



Board of Directors Meeting

September 6, 2024



**NOTICE
OF
BOARD OF DIRECTORS MEETING**

A meeting of the Board of Directors of the College of Physicians and Surgeons of Ontario (CPSO) will take place in person on September 6, 2024, in the CPSO Boardroom at 80 College Street, 3rd Floor, Toronto, Ontario.

The Board meeting will be open to members of the public who wish to attend in person. Members of the public who wish to observe the meeting in person will be required to [register online](#) by 4:30 p.m. on September 3rd. Details on this process are available on the [CPSO's website](#).

The meeting will convene at 9:00 a.m. on Friday, September 6, 2024.

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

August 15, 2024

Board Meeting Agenda

September 6, 2024



Item	Time	Topic and Objective(s)	Purpose	Page No.
1	9:00 am (10 mins)	Call to Order and Welcoming Remarks (I. Preyra) <ul style="list-style-type: none"> Note regrets and declare any conflicts of interest 	Discussion	N/A
2	9:10 am (5 mins)	Consent Agenda (I. Preyra) <ul style="list-style-type: none"> 2.1 Approve Board meeting agenda 2.2 Approve the draft minutes from the Board meeting held on May 30 and 31, 2024 2.3 2024 Committee Appointments/Re-appointments 2.4 Chair and Vice-Chair Appointments Consent agenda motion 	Approval (with motion)	6-19 20-23 24 25-27
3	9:15 am (5 mins)	Items for information: <ul style="list-style-type: none"> 3.1 Executive Committee Report 3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases 3.3 Government Relations Report 3.4 Policy Report 3.5 Medical Learners Report 3.6 Update on Board Action Items 3.7 2025 Q2 meeting dates 	Information	28 29-32 33 34-36 37-39 40-46 47
4	9:20 am (60 mins)	CEO/Registrar's Report (N. Whitmore)	Discussion	N/A
5	10:20 am (10 mins)	Board Chair's Report (I. Preyra)	Discussion	N/A
*	10:30 am (20 mins)	NUTRITION BREAK		
6	10:50 am (10 mins)	Draft Policy for Consultation: Consent to Treatment (T. Terzis) <ul style="list-style-type: none"> The Board is asked to consider approving the draft policy for consultation 	Decision (with motion)	48-64
7	11:00 am (10 mins)	Revised Draft for Final Approval: Essentials of Medical Professionalism (T. Terzis) <ul style="list-style-type: none"> The Board is asked to consider approving the revised draft document for final approval 	Decision (with motion)	65-72

Item	Time	Topic and Objective(s)	Purpose	Page No.
8	11:10 am (10 mins)	Revised Draft for Final Approval: Professional Behaviour (T. Terzis) <ul style="list-style-type: none"> The Board is asked to consider approving the revised draft policy for final approval 	Decision (with motion)	73-80
9	11:20 am (10 mins)	Revised Draft for Final Approval: Infection Prevention and Control for Clinical Office Practice (T. Terzis) <ul style="list-style-type: none"> The Board is asked to consider approving the revised draft policy for final approval 	Decision (with motion)	81-91
10	11:30 am (15 mins)	Code of Conduct and Declaration of Adherence and Board Policies (C. Allan) <ul style="list-style-type: none"> The Board is asked to consider approving the amendments to the Code of Conduct and Declaration of Adherence The Board is asked to consider approving the updated Conflict of Interest Policy, Impartiality in Decision Making Policy and Confidentiality Policy 	Decisions (with motions)	92-124
11	11:45 am (15 mins)	BOARD AWARD PRESENTATION (L. Miljan) <ul style="list-style-type: none"> Celebrate the achievements of Dr. Susan McNair, London 		
*	12:00 pm (60 mins)	LUNCH		
12	1:00 pm (20 mins)	Governance and Nominating Committee Report (R. Gratton) <ul style="list-style-type: none"> 12.1 Approval of the 2025 province-wide election date 12.2 Governance and Nominating Committee Elections 	Decision (with motion) Decision (with motion)	125-126 127-134
13	1:20 pm (40 mins)	Appointment of Academic Directors for 2024/25 (R. Gratton, Guest: D. Williams) <ul style="list-style-type: none"> 13.1 Selection Process for the Appointment of Academic Directors 13.2 Appoint Academic Directors for 2024/25 	Information Decision (with motion)	135-136
*	2:00 pm	Motion to move in-camera	Decision (with motion)	137
14	2:00 pm (60 mins)	In-Camera Session		Materials provided under separate cover
*	3:00 pm (20 mins)	NUTRITION BREAK		

Item	Time	Topic and Objective(s)	Purpose	Page No.
15	3:20 pm (15 mins)	Demonstration of the new Physician Register (N. Novak, Guest: Rooz Takhayorie - BDO) <ul style="list-style-type: none"> The Board receives a demonstration of the new physician register 	Information	N/A
16	3:35 pm (15 mins)	Update on QI Enhanced Data and Age Eligibility Expansion (A. Jacobs) <ul style="list-style-type: none"> The Board is asked to review the 2024 QI Enhanced Program data and approve further age-eligibility expansion to include physicians 75-79 years of age 	Decision (with motion)	138-143
17	3:50 pm	Close Meeting (I. Preyra) <ul style="list-style-type: none"> Reminder that the next meeting is scheduled on November 28 and 29, 2024 	N/A	N/A
*	3:50 pm	Meeting Reflection Session (I. Preyra)	N/A	N/A

DRAFT PROCEEDINGS OF THE MEETING OF THE BOARD
May 30 and 31, 2024

Location: Boardroom, 80 College Street, Toronto, Ontario

May 30, 2024

Attendees:

Dr. Madhu Azad	Dr. Lydia Miljan (Ph.D.)
Dr. Glen Bandiera (<i>partial attendance</i>)	Dr. Rupa Patel
Ms. Lucy Becker	Mr. Rob Payne
Mr. Stephen Bird	Dr. Judith Plante
Dr. Marie-Pierre Carpentier	Dr. Ian Preyra
Mr. Jose Cordeiro	Dr. Sarah Reid
Mr. Markus de Domenico	Ms. Linda Robbins
Ms. Joan Fisk	Dr. Deborah Robertson
Mr. Murthy Ghandikota	Dr. Patrick Safieh
Dr. Robert Gratton	Mr. Fred Sherman
Dr. Roy Kirkpatrick	Ms. Anu Srivastava
Dr. Camille Lemieux	Dr. Andrea Steen
Mr. Paul Malette	Dr. Janet van Vlymen
Dr. Lionel Marks de Chabris	Dr. Anne Walsh
Dr. Carys Massarella	Dr. Mitchell Whyne

Non-Voting Academic Representatives on the Board Present:

Dr. P. Andrea Lum
Dr. Karen Saperson
Dr. Katina Tzanetos

Regrets:

Dr. Baraa Ahtar
Dr. Faiq Bilal (Ph.D.)
Ms. Shannon Weber

Guests:

Ms. Deanna Williams, Dundee Consulting Group Ltd. (*partial attendance*)
Mr. Michael Rooke, Partner - Tinkham LLP (*partial attendance*)

1. Call to Order and Welcoming Remarks

I. Preyra, Board Chair, called the meeting to order at 9:00 am. The Board Chair welcomed Directors and staff to the Board meeting and acknowledged members of the public in attendance.

