. The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 145:

### **By-law No. 145**

1. The provisions of this By-law shall only take effect during a declared emergency.
2. A declared emergency shall occur in any of the following circumstances:
  - (a) the Executive Committee has, by a motion passed by majority vote, declared there to be an emergency;
  - (b) the Registrar has declared there to be an emergency provided that the Registrar may only do so if there has been a declared emergency under the *Emergency Management and Civil Protection Act* anywhere in the Province of Ontario and the Executive Committee is unable to meet within twenty-four (24) hours of such declaration.
3. In the event of a declared emergency the following provisions shall apply:
  - (a) the Registrar or the Executive Committee shall give immediate notice to every member of Council that a declared emergency exists;
  - (b) three members of the Executive Committee, at least one of which shall be a member of the College and at least one of which shall be a public member (as defined below), shall constitute a quorum, and this subsection 3(b) also applies for the purpose of the Executive Committee declaring an emergency. For purposes of this By-law, “public member” means a person appointed to the Council by the Lieutenant Governor in Council;

- (c) in the event that during the declared emergency there shall be one or more vacancies on the Executive Committee, each such vacancy shall be deemed to be filled by a member of Council in the following order:
- (i) if the vacancy is the President position, the Vice-President shall become the President;
  - (ii) if the vacancy is the Vice-President position, the member of the Executive Committee (other than the President or past President) who has been on Council the longest shall become the Vice-President;
  - (iii) except as set out in clauses (i) and (ii) above, fill each public member vacancy with a public member appointed to the Governance Committee; if no public member appointed to the Governance Committee is available or willing to fill the position, fill each public member vacancy with a public member based on their seniority on Council (for greater certainty, length of term);
  - (iv) except as set out in clauses (i) and (ii) above, fill each physician member vacancy with a physician member appointed to the Governance Committee; if no physician member appointed to the Governance Committee is available or willing to fill the position, fill each physician member vacancy with a physician member of Council based on their seniority on Council (for greater certainty, length of term); and
  - (v) subject to the quorum requirements in subsection 3(b), if a vacancy on the Executive Committee is not able to be filled in accordance with clauses (iii) or (iv) above, such vacancy may be filled by either a public member or a physician member of Council, notwithstanding Section 39(1) of the General By-law;
- (d) a position on the Executive Committee may be declared vacant by the other members of the Executive Committee if the Council member holding that position on the Executive Committee is considered by the other members of the Executive Committee to be unable to participate in Executive Committee meetings due to a circumstance connected to the declared emergency;
- (e) in the event that an election of members to Council is not able to be held, the term of office of the elected Council members shall continue notwithstanding Section 11 of the General By-law until the first regular meeting of Council held after the election;
- (f) despite Subsections 29(3) and 29(4) of the General By-law, a Council meeting may be called by the President or Registrar at any time on such notice as is sufficient for a quorum to be present in person, by teleconference or by electronic virtual meeting and such meeting may consider and deal with any matter that the Council agrees to consider by a majority vote of those in attendance and voting; and
- (g) the Executive Committee may vary the application of any provision(s) of the General By-law and the Fees and Remuneration By-law (By-law No. 2) as it determines is necessary to facilitate the proper functioning or operation of the College, the Executive

Committee or the Council, or their ability to fulfill their mandate, without the need to amend such By-law(s), provided that such variation is not contrary to law and the affected By-laws shall be applied as enacted once the declared emergency is over.

4. The Executive Committee and the Registrar shall exercise the powers granted to them under this By-law only when, and to the extent, necessary in the circumstances.
5. In the event of a conflict between this By-law and any other By-law of the College, the provisions of this By-law shall prevail.
6. The declared emergency is not intended to continue indefinitely and should be declared over, as provided in Section 7, when there is no longer a reasonable basis or rationale for keeping the declared emergency in place. Without limiting the generality of the foregoing, the Executive Committee or Council should consider ceasing the declared emergency if one or more of the following applies:
  - (a) if the emergency declared under this By-law is related to, or affected by, an emergency declared under the *Emergency Management and Civil Protection Act* anywhere in the Province of Ontario, the emergency declared under such Act is terminated; or
  - (b) the circumstances leading to the declaration of emergency under this By-law no longer exist or apply, or are not significantly impeding or negatively affecting, and are not expected to significantly impede or negatively affect, the proper functioning or operation of the College, the Executive Committee or the Council, or their ability to fulfill their mandate.
7. A declared emergency shall cease when the Executive Committee or Council declares, by a motion passed by majority vote, that the emergency is over or the powers set out in this By-law are no longer needed.

# Council Briefing Note

December 2021

<b>Topic:</b>	By-law Amendments to Enable Rescission of Committee Appointments in Certain Circumstances
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Meaningful Engagement Continuous Improvement
<b>Public Interest Rationale:</b>	Accountability: Holding regulated health professionals accountable to their patients/clients, the College and the public
<b>Main Contact(s):</b>	Lisa Brownstone, Chief Legal Officer Marcia Cooper, Senior Corporate Counsel and Privacy Officer
<b>Attachment(s):</b>	Appendix A: General By-law – Disqualification Provision Appendix B: Proposed By-law Amendments

## Issue

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- By-law amendments are proposed to enable a committee member’s appointment to be rescinded prior to the end of the term in certain circumstances.

## Background

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- Currently, there are limited ways to rescind a committee member’s appointment under the College’s General By-law.
- The General By-law provides for disqualification of a committee member in certain circumstances. Among other things, the By-law stipulates that Council must determine the member is disqualified from sitting on the committee for failing to discharge the member’s duties to the College (barring emergency circumstances in which case the Executive Committee may be able to do so). (The full disqualification provision is set out in Appendix A.)
- This By-law has raised some complications now that committee members are appointed for three-year terms.
- Previously with one-year appointments, if a committee member was thought to be not working well on a committee, there was always an option not to appoint them to panels and

not to re-appoint them to the committee the following year. However, with three-year appointments, the issue has become somewhat more complex.

### **Current Status and Analysis**

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- Sometimes problems arise with committee members not working well on a committee or acting in a manner that is problematic to the proper functioning of the committee.
- In some cases these committee members resign.
- Currently, the only alternative to a committee member agreeing to resign when problems arise is to institute a formal disqualification process at Council. A majority vote is required to approve the disqualification of a committee member.
- The Governance Committee and the Executive Committee have considered whether there should be a way to rescind a member's appointment with a threshold that is not as limited as the threshold currently required for disqualification.
- The proposed by-law amendment (set out in Appendix B) would allow for rescission of committee membership if the Committee chair is of the view, and with the approval of the Governance Committee, that the member is having difficulties with the committee work, advancing the work of the Committee or is having a negative effect on the functioning of the Committee.
- The rescission mechanism should probably not apply to elected positions – that is, the Executive and Governance Committees should be excluded. The current disqualification procedure would continue to apply to these positions as needed.
- Unlike if a committee member is disqualified under section 36, rescinding a committee appointment would not make the committee member ineligible to sit on other committees. However, the decision to make future committee appointments would be up to the recommendation of the Governance Committee, as per the usual process.

### **Next Steps**

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- The proposed by-law amendment does not need to be circulated to the profession prior to final approval by Council.

### **Questions for Council**

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1. Does Council approve the proposed by-law amendments to add a mechanism to rescind committee members in certain circumstances?

## Appendix A

### Section 36 of the General By-law

- 36.(1) A committee member who is a member of the College is disqualified from sitting on the committee if the member,
- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the discipline committee
  - (b) is found to be an incapacitated member by a panel of the fitness to practise committee;
  - (c) ceases to hold a certificate of registration that is not subject to a term, condition or limitation other than one prescribed in any regulation made under the Regulated Health Professions Act, 1991 or the Medicine Act, 1991;
  - (d) fails, without cause in the opinion of the executive committee, to attend three consecutive meetings of the committee or of a subcommittee of which he or she is a member;
  - (e) fails, without cause in the opinion of the executive committee, to attend a hearing or review panel for which he or she has been selected;
  - (f) is in default of payment of any fee prescribed by College by-law for more than thirty (30) days;
  - (g) fails, in the opinion of council, to discharge his or her duties to the College, including having acted in a conflict of interest or otherwise in breach of a College by-law of the Regulated Health Professions Act, 1991, or the College's Governance policies; or
  - (h) neither practises nor resides in Ontario.
- (2) A committee member who is a member of the council and becomes disqualified from sitting on the council is thereby disqualified from sitting on the committee.
- (3) The term of office of a committee member expires in the event that the committee member is disqualified from sitting on the committee.
- (4) A committee member who is a member of the College and who becomes subject to any disciplinary or incapacity proceeding shall not serve on any committee until the proceeding is finally completed.
- (5) Council may remove a committee member who is a member of the College by ordinary resolution requiring a simple majority.