C. Massarella, Board Director, provided the land acknowledgment as a demonstration of recognition and respect for the Indigenous peoples of Canada.

The Board Chair welcomed the new Public Director, A. Srivastava, to her first Board meeting.

Meeting regrets were noted. The Board Chair shared a message from S. Weber, Public Director, who provided regrets. This meeting would have been S. Weber's last Board meeting as she will not be seeking re-appointment when her Board term expires in August.

Conflicts of interest were noted for R. Gratton regarding item 7.2 Executive Committee Elections. For day 2, R. Kirkpatrick and G. Bandiera, declared a conflict for item 21 Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario.

2. Consent Agenda

I. Preyra provided an overview of the items listed on the Consent Agenda for approval. He noted that the in-camera session will be extended by 20 minutes and the Reporting Requirements policy will be moved up to follow the in-camera session.

01-B-05-2024 – For Approval – Consent Agenda

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.3 outlined in the consent agenda, which include in their entirety:

- 2.1 The Board meeting agenda for May 30 and 31, 2024, as amended;
- 2.2 The draft minutes from the Special Board meeting held February 16, 2024 and the draft minutes from the Board meeting held on February 29 and March 1, 2024, as distributed;
- 2.3 Committee Re-Appointment

The Board of Directors of the College of Physicians and Surgeons of Ontario re-appoints Dr. Catherine Smyth to the Premises Inspection Committee effective May 30, 2024, and expiring at the close of the Annual Organizational Meeting of the Board of Directors in November 2024.

CARRIED

3. For Information

The following items were included in the Board'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 Policy Report
- 3.5 Medical Learners Reports – Ontario Medical Students Association (OMSA) and Professional Association of Residents of Ontario (PARO)
- 3.6 Update on Board Action Items
- 3.7 2025 Q1 Meeting Dates

4. Chief Executive Officer/Registrar's Report

N. Whitmore, Chief Executive Officer and Registrar, presented her report to the Board. She provided an update on the 2024 key performance indicators, targets, and metrics.

An overview of the following departments and programs was provided:

- Registration and Membership Services;
- Quality Improvement Programs;
- Out of Hospital Premises Inspection Program;
- Integrated Community Health Services Centres (ICHSCs);
- Patient & Public Help Centre;
- Legal;
- Ontario Physicians and Surgeons Discipline Tribunal (OPSDT);
- Policy/Government Relations.

5. Board Chair Report

I. Preyra, Board Chair, presented his report to the Board providing highlights of recent governance modernization efforts underway.

The Board Chair provided an update on the Board Awards noting that this will be the last year that the College will be presenting Board Awards. The risk associated with the regulator presenting awards was discussed, noting that the CPSO is the only other College in Canada that continues to present awards. Following discussion, it was noted that the College has a Compliment a Physician mechanism to route compliments from a patient directly to physicians. The Board will be provided with an update on opportunities to enhance this process in due course. A discussion ensued on other ways of recognizing the great work of physicians who are making positive impacts on the lives of patients.

6. Strategic Plan

N. Novak, Chief Operating Officer, and N. Whitmore, Chief Executive Officer and Registrar, led a discussion on the current strategic plan. Leadership is requesting a two-year extension of the strategic plan until the end of 2027. It was felt that the strategic plan are still relevant to the work of the College and there is still work to be completed under the current plan. The Board discussed other options such as implementing an interim plan given the changes that have occurred since the last strategic plan was implemented. Following discussion, the Board expressed support for extending the Strategic Plan that will conclude on December 31, 2027.

02-B-05-2024 – For Approval – Two-Year Extension of CPSO’s 2020-2025 Strategic Plan

The following motion was moved by A. Walsh, seconded by R. Payne and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the extension of the current 2020-2025 Strategic Plan for an additional two years, to conclude on December 31, 2027 (a copy of which forms Appendix “A” to the minutes of this meeting).

CARRIED

7. Governance Report

R. Gratton, Chair of the Governance and Nominating Committee, provided the Governance Report, providing an update on the items from the March 5, 2024, April 23, 2024, and May 7, 2024 (Joint meeting with the Executive Committee) meetings.

7.1 Board Elections Update

An update was provided on the Board election results in Districts 6, 7, 8 and 9, noting that R. Patel, and L. Marks de Chabris were acclaimed in districts 6 and 8. In district 7, S. Reid was re-elected and V. Roth was elected, and in district 9, M. Azad was re-elected. He congratulated these Board Directors. The Board discussed the low voter turnout. It was noted an increase in voter turnout is anticipated next year as province-wide elections are implemented.

Due to a conflict of interest, R. Gratton turned the meeting over to the Board Chair to conduct the Executive Committee Elections.

7.2 Executive Committee Elections

The Board Chair provided an overview of the process for the Executive Committee Elections, noting that the appointments will be effective as of the end of the November 2024 Annual Organizational Meeting of the Board. Nomination statements have been received from the following individuals:

Dr. Sarah Reid, for Board Chair

Dr. Patrick Safieh, for Board Vice-Chair

Ms. Joan Fisk, for Executive Member Representative

Dr. Lydia Miljan (PhD), for Executive Member Representative

Dr. Robert Gratton, for Executive Member Representative

Dr. Carys Massarella, for Executive Member Representative

Dr. Andrea Steen, for Executive Member Representative

In accordance with governance best practices, a call for nominations from the floor will not be part of the committee elections process. Each of the nominees addressed the Board prior to the election. An election for the Physician Executive Member Representative was held using the electronic voting software (ElectionBuddy). The Board Chair, Board Vice-Chair and the two Public Director Executive Member positions were acclaimed. Dr. Robert Gratton and Dr. Andrea Steen were elected for the remaining two Executive Committee member positions.

03-B-05-2024 – For Approval – Executive Committee Elections

The following motion was moved by C. Massarella, seconded by L. Marks de Chabris and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario appoints

Dr. Sarah Reid (as Board Chair),

Dr. Patrick Safieh (as Board Vice-Chair),

Ms. Joan Fisk (as Executive Member Representative),

Dr. Lydia Miljan (PhD) (as Executive Member Representative),

Dr. Robert Gratton (as Executive Member Representative),

Dr. Andrea Steen (as Executive Member Representative),

to the Executive Committee for the year that commences with the adjournment of the Annual Organizational Meeting of the Board in 2024.

CARRIED

Motion to move in-camera

The following motion was moved by M. de Domenico, seconded by P. Safieh and carried, that:

04-B-05-2024 – Motion to Go In-Camera

The Board of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b), (d) and (e) of the Health Professions Procedural Code (set out below).

Exclusion of public

7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

- (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- (d) personnel matters or property acquisitions will be discussed; and
- (e) instructions will be given to or opinions received from the solicitors for the College.

CARRIED

8. In-camera Session

The Board of Directors of the College of Physicians and Surgeons of Ontario entered into an in-camera session at 1:00 pm and returned to the open session at 2:03 pm.

Item 17: Draft Policy for Consultation: Reporting Requirements moved up to facilitate flow.

17. Draft Policy for Consultation: Reporting Requirements

K. Saperson, Policy Working Group Chair and Academic Representative and T. Terzis, Manager of Policy, provided an overview of the Reporting Requirements policy, currently titled "Mandatory and Permissive Reporting" policy. Highlights were shared on the two companion documents, Legal Reporting Requirements and Advice to the Profession. Discussion ensued on expectations as outlined in the policy. Following discussion, the Board expressed support for having the policy released for external consultation. The feedback from the consultation will come back to the Board for final review. Time will be allocated to allow for adequate discussion prior to the Board being asked to approve the final policy.

05-B-05-2024 – Draft Revised Policy for Consultation – Reporting Requirements Policy (currently titled "Mandatory and Permissive Reporting" Policy)

The following motion was moved by F. Sherman, seconded by C. Lemieux and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft revised policy "*Reporting Requirements*" (currently titled "*Mandatory and Permissive Reporting*") (a copy of which forms Appendix "B" to the minutes of this meeting).

CARRIED

9. Finance and Audit Committee Update

R. Payne, Vice-Chair of the Finance and Audit Committee, introduced members of the Finance Team and the External Auditors. He turned the meeting over to S. Califaretti, Corporate Controller to provide highlights from the audited financial statements. Following the highlights, S. Califaretti invited M. Rooke, Partner from Tinkham LLP, Charter Professional Accountants, to provide an overview of the audit process and Audit Findings Report.

9.1. Audited Financial Statements for the 2023 Year

L. Ferguson, Corporate Accountant, and S. Califaretti, Corporate Controller, provided an overview of the audited financial statements for the 2023 year.

9.2. For Approval: Audited Financial Statements for the fiscal year ended December 31, 2023

06-B-05-2024 – For Approval – 2023 Audited Financial Statements

The following motion was moved by C. Massarella, seconded by A. Srivastava and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the audited financial statements for the fiscal year ended December 31, 2023 (a copy of which forms Appendix “C” to the minutes of this meeting).

CARRIED

9.3 Audit Findings Report

M. Rooke, Partner of Tinkham LLP provided an overview of the Audit Findings Report as set out in Appendix “D” noting that the audit was clean and that the audit examination was conducted in accordance with Canadian generally accepted auditing standards. M. Rooke thanked the Finance Team for their cooperation with respect to the audit process.

9.4. For Approval: Appointment of the Auditor for 2024 fiscal year

07-B-05-2024 – For Approval – Appointment of Auditors

The following motion was moved by L. Marks de Chabris, seconded by J. Plante and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario appoints Tinkham LLP, Chartered Professional Accountants, as the College’s auditors to hold office until the next Annual Financial Meeting of the Board.

CARRIED

Following the Finance and Audit Committee Report, N. Novak recognized D. Anderson, Corporate Services Officer for his 21 years of dedicated service to the College and congratulated him on his upcoming retirement.

10. Register By-law Amendments – Post Graduate Training Information

C. Silver, Chief Legal Officer, and M. Cooper, Senior Corporate Counsel and Privacy Officer, provided an update on the Register By-law Amendments relating to post-graduate training information. No feedback on the proposed By-law amendment was received during the circulation period. The Board is being asked to approve the amendments to the Register By-law with a future effective date to be determined by the Board.

08-B-05-2024 – For Approval – Register and Member Information By-laws Amendments re Post-Graduate Training Information

The following motion was moved by J. Plante, seconded by R. Patel and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario amends pending By-law No. 158 (Register and Member Information By-laws) as set out below, effective as of a date to be determined by the Board:

1. Section 2(1) of By-law No. 158 is amended by adding the following paragraph:
 31. A description of the postgraduate training in Ontario for each member who holds a certificate of registration authorizing postgraduate education.

Explanatory Note: This By-law is not currently in effect. It will come into effect at a date to be determined by the Board.

CARRIED

11. Register and Member Information By-laws: Setting Effective Date

C. Silver, Chief Legal Officer, and M. Cooper, Senior Corporate Counsel and Privacy Officer, provided an overview of the Register and Member Information By-laws: Setting Effective Date. It was noted that the Register and Member Information by-laws must become effective once the Public Register is launched. The planned launch date is October 16, 2024. The Board is being asked to approve the pending Register and Member Information By-laws (By-law No. 158) as of the date the new CPSO Public Register is launched.

09-B-05-2024 – For Approval – Register and Member Information By-law Amendments: Setting Effective Date

The following motion was moved by D. Robertson, seconded by M. de Domenico and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario:

1. puts into force the pending Register and Member Information By-laws (By-law No. 158) as of the date the new CPSO Public Register is launched; and
2. permits and directs CPSO legal counsel to amalgamate and make the necessary or appropriate changes to By-law No. 158, the General By-law and the CPSO By-laws (By-law No. 168) that do not change the intent of these By-laws to effect the foregoing, and such amalgamation and changes shall have full force and effect without the need to have a further motion by the Board approving them.

CARRIED

12. CPSO By-laws: Setting Effective Dates

C. Silver, Chief Legal Officer, and M. Cooper, Senior Corporate Counsel and Privacy Officer, provided an overview of the CPSO By-laws: Setting effective dates for pending CPSO By-law provisions. The outline of provisions and proposed effective dates is set out in the Board motion below.