## Appendix B

### Proposed By-law Amendment

#### Rescission of Committee Appointment

##### 35.1

(1) Council or the executive committee may rescind the appointment of a committee member prior to the expiry of the appointment if in the opinion of the committee chair or vice-chair, and with the approval of the Governance Committee, the committee member fails to advance the work of the committee, is having significant difficulties with the work of the committee, is disruptive to or is negatively affecting the work or functioning of the committee, or is otherwise not performing well on the committee. This Section 35.1 does not apply to members of the Governance Committee or the Executive Committee.

(2) The term of office of a committee member expires in the event that the committee member's appointment to the committee has been rescinded.

# Council Motion

<b>Motion Title</b>	By-law Amendments to Enable Rescission of Committee Appointments in Certain Circumstances
<b>Date of Meeting</b>	December 10, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 146:

### **By-law No. 146**

(1) The General By-law is amended by adding the following:

#### **Rescission of Committee Appointment**

**35.1 (1)** Council or the Executive Committee may rescind the appointment of a committee member prior to the expiry of the appointment if in the opinion of the committee chair or vice-chair, and with the approval of the Governance Committee, the committee member fails to advance the work of the committee, is having significant difficulties with the work of the committee, is disruptive to or is negatively affecting the work or functioning of the committee, or is otherwise not performing well on the committee. This Section 35.1 does not apply to members of the Governance Committee or the Executive Committee.

**(2)** The term of office of a committee member expires in the event that the committee member's appointment to the committee has been rescinded.

# Council Briefing Note

December 2021

<b>Topic:</b>	By-law Amendments for Reduced Membership Fees for Parental Leaves
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation
<b>Public Interest Rationale:</b>	<b>Equality:</b> Promoting equality of regulatory obligations among health care professions
<b>Main Contact(s):</b>	Samantha Tulipano, Director, Registration & Membership Services Marcia Cooper, Senior Corporate Counsel and Privacy Officer
<b>Attachment(s):</b>	Appendix A: Blacklined By-law Amendments

## Issue

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- Amendments to the Fees and Remuneration By-law to reflect the reduced membership fees for parental leaves are presented to Council for approval to circulate to stakeholders.

## Background

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- In September 2020, Council approved, in principle, a reduced annual fee for members taking extended parental leave.
- The Fees and Remuneration By-law requires amendment to reflect this reduced annual fee for parental leave.
- In response to feedback from the Finance and Audit Committee, the language was clarified around the applicable dates of the current fees for annual membership fees and for certificates of authorization for medical profession corporations. No changes were made to these fees (other than regarding parental leave).

## Next Steps

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- These proposed By-law amendments must be circulated to the profession and then brought to Council for final approval.

**Questions for Council**

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1. Does Council agree to circulate the proposed By-law amendments to the profession?
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## APPENDIX A

### Fees and Remuneration By-law (By-law No.2)

4. Annual fees, ~~for the year beginning as of~~ June 1, 2018, are as follows:

(a) \$1725 for holders of a certificate of registration other than a certificate of registration authorizing postgraduate education and other than a certificate of registration authorizing supervised practice of a short duration; ~~and~~

(b) For a holder of a certificate of registration authorizing postgraduate education applying to renew his/her certificate of registration, 20% of the annual fee set out in ~~subsections 4(a); and~~

(c) Notwithstanding subsections 4(a) and (b), where the holder of a certificate of registration will be taking parental leave for a period of four months or longer during the membership year for which the annual fee applies because the holder is pregnant, has recently given birth or will be caring for their newborn or newly adopted child, the annual fee for such membership year is as follows:

- i. 50% of the annual fee set out in subsection 4(a) for holders of a certificate of registration (except as set out in subsection 4(c)(ii)); or
- ii. 50% of the annual fee set out in subsection 4(b) for holders of a certificate of registration authorizing postgraduate education,

so long as the holder applies to the College for this parental leave reduced annual fee prior to the close of the annual renewal period for such membership year. Where applications for the parental leave reduced annual fee are received after the close of such annual renewal period, the parental leave reduced annual fee will be applied to the following membership year. The parental leave reduced annual fee is not available for holders of a certificate of registration authorizing supervised practice of a short duration. This subsection 4(c) only applies to annual fees for membership years commencing on or after June 1, 2020.

**4.1** Annual fees for a holder of a certificate of authorization, ~~for the year beginning as of~~ January 1, 2017, are \$175. ~~each year.~~

# Council Motion

<b>Motion Title</b>	By-law Amendments for Reduced Membership Fees for Parental Leaves (By-Law No. 143)
<b>Date of Meeting</b>	December 10, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 143, after circulation to stakeholders:

### **By-law No. 143**

(1) Section 4 of By-Law No. 2 (the Fees and Remuneration By-law) is revoked and substituted with the following:

**4. Annual fees, as of June 1, 2018, are as follows:**

(a) \$1725 for holders of a certificate of registration other than a certificate of registration authorizing postgraduate education and other than a certificate of registration authorizing supervised practice of a short duration;

(b) For a holder of a certificate of registration authorizing postgraduate education applying to renew his/her certificate of registration, 20% of the annual fee set out in subsection 4(a); and

(c) Notwithstanding subsections 4(a) and (b), where the holder of a certificate of registration will be taking parental leave for a period of four months or longer during the membership year for which the annual fee applies because the holder is pregnant, has recently given birth or will be caring for their newborn or newly adopted child, the annual fee for such membership year is as follows:

- i. 50% of the annual fee set out in subsection 4(a) for holders of a certificate of registration (except as set out in subsection 4(c)(ii)); or
- ii. 50% of the annual fee set out in subsection 4(b) for holders of a certificate of registration authorizing postgraduate education,

so long as the holder applies to the College for this parental leave reduced annual fee prior to the close of the annual renewal period for such membership year. Where applications for the parental leave reduced annual fee are received after the close of such annual renewal period, the parental leave reduced annual fee will be applied to the following membership year. The parental leave reduced annual fee is not available for holders of a certificate of registration authorizing supervised practice of a short duration. This subsection 4(c) only applies to annual fees for membership years commencing on or after June 1, 2020.

(2) Section 4.1 of By-Law No. 2 (the Fees and Remuneration By-law) is revoked and substituted with the following:

**4.1** Annual fees for a holder of a certificate of authorization, as of January 1, 2017, are \$175.

**Explanatory Note: This proposed by-law must be circulated to the profession.**

# Council Motion

<b>Motion Title</b>	Motion to Go In-Camera
<b>Date of Meeting</b>	December 10, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council exclude the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b) and (d) of the Health Professions Procedural Code.

# Council Briefing Note

December 2021

<b>Topic:</b>	Council Awards Selection Advisory Group
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Continuous Improvement
<b>Public Interest Mandate:</b>	Accountability: Holding the College accountable to the public through efficient and effective governance processes
<b>Main Contact(s):</b>	Laurie Cabanas, Director of Governance Marcia Cooper, Senior Corporate Counsel and Privacy Officer Suzanne Mascarenhas, Governance Analyst Caitlin Ferguson, Governance Coordinator
<b>Attachment(s):</b>	Appendix A: Council Award Selection Advisory Group Terms of Reference  Appendix B: Executive Committee Terms of Reference

## Issue

- Council is asked to consider a proposal to disband the Council Awards Selection Advisory Group and incorporate the work of this group into the outreach mandate of the Executive Committee.

## Background

- In September 2019, Council approved the removal of three standing Committees as part of CPSO's governance modernization work:
  - Council Awards Selection Committee
  - Education Committee
  - Outreach Committee
- The Council Awards Selection Committee and the Education Committee were both converted to advisory groups; the Terms of Reference for the Council Awards Selection Advisory Group is available in Appendix A.
- The activities of the Outreach Committee were incorporated into the mandate of the Executive Committee (Appendix B).