10-B-05-2024 – For Approval – CPSO By-laws: Setting Effective Dates

The following motion was moved by R. Payne, seconded by P. Safieh and carried, that:
The Board of Directors of the College of Physicians and Surgeons of Ontario:

1. puts into force the pending provisions of the CPSO By-laws (By-law No. 168) that amend the following provisions of these By-laws as of May 31, 2024:

Section 2.4.8;
Article 4; and
Section 9.3.7 (e)

2. puts into force the remaining pending provisions in the CPSO By-laws (By-law No. 168), which amend the following provisions of these By-laws, as of the close of the Annual Organizational Meeting on November 29, 2024:

Sections 2.2.1(a) and 2.3.1(a);
Sections 3.1, 3.3, 3.4, 3.5.3, 3.6, 3.7.1, 3.8 and 3.10.1;
Section 5.1.2;
Section 6.2.10;
Sections 8.2.1 and 8.2.2; and
Sections 9.2.1 and 9.3

3. permits and directs CPSO legal counsel to make the necessary or appropriate changes to the CPSO By-laws (By-law No. 168) that do not change the intent of these By-laws to effect the foregoing, and such changes shall have full force and effect without the need to have a further motion by the Board approving them.

CARRIED

13. Board Letter of Commitment

C. Allan, Director of Governance, provided an overview of the Board Letter of Commitment, noting that the document formalizes the norms that set out what is expected of Directors before, during, and between Board meetings. It was noted that the Board Letter of Commitment would be signed annually and would be in addition to the Declaration of Adherence and Code of Conduct. Should the Board approve the Board Letter of Commitment, the norms slide will be replaced with a Board Commitment slide that references the letter at the start of each Board meeting. The Directors asked questions on elements of the Board Letter of Commitment.

11-B-05-2024 – Board Letter of Commitment

The following motion was moved by J. van Vlymen, seconded by M. Azad and carried, that: The Board of Directors of the College of Physicians and Surgeons of Ontario approves the Board Letter of Commitment to be signed annually by all Directors (a copy of which forms Appendix “E” to the minutes of this meeting).

CARRIED

14. Board Profile

D. Williams, Governance Consultant, provided an overview of the Board Profile, which includes desired behavioural competencies, unique skills and experience and professional and practice experience for Board Directors. An update was provided on changes and additions made to the draft Board Profile from the February/March Board meeting, including the addition of a synopsis of overarching principles and the process for revisions by the Board of Directors. The Board was given an opportunity to ask questions.

12-B-05-2024 – For Approval – Board Profile

The following motion was moved by C. Lemieux, seconded by M. Ghandikota and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the 2024 CPSO Board Profile (a copy of which forms Appendix “F” to the minutes of this meeting).

CARRIED

15. Board Self-Assessment

D. Williams, Governance Consultant, provided an overview of the Board Self-Assessment. She presented the results from the 33 one-to-one interviews with Board Directors. A detailed overview of demographics and a heat map containing the Board’s self-assessment of skills were shared. The Board discussed the Self-Assessment pilot feedback, and the majority felt that the four-point rating scale worked well. Next steps were discussed. The Board Self-Assessment will be used by the Governance and Nominating Committee to identify the skills gap to inform Board recruitment in 2025.

13-B-05-2024 – For Approval – Board Self-Assessment

The following motion was moved by L. Becker, seconded by M. Azad and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the 2024 CPSO Board Skills Self-Assessment (a copy of which forms Appendix “G” to the minutes of this meeting).

CARRIED

16. Final Competencies for Board Leadership and Board Committee Positions

D. Williams, Governance Consultant, provided an overview of the competencies for Board Leadership and Board Committee positions. The Board discussed the desired competencies for all Committees of the Board.

Following discussion, the consensus was to make two small changes to the document and add additional desired competencies.

14-B-05-2024 – For Approval – Competencies and Traits for Board Leaders and Board Committee Members

The following motion was moved by L. Robbins, seconded by A. Steen and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the Competencies and Traits for Board Leaders and Board Committee Members as amended (a copy of which forms Appendix “H” to the minutes of this meeting).

CARRIED

17. Draft Policy for Consultation: Reporting Requirements

Item 17 – Draft Policy for Consultation: Reporting Requirements moved up to follow the in-camera session.

Motion to move in-camera

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

15-B-05-2024 – Motion to Go In-Camera

The Board of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clause 7(2)(d) of the Health Professions Procedural Code (set out below).

Exclusion of public

7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

- (d) personnel matters or property acquisitions will be discussed.

CARRIED

In-Camera Session #2

The Board of Directors of the College of Physicians and Surgeons of Ontario entered into an in-camera session at 4:25 pm and returned to the open session at 4:30 pm.

18. Adjournment - Day 1

I. Preyra, Board Chair, adjourned day 1 of the Board Meeting at 4:30 pm.

Board Chair

Recording Secretary

**DRAFT PROCEEDINGS OF THE MEETING OF THE CPSO BOARD OF DIRECTORS
May 31, 2024**

Attendees:

Dr. Madhu Azad	Dr. Lydia Miljan (Ph.D.)
Dr. Glen Bandiera	Dr. Rupa Patel
Ms. Lucy Becker	Mr. Rob Payne
Mr. Stephen Bird	Dr. Judith Plante
Dr. Marie-Pierre Carpentier	Dr. Ian Preyra (Board Chair)
Mr. Jose Cordeiro	Dr. Sarah Reid (Board Vice-Chair)
Mr. Markus de Domenico	Ms. Linda Robbins
Ms. Joan Fisk	Dr. Deborah Robertson
Mr. Murthy Ghandikota	Dr. Patrick Safieh
Dr. Robert Gratton	Mr. Fred Sherman
Dr. Roy Kirkpatrick	Ms. Anu Srivastava
Dr. Camille Lemieux	Dr. Andrea Steen
Mr. Paul Malette	Dr. Janet van Vlymen
Dr. Lionel Marks de Chabris	Dr. Anne Walsh
Dr. Carys Massarella	Dr. Mitchell Whyne

Non-Voting Academic Representatives on the Board Present:

Dr. Katina Tzanetos
Dr. P. Andrea Lum
Dr. Karen Saperson

Regrets:

Dr. Baraa Achar
Dr. Faiq Bilal (Ph.D.)
Ms. Shannon Weber

Guest:

Ms. Deanna Williams, Dundee Consulting Group Ltd.
Dr. Birubi Biman, Board Award Winner
Dr. Harshad Telang, Board Award Winner Guest

19. Call to Order

I. Preyra, Board Chair, called the meeting to order at 11:40 am. He welcomed everyone back to the Board meeting and noted regrets.

G. Bandiera and R. Kirkpatrick declared conflicts of interest for item 21, Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario policies, and they will be excused from the meeting for this item.