- The members of the Advisory Group are appointed by the Executive Committee as outlined in its Terms of Reference.
- At its November meeting, the Executive Committee appointed the following members to the Council Awards Selection Advisory Group:
  - Dr. Janet Van Vlymen (Chair)
  - Dr. Brenda Copps
  - Dr. Judith Plante
  - Mr. Paul Malette (Public Member)
- The Council Awards Selection Advisory Group met thereafter to select the four Council Award winners for 2022 including an alternative should an issue arise with one of the selected physicians.

### **Current Status**

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- Based on the Terms of Reference of the Council Awards Selection Advisory Group, there is overlap with the Executive Committee with respect to outreach responsibilities as well as membership.
- In support of the ongoing efforts to improve processes and gain efficiencies, the Governance Committee has recommended disbanding the Council Awards Selection Advisory Group and incorporating its work into the Executive Committee's outreach mandate. The Executive Committee expressed support for this proposal at its November 9<sup>th</sup> meeting.
- This change would not require any by-law amendments; however, it would be valuable to highlight the selection of Council Award winners in the Terms of Reference of the Executive Committee.

### **Decision for Council**

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1. Does Council approve disbanding the Council Awards Selection Advisory Group and incorporating its work into the Executive Committee's outreach mandate?
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## COUNCIL AWARD SELECTION ADVISORY GROUP TERMS OF REFERENCE

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### **Mandate**

The Council Award Selection Advisory Group (the “Advisory Group”) is responsible for:

- Reviewing nominees for Council awards and selecting the Council award recipients, based on pre-determined criteria; and
- Reviewing and adjusting the Council award criteria on a regular basis to ensure that the Council Award reflects the values and characteristics of what the medical profession would consider a model physician.

### **Reporting**

The Advisory Group will report to the Council through the Chair. The Chair will prepare a brief summary of the Advisory Group’s activities and contributions for Council.

### **Composition**

The Advisory Group will be composed of up to 6 members who include the following:

- (a) the President and Vice-President;
- (b) 1 or 2 of the most immediate past CPSO presidents who are able and willing to be on the Advisory Group; and
- (c) 1 or 2 public members appointed to the Council by the Lieutenant Governor in Council. For these positions, preference will be given to the public members who are members of the Governance Committee.

### **Terms of Appointment**

The members of the Advisory Group are appointed by the Executive Committee. The term of office of Advisory Group members is one year, or such shorter period as may be specified in a member’s appointment.

### **Chair**

The Vice-President shall be the Chair of the Advisory Group.

### **Meetings**

The Advisory Group meets at least once a year at the call of the Chair. The Chair, or his or her appointee for this purpose, will preside over meetings of the Advisory Group.

### **Quorum**

A majority of the members of the Advisory Group constitutes a quorum.

### **Decision Making**

The Advisory Group is an advisory body that makes decisions and recommendations to Council by consensus. It is not a formal decision-making body.

### **Compensation**

Physician members of the Advisory Group will be compensated by the CPSO for travel expenses, preparing for and attending meetings on the same basis as committee members in accordance with section 20 of [CPSO By-Law No. 2 \(Fees and Remuneration By-Law\)](#). The public member(s) of the Advisory Group may be compensated by the Minister of Health and Long-Term Care as determined

by the Lieutenant Governor in Council.

**Advisory Group Staff Support**

The Advisory Group will receive administrative support from staff in the CPSO Governance and Policy division. Administrative support includes assistance with identifying and screening nominees for Council awards, scheduling meetings, preparing and distributing meeting materials and assistance with organization and notice of each meeting.

**Declaration of Adherence**

Each member of the CPSO Council Award Selection Advisory Group must sign a Declaration of Adherence in the form provided by CPSO, which requires Advisory Group members to comply with, among other things, conflict of interest, confidentiality obligations and CPSO policies.