20. Board Award Presentation

L. Becker, Board Director, presented the Board Award to Dr. Birubi Biman of Thunder Bay. Dr. Biman was recognized as a leader in respirology and for being instrumental in developing and maintaining several outpatient programs to provide clinical service to patients from numerous rural, remote, underserved communities in Northern Ontario, including many remote Indigenous communities.

21. Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario Policies

S. Tulipano, Director, Registration and Membership Services, provided an overview of the proposed changes to the existing Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario policies. Background was provided on the difference between a Medical Doctor and Doctor of Osteopathic Medicine degree. It was noted that the proposed changes to the Specialist Recognition Policy reflect the amendments to Pathways A and C and grant osteopathic physicians specialist recognition. The Board is being asked to approve the proposed amendments for notice and consultation as set out in the motion. The Board is asked that the final policies be brought to the Executive Committee for final approval (subject to feedback received).

16-B-05-2024 – Draft Revised Policies for Notice and Consultation – Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario

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

The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the notice and consultation process in accordance with Section 22.21 of the Health Professions Procedural Code in respect of the draft revised policies, “Alternative Pathways to Registration for Physicians Trained in the United States” and “Specialist Recognition Criteria in Ontario” (copies of which form Appendices “I” and “J” to the minutes of this meeting).

CARRIED

22. Acceptable Qualifying Examinations Policy

S. Tulipano, Director, Registration and Membership Services, provided an overview of the proposed changes to the existing Acceptable Qualifying Examinations policy. It was noted that Level 2 – Performance Evaluation of the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) was suspended in February 2021 and officially discontinued in June 2022. The proposal is to amend the policy to reflect the discontinuation of the COMLEX-USA Level 2 – Performance Evaluation. The Board is being asked to approve the proposed amendments for notice and consultation as set out in the motion. The Board is asked that the final policy be brought to the Executive Committee for final approval (subject to feedback received).

17-B-05-2024 – Draft Revised Policy for Notice and Consultation – Acceptable Qualifying Examinations

The following motion was moved by L. Marks de Chabris, seconded by C. Lemieux and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the notice and consultation process in accordance with Section 22.21 of the Health Professions Procedural Code in respect of the draft revised policy, “Acceptable Qualifying Examinations,” (a copy of which forms Appendix “K” to the minutes of this meeting).

CARRIED

Motion to move in-camera

The following motion was moved by M. Azad, seconded by L. Robbins and carried, that:

18-B-05-2024 – Motion to Go In-Camera

The Board of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b), (d) and (e) of the Health Professions Procedural Code (set out below).

Exclusion of public

7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

- (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- (d) personnel matters or property acquisitions will be discussed; and
- (e) instructions will be given to or opinions received from the solicitors for the College.

CARRIED

In-Camera Session #3

The Board of Directors of the College of Physicians and Surgeons of Ontario entered into an in-camera session at 1:30 pm and returned to the open session at 2:10 pm.

23. Close Meeting - Day 2

I. Preyra, Board Chair, closed the Board meeting at 2:10 pm. The next Board meeting is scheduled on September 6, 2024.

Board Chair

Recording Secretary

Title:	Committee Appointments and Re-appointments (For Decision)
Main Contacts:	Cameo Allan, Director of Governance Caitlin Ferguson, Governance Coordinator
Attachments:	Appendix A: Bio, Dr. Carol King Appendix B: Bio, Ms. Anu Srivastava
Question for Board:	Does the Board of Directors wish to appoint the individuals as laid out in this briefing note?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board of Directors (the Board) is asked to make several committee appointments and re-appointments.
- Ensuring that CPSO committees have qualified and diverse members allows the College to carry out its strategic objectives and fulfill its mandate to serve in the public interest.

Current Status and Analysis

Committee Appointments

Patient Relations Committee

- Interviews have been completed to fill one vacancy for a physician member of the Patient Relations Committee. Feedback has been received from the current Committee Chair, Committee Support staff, and one reference for the candidate.
- It is recommended that Dr. Carol King (ob/gyn) be appointed for a term lasting from the conclusion of the 2024 Annual Organizational Meeting (AOM) until the AOM in 2025.
- Please see Appendix A for Dr. King's Bio.

Finance and Audit Committee

- Section 9.2.1(a) of the CPSO By-laws (with amendments in force as of November 29, 2024) states that the Chair of the Board of Directors must serve on the Finance and Audit Committee (FAC).
- As Dr. Sarah Reid was elected Chair of the Board at the May 2024 meeting, it is recommended that Dr. Reid be appointed to the FAC for a term lasting from the conclusion of the 2024 AOM until the AOM in 2025.

Inquiries, Complaints and Reports Committee

- Ms. Anu Srivastava is the newest public Director on the Board of Directors. She was appointed to the Board on March 28, 2024.

- The Inquiries, Complaints and Reports Committee (ICRC) is required to have at least one Public Director per panel [HPPC, s. 25(2-3)]. The Governance Office has spoken with Ms. Srivastava and confirmed that she is available and willing to serve on the ICRC.
- It is recommended that Ms. Srivastava be appointed to the ICRC for a term lasting from the conclusion of the 2024 Annual Organizational Meeting (AOM) until the AOM in 2025.
- Please see Appendix B for Ms. Srivastava’s Bio.

Committee Re-appointments

- The Committee members listed below have appointments that will end with the AOM of the Board in November 2024.
- It is recommended that the Committee members listed below be appointed for a term lasting from the conclusion of the 2024 AOM until the AOM in 2025. All members but one are eligible to serve an additional year without reaching their committee or overall term limit. One member is being re-appointed under the Exceptional Circumstances provision in section 7.6.8 of the CPSO By-laws.

Committee	Member Names
Finance and Audit	Murthy Ghandikota, Rob Payne
Inquiries, Complaints and Reports	Olufemi Ajani, Amie Cullimore, Christopher Hillis, Asif Kazmi, Robert Myers, Wayne Nates, Jude Obomighie, Fred Sherman, Kuppuswami Shivakumar, Andrew Stratford, Michael Wan
OPSDT & Fitness to Practise	Madhu Azad, Lucy Becker, Marie-Pierre Carpentier, Jose Cordeiro, Rupa Patel, Rob Payne, Linda Robbins
Premises Inspection	Olubimpe Ayeni, Richard Bowry, Hae Mi Lee, Winnie Leung, Colin McCartney, Wusun Paek, Chris Perkes, Kashif Pirzada, Suraj Sharma, Catherine Smyth, Michael Wan
Quality Assurance	Mohammad Keshoofy, Charles Knapp, Ken Lee, Ashraf Sefin, Astrid Sjodin, Tina Tao ¹
Registration	Bruce Fage, Murthy Ghandikota, Edith Linkenheil, Paul Malette, Judith Plante

¹ Exceptional Circumstances requested. Dr. Tao’s QAC term limit expires July 26, 2025. Due to her experience and important contributions, Exceptional Circumstances are requested to allow Dr. Tao to serve an additional one-year term, rather than a brief term ending in July 2025.

Bio: Carol King

Dr. Carol King is an Obstetrician & Gynecologist and Pediatric & Adolescent Gynecologist at London Health Sciences Centre in London, Ontario, and an Assistant Professor at Western University. She completed her residency training in Obstetrics & Gynecology at Western University, and pursued a clinical fellowship in Pediatric & Adolescent Gynecology at Sick Kids Hospital in Toronto, Ontario. She co-founded and continues to direct a multidisciplinary clinic for the care of adolescents during pregnancy and strives to provide equitable and inclusive care to children and adolescents presenting with gynecologic concerns. Dr. King also serves as the director of Continuing Medical Education in the department of Obstetrics and Gynecology, guiding the ongoing provision of faculty and professional development to the department. She is an active educator for medical students and resident trainees, participating in the development and advancement of the medical curriculum particularly in the field of Pediatric & Adolescent Gynecology.

Bio: Anu Srivastava

Ms. Srivastava, who holds an MBA and has a Master of Commerce, has worked as a Financial Controller for the City of Brampton and as a Financial Analyst for the William Osler Health System.

For the past several years, she has operated an organization that champions social well-being through cultural arts and heritage events.

She has served on the Board of Directors of United Way, and as a committee member of the Trillium Health Partners. She currently volunteers with an organization that aims to ensure that children oppressed by poverty in India can access education.

SEPTEMBER 2024

Title:	Committee Chair and Vice-Chair Appointments (For Decision)
Main Contacts:	Cameo Allan, Director of Governance Caitlin Ferguson, Governance Coordinator
Question for Board:	Does the Board of Directors wish to appoint the individuals as laid out in this briefing note?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board of Directors (the Board) is asked to appoint Committee Chairs and Vice-Chairs.
- Ensuring that CPSO committees are led by qualified members will enable the College to carry out its strategic objectives and fulfill its mandate to serve in the public interest.

Current Status and Analysis

- The Committees listed in the table below have Chairs and/or Vice-Chairs whose leadership term expires at the conclusion of the Annual Organizational Meeting (AOM) in 2024.
- The Governance Office canvassed Committee leadership and Committee Support staff regarding leadership succession planning. Leadership candidates have confirmed their willingness to take on the proposed role.
- Governance staff have verified that the candidates are eligible to serve the suggested term without reaching their committee, or overall, term limit. As those appointed to a Vice-Chair role typically serve a subsequent term as Chair, Governance staff have also verified that Vice-Chair candidates have at least one year remaining before reaching their committee term limit.
- The following candidates are recommended for one-year appointments, beginning at the 2024 AOM, and concluding at the 2025 AOM:

Committee	Position	Name
Registration	Chair	Edith Linkenheil
	Vice-Chair	Bruce Fage
Quality Assurance	Chair	Ashraf Sefin
Inquiries, Complaints, and Reports	Chair	Jane Lougheed
	Vice-Chair	Jude Obomighie
Finance and Audit	Chair	Rob Payne

- Additional leadership appointments for the Premises Inspection Committee and the Quality Assurance Committee will be brought to the November 2024 meeting of the Board.

Board Motion

Motion Title	For Approval - Consent Agenda
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.4 outlined in the consent agenda, which include in their entirety:

- 2.1 The Board meeting agenda for September 6, 2024;**
- 2.2 The draft minutes from the Board meeting held on May 30 and 31, 2024;**
- 2.3 2024 Committee Appointments/Re-Appointments and Exceptional Circumstances**

The Board of Directors of the College of Physicians and Surgeons of Ontario appoints the following individuals to the following Committees effective as of the close of the Annual Organizational Meeting (AOM) of the Board in 2024, , and expiring at the close of the AOM of the Board of Directors in 2025.

Committee	Member Name
Patient Relations	Carol King
Finance and Audit	Sarah Reid
Inquiries, Complaints and Reports	Anu Srivastava

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

The Board of Directors approves the application of the exceptional circumstances² clause in Section 7.6.8 of the CPSO By-laws in respect of Dr. Tina Tao when her term limit for the Quality Assurance Committee expires on July 26, 2025.

The Board of Directors of the College of Physicians and Surgeons of Ontario re-appoints the following individuals to the committees listed below effective as of the close of the AOM of the Board in 2024 and expiring at the close of the AOM of the Board of Directors in 2025.

Committee	Member Names
Finance and Audit	Murthy Ghandikota
	Rob Payne
Inquiries, Complaints and Reports	Olufemi Ajani
	Amie Cullimore
	Christopher Hillis
	Asif Kazmi
	Robert Myers
	Wayne Nates
	Jude Obomighie
	Fred Sherman
	Kuppuswami Shivakumar
	Andrew Stratford
	Michael Wan
OPSDT & Fitness to Practise	Madhu Azad
	Lucy Becker
	Marie-Pierre Carpentier
	Jose Cordeiro
	Rupa Patel
	Rob Payne
	Linda Robbins
Premises Inspection	Olubimpe Ayeni
	Richard Bowry
	Hae Mi Lee
	Winnie Leung
	Colin McCartney
	Wusun Paek
	Chris Perkes

² Exceptional Circumstances requested. Dr. Tao’s QAC term limit expires July 26, 2025. Due to her experience and important contributions, Exceptional Circumstances are requested to allow Dr. Tao to serve an additional one-year term, rather than a brief term ending in July 2025.

	Kashif Pirzada
	Suraj Sharma
	Catherine Smyth
	Michael Wan
Quality Assurance	Mohammad Keshoofy
	Charles Knapp
	Ken Lee
	Ashraf Sefin
	Astrid Sjodin
	Tina Tao ³
Registration	Bruce Fage
	Murthy Ghandikota
	Edith Linkenheil
	Paul Malette
	Judith Plante

2.4 Chair and Vice-Chair Appointments

The Board of Directors of the College of Physicians and Surgeons of Ontario appoints the following Committee Members as Chairs and Vice-Chairs, as noted below, to the following Committees, effective as of the close of the AOM of the Board in 2024 and expiring at the close of the AOM of the Board of Directors in 2025.