**Acknowledgement**

I, the undersigned, acknowledge that, as a member of the CPSO Council Award Selection Advisory Group, I have read and understand the Terms of Reference of the Council Award Selection Advisory Group. The RHPA, including the HPPC, any other applicable legislation or regulations and the CPSO By-laws prevail over these Terms of Reference to the extent of any inconsistencies or conflicts with these Terms of Reference. I hereby confirm my commitment to fulfilling my duties as a member of the Advisory Group in accordance with the Terms of Reference, applicable legislation, the CPSO By-laws and the Declaration of Adherence.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EXECUTIVE COMMITTEE TERMS OF REFERENCE

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### Authority

The Executive Committee is a statutory committee. [HPPC, s. 10(1)]

### Mandate, Duties and Powers

The Executive Committee may exercise all the powers and duties of the Council with respect to any matter that, in the opinion of the Executive Committee, requires attention between meetings of the Council, except that the Executive Committee does not have the power to make, amend or revoke a regulation or by-law. [General By-law, s. 30; HPPC<sup>1</sup>, s. 12(1)]

In addition to the duties set out above, the Executive Committee is required to:

- review the performance of the Registrar and set the compensation of the Registrar, which includes:
  - consulting with Council in respect of the performance of the Registrar and with respect to setting performance objectives in accordance with a process approved by Council;
  - ensuring that the appointment and re-appointment of the Registrar are approved by Council; and
  - approving a written agreement setting out the terms of employment of the Registrar; [General By-law, s. 39(3(a) and (4)]
- oversee and assist CPSO staff with the development and delivery of major communications, government relations, and outreach initiatives to the profession, the public and other stakeholders, consistent with CPSO's strategic plan; and [General By-law, s. 39(3(b))]
- making recommendations to Council where appropriate.

The Executive Committee may make appointments to fill any vacancies which occur in the membership of a committee. The Executive Committee is required to make such appointments if it is necessary for a committee to achieve its quorum. [General By-law, s. 37(4)]

### Reporting

If the Executive Committee has exercised a power of the Council, the Executive Committee shall report on its actions to the Council at the Council's next meeting. [HPPC, s. 12(2)]

### Composition

The Executive Committee shall be composed of the following 6 persons:

- the President;
- the Vice-President;
- the Past President<sup>2</sup> (unless the Past President is unwilling or unable to serve on the Executive Committee); and
- three CPSO Council members (or four if the Past President is unwilling or unable to serve on the Executive Committee). [General By-law, s. 39(1)]

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<sup>1</sup> *Health Professions Procedural Code* ("HPPC"), Schedule 2 to the *Regulated Health Professions Act, 1991* ("RHPA")

<sup>2</sup> The past president position is typically filled by the immediate past president. However, if the immediate past president is not willing or able to serve in this role, the role may be filled by another past president, preferably one who is still on Council.

The Executive Committee must have a minimum of two members of CPSO (i.e. physician Council members) and a minimum of two public members appointed to the Council by the Lieutenant Governor in Council.

### **Term of Appointment**

The term of office of an Executive Committee member is one year, beginning at the Annual General Meeting of Council<sup>3</sup> and ending at the next Annual General Meeting of Council. [General By-law, s. 37(2.1)]

### **Chair**

The President is the Chair of the Executive Committee. [General By-law, s. 39(2)]

### **Meetings**

- The Executive Committee will meet at least 6 times per year.
- Meetings of the Executive Committee may, in the discretion of the Chair, be held in any manner that allows all the persons participating to communicate with each other simultaneously and instantaneously. [General By-laws, s. 38(7)]
- Members of the Executive Committee are expected to regularly attend and actively participate in meetings.
- The Chair, or his/her appointee for this purpose, will preside over meetings of the Executive Committee. [General By-law, s. 38(5)]
- The Chair, or his/her appointee, is responsible for recording the meeting deliberations in writing (i.e. minutes). The minutes will be brought to a subsequent Executive Committee meeting for acceptance (and corrections, if any) so that the minutes are conclusive proof that they accurately reflect the deliberations at the prior Executive Committee meeting. [General By-law, s. 38(8-9)]

### **Quorum**

A majority (4) of the members of the Executive Committee constitutes a quorum. [General By-law, s. 38(4)]

### **Decision-Making**

Questions before the Executive Committee may be decided by a majority of the votes cast at the meeting (including the presiding officer at the meeting). If there is an equality of votes, the question is deemed to have been defeated. [General By-law, s. 38(6)]<sup>4</sup>

### **Compensation**

Committee members who are physicians are compensated for committee work and travel time, and are reimbursed for expenses incurred in the conduct of committee business, in accordance with section 20 of [CPSO By-Law No. 2 \(Fees and Remuneration By-Law\)](#).