Committee	Role	Member Name
Registration	Chair	Edith Linkenheil
	Vice-Chair	Bruce Fage
Quality Assurance	Chair	Ashraf Sefin
Inquiries, Complaints, and Reports	Chair	Jane Lougheed
	Vice-Chair	Jude Obomighie
Finance and Audit	Chair	Rob Payne

³Pursuant to application of Exceptional Circumstances to extend beyond Dr. Tao's term limit, as noted above.

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Title:	Executive Committee Report (For Information)
Main Contact:	Carolyn Silver, Chief Legal Officer

Purpose

- The Board of Directors is provided with an update on decisions made on behalf of the Board by the Executive Committee in between meetings.

Executive Committee – August 13, 2024

09-EX-August-2024 **Revised Policies for Final Approval: Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario**

On a motion moved by L. Miljan, seconded by S. Reid and carried, that the Executive Committee approves on behalf of the Board of Directors of the College of Physicians and Surgeons of Ontario, the revised draft policies “Alternative Pathways to Registration for Physicians Trained in the United States” and “Specialist Recognition Criteria in Ontario” as policies of the College (copies of which form Appendices “G” and “H” to the minutes of this meeting).

10-EX-August-2024 **Revised Policy for Final Approval: Acceptable Qualifying Examinations**

On a motion moved by S. Reid, seconded by P. Safieh and carried, that the Executive Committee approves on behalf of the Board of Directors of the College of Physicians and Surgeons of Ontario, the revised draft policy “Acceptable Qualifying Examinations” as a policy of the College (a copy of which forms Appendix “I” to the minutes of this meeting).

Contact: Ian Preyra, Board Chair
 Carolyn Silver, Chief Legal Officer

Date: August 15, 2024

SEPTEMBER 2024

Title:	Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases May 11, 2024 – August 20, 2024 (For Information)
Main Contact:	Dionne Woodward, Tribunal Counsel

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- This report summarizes reasons for decision released between May 11, 2024 and August 20, 2024 by the Ontario Physicians and Surgeons Discipline Tribunal. It includes reasons on discipline hearings (liability and/or penalty), costs hearings, motions and case management issues brought before the Tribunal.

Current Status and Analysis

In the period reported, the Tribunal released 4 reasons for decision:

- 2 reasons on findings (liability) and penalty
- 2 sets of reasons on a motion

Findings

Liability findings included:

- 2 findings of disgraceful, dishonorable or unprofessional conduct
- 1 finding of having been found guilty of an offence relevant to suitability to practise
- 1 finding of conduct unbecoming a physician
- 1 finding of contravening a term, condition or limitation on certificate of registration
- 1 finding of failing to respond appropriately or within a reasonable time to a written inquiry by the College

Penalty

Penalty orders included:

- 2 reprimands
- 2 suspensions
- 2 impositions of terms, conditions or limitations on the physician's Certificate of Registration

Costs

The Tribunal imposed a costs order on the physician in all penalty reasons, the highest of which was \$6000.

TABLE 1: TRIBUNAL DECISIONS – FINDINGS (May 11, 2024 to August 20, 2024)

Citation and hyperlink to published reasons	Physician	Date of Reasons	Sexual Abuse	Contravened term, condition or limitation on certificate of registration	Disgraceful, Dishonourable or Unprofessional Conduct	Failed to maintain standard of practice	Other
2024 ONPSDT 20	Mulji	Jul 29, 2024			X		<ul style="list-style-type: none"> - Conduct unbecoming a physician - Guilty of offence relevant to suitability to practise
2024 ONPSDT 19	Hadwen	July 16, 2024		X	X		<ul style="list-style-type: none"> - Failing to respond to the College appropriately and within a reasonable time to a written inquiry by the College

TABLE 2: TRIBUNAL DECISIONS – PENALTIES (May 11, 2024 to August 20, 2024)

Citation and hyperlink to published reasons	Physician	Date of reasons	Penalty (TCL = Terms, Conditions or Limitations)	Length of suspension in months	Costs
2024 ONPSDT 20	Mulji	July 29, 2024	Reprimand, suspension, TCL	8 months	\$6000
2024 ONPSDT 19	Hadwen	July 16, 2024	Reprimand, suspension, TCL	8 months	\$6000

TABLE 3: TRIBUNAL DECISIONS - MOTIONS AND CASE MANAGEMENT (May 11, 2024 to August 20, 2024)

Citation and hyperlink to published reasons	Physician(s)	Date of reasons	Motion/Case management outcome	Nature of motion/case management issue
2024 ONPSDT 18	Clottey	July 9, 2024	The physician’s motion for the Tribunal to order the College to call a witness and find that expert evidence was inadmissible was dismissed.	In dismissing the motion, the panel found that fairness could be ensured if the registrant called the witness, therefore there was no need for an order that the College do so. The panel further found that the probative value of the expert evidence outweighed the prejudicial effect.
2024 ONPSDT 17	Khulbe	May 29, 2024	The physician’s motion for a stay of proceedings or in the alternative to exclude certain evidence obtained during the College’s investigation was dismissed.	The physician asked that the Tribunal order a stay of proceedings for delay and that evidence obtained from her electronic devices during the College’s visit to her clinic be excluded. The panel found that the investigators acted in accordance with the Code, the <i>Charter</i> and the requirements of fairness and that the alleged delay did not meet the test for abuse of process.

SEPTEMBER 2024

Title:	Government Relations Report (For Information)
Main Contact:	Heather Webb, Senior Government Relations Program Lead

Legislative Update

- The Legislature has been on recess since mid-June and is not scheduled to return until October 21. With a lengthy summer break and a Cabinet shuffle at the beginning of June, Premier Ford has fueled speculation that he is considering an early election in the spring of 2025.
- Premier Ford had to shuffle his Cabinet for the second time this summer on August 16, when Education Minister Todd Smith, an MPP since 2011, unexpectedly resigned. His departure will trigger a by-election in the Bay of Quinte riding and has caused a number of changes in Cabinet, although none affected the Health portfolio.