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<sup>3</sup> The Annual General Meeting is the Council meeting that takes place between November and December each year. [General By-law, s. 28(1)]

<sup>4</sup> For example, where there are only 4 Committee members present, a majority of the votes is 3. [General By-law, s. 38(6)]

# EXECUTIVE COMMITTEE TERMS OF REFERENCE

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Committee members who are public members are compensated by the Minister of Health for expenses and remuneration as determined by the Lieutenant Governor in Council. [HPPC, s. 8]

### **Committee Staff Support**

The Executive Committee will receive administrative support from the staff within the Governance and Policy division and the Executive Office of CPSO. Administrative support includes scheduling meetings, preparing and distributing meeting materials and assistance with organization and notice of each meeting.

### **Declaration of Adherence**

Each member of the Executive Committee must sign a Declaration of Adherence in the form provided by CPSO, which requires committee members to comply with, among other things, conflict of interest, confidentiality obligations and CPSO policies.

### **Acknowledgement**

I, the undersigned, acknowledge that, as a member of the Executive Committee, I have read and understand the Terms of Reference of the Executive Committee. The RHPA, including the HPPC, any other applicable legislation or regulations and the CPSO By-laws prevail over these Terms of Reference to the extent of any inconsistencies or conflicts with these Terms of Reference. I hereby confirm my commitment to fulfilling my duties as a member of the Executive Committee in accordance with the Terms of Reference, applicable legislation, the CPSO By-laws and the Declaration of Adherence.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Council Motion

<b>Motion Title</b>	Council Award Selection Advisory Group
<b>Date of Meeting</b>	December 10, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council disbands the Council Awards Selection Advisory Group and approves the mandate of the Council Awards Selection Advisory Group to be incorporated into the Executive Committee's outreach mandate.

# Council Briefing Note

December 2021

<b>Topic:</b>	District Election Dates for 2022
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Meaningful Engagement
<b>Public Interest Rationale:</b>	Accountability: Holding regulated health professionals accountable to their patients/clients, the College and the public
<b>Main Contact(s):</b>	Laurie Cabanas, Director of Governance Marcia Cooper, Senior Legal Counsel and Privacy Officer

## Issue

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- Council is asked to consider and approve the election date for the 2022 District Elections, which will take place for Districts 1, 2, 3 and 4.

## Background

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- Under section 12 of the General By-Law, a regular election shall be held in May or June 2022 for the following districts:
  - District 1 (Essex, Kent and Lambton counties), 1 position
  - District 2 (Elgin, Huron, Middlesex, Oxford and Perth counties), 1 position
  - District 3 (Bruce, Dufferin, Grey, Wellington counties, and the Regional Municipality of Waterloo), 1 position
  - District 4 (Brant county, regional municipalities of Haldimand-Norfolk, Halton, Hamilton-Wentworth and Niagara), 2 positions.
- Council is to set the date for the election.

## Current Status

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- In accordance with the General By-Law, the proposed dates for the 2022 district elections are as follows:

Key Activity	Date	Comments
Notice of Election  (no later than 60 days before date of election)	March 11, 2022	<ul style="list-style-type: none"> <li>102 days before election date</li> </ul>
Nomination Deadline  (at least 49 days before date of election)	April 22, 2022	<ul style="list-style-type: none"> <li>60 days before date of election</li> </ul>
Election Day	June 21, 2022	<ul style="list-style-type: none"> <li>Voting opens May 31, 2022 for a 21-day period</li> </ul>
Deadline to Request Recount	June 24, 2022	<ul style="list-style-type: none"> <li>3-day period to request a recount</li> </ul>

**Question for Council**

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1. Does Council approve the 2022 district election date of June 21, 2022?
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# Council Motion

<b>Motion Title</b>	District Election Dates for 2022
<b>Date of Meeting</b>	December 10, 2021

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:  
the Council approves the 2022 district election date set out below:

Districts 1, 2, 3 and 4:      June 21, 2022