Current Status and Analysis

- **Regulatory changes:** There have been updates to the registration and professional misconduct regulations of numerous regulated health colleges, including the Colleges of Psychologists and Applied Behavior Analysts, Audiologists and Speech Language Pathologists, Denturists, Massage Therapists, Midwives, Opticians, and Pharmacists.
 - In addition, regulations were finalized to establish the Health and Supportive Care Providers Oversight Authority (HSCPOA). Effective December 1, 2024, the HSCPOA will begin regulating personal support workers on a voluntary basis.
- **Scope of practice expansion consultations:** The Ministry of Health is considering additional scope of practice expansions for [nurse practitioners](#) and [pharmacists](#), while the [College of Optometrists](#) is consulting on their own proposed scope expansion.
- **Data collection:** The Minister of Health has asked the Ministry to begin collecting standardized registration data from all regulated health colleges beginning in August. Colleges will be required to submit data quarterly. CPSO has been providing the Ministry with registration data on an occasional basis, as requested, over the last year.
 - The Minister has said that the data collection will serve “to understand where there is additional work that can be done to continue to reduce red tape and break down barriers.”
- **Physician Assistant (PA) regulation:** In June, Cabinet approved CPSO’s regulations relating to PAs and PA regulation will take effect on April 1, 2025. A [“Physician Assistants”](#) landing site is now live on the CPSO website, as well as a series of FAQs about PA regulation.
- **Public member update:** With the expiry of Shannon Weber’s term on August 12, CPSO is sitting with the minimum number of 13 public members. There are also three members whose terms are coming up for reappointment in the fall. CPSO has been working to ensure that the Ministry is aware of CPSO’s needs.

Title:	Policy Report (For Information)
Main Contact:	Tanya Terzis, Manager, Policy
Attachment:	Appendix A: Policy Status Report

Purpose, Public Interest Mandate & Relevance to Strategic Plan

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

Current Status and Analysis

- One policy consultation launched following the May 2024 Board meeting:

Consultation Responses	Feedback Overview
General: Reporting Requirements ¹ 140 responses received ²	<ul style="list-style-type: none"> • The majority of respondents felt it was useful to have the professional and legal obligations set out in two separate documents. • Most respondents felt that the <i>Legal Reporting Requirements</i> document contained the appropriate level of detail and was easy to understand. Some felt that the document should contain more details so that physicians would not have to refer to the legislation or contact the Canadian Medical Protective Association (CMPA). • Most respondents felt that the guidance in the <i>Advice to the Profession</i> document (“<i>Advice</i>”) helped clarify the expectations set out in the policy and <i>Legal Reporting Requirements</i> document. Some respondents sought further guidance on the ongoing duty to report, the duty to warn, as well as expectations on making reports when providing team-based care. • Constructive suggestions to improve the draft policy and <i>Advice</i> included providing more examples throughout the documents, clarifying the meaning of reporting in a “timely manner,” and aligning some of the language with the specific legislation to avoid any misinterpretation.

- The [Advice to the Profession: Continuity of Care](#) document, intended to help physicians interpret their obligations under CPSO’s [Availability and Coverage](#), [Managing Tests](#), [Transitions in Care](#), and [Walk-in Clinics](#) policies, has been updated to include additional guidance on:
 - Situations in which it may be appropriate for specialists to refer patients back to their family physician for follow-up (*Managing Tests*); and
 - How physicians who use e-referral platforms can support referring physicians who may not have access to these platforms but who need to refer their patients (*Transitions in Care*).
- The [Advice to the Profession: Delegation of Controlled Acts](#) has been updated to include additional guidance on where to find information about delegating to physician assistants and how the policy applies to community paramedicine.
- The status of ongoing policy development and reviews, including last reviewed dates and targets for completion, is presented for the Board’s information (**Appendix A: Policy Status Report**).

¹ A preliminary consultation refers to consulting on an existing policy and a general consultation refers to consulting on a draft policy.

² Organizational respondents included CMPA, Ontario Medical Association (OMA), Ontario Trial Lawyers Association (OTLA), Professional Association of Residents of Ontario (PARO), the Ottawa Hospital, and William Osler Etobicoke General Hospital.

Table 1: Current Reviews

Policy	Launch	Stage of Policy Review Cycle						Target Comp.	Notes
		Prelim. Consult	Analysis/Drafting	Approval to Consult	Consult on Draft Policy	Revising Draft Policy	Final Approval		
<u>Infection Prevention and Control for Clinical Office Practice</u>	Feb-24						✓	2024	This is a new policy that has been developed.
<u>Accepting New Patients</u>	Feb-24		✓					2025	
<u>Ending the Physician-Patient Relationship</u>	Feb-24		✓					2025	
<u>Physician Treatment of Self, Family Members, or Others Close to Them</u>	Dec-23		✓					2025	
<u>Consent to Treatment</u>	Dec-23			✓				2025	
<u>Physician Behaviour in the Professional Environment</u>	Mar-23						✓	2024	The draft has been retitled <i>Professional Behaviour</i> .
<u>Practice Guide</u>	Dec-22						✓	2024	The draft has been retitled <i>Essentials of Medical Professionalism</i> .
<u>Mandatory and Permissive Reporting</u>	Jun-22					✓		2024	The draft has been retitled <u>Reporting Requirements</u> .

Table 2: Policy Review Schedule

Policy	Reviewed	Policy	Reviewed
<u>Conflicts of Interest and Industry Relationships</u>	2024	<u>Protecting Personal Health Information</u>	2020
<u>Medical Assistance in Dying</u>	2023	<u>Disclosure of Harm</u>	2019
<u>Human Rights in the Provision of Health Services</u>	2023	<u>Prescribing Drugs</u>	2019
<u>Decision-Making for End-of-Life Care</u>	2023	<u>Boundary Violations</u>	2019
<u>Dispensing Drugs</u>	2022	<u>Availability and Coverage</u>	2019
<u>Virtual Care</u>	2022	<u>Managing Tests</u>	2019
<u>Social Media</u>	2022	<u>Transitions in Care</u>	2019
<u>Complementary and Alternative Medicine</u>	2021	<u>Walk-in Clinics</u>	2019
<u>Professional Responsibilities in Medical Education</u>	2021	<u>Closing a Medical Practice</u>	2019
<u>Third Party Medical Reports</u>	2021	<u>Ensuring Competence: Changing Scope of Practice and Re-entering Practice</u>	2018
<u>Delegation of Controlled Acts</u>	2021	<u>Public Health Emergencies</u>	2018
<u>Advertising</u>	2020	<u>Uninsured Services: Billing and Block Fees</u>	2017
<u>Medical Records Management</u>	2020	<u>Providing Physician Services During Job Actions</u>	2014
<u>Medical Records Documentation</u>	2020		

Ontario Medical Students' Association CPSO Council Update September 6, 2024

Presented by:
Maxim Matyashin, President
Zoe Tsai, 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 Council meeting.

As we enter into the 2024-2025 academic year, students across Ontario are struggling to receive the education that Ontarians expect for our future physicians. We have highlighted some of the top key concerns that Ontario medical students have across the province.

- 1. Location Tracking** - Western University is still tracking the location of medical students after changing policy and creating a new mandating mandatory classes. Medical students are adult students under a new competency based medical education system. This type of invasion is absolutely unacceptable.
- 2. Difficulties with Distributed Education** - While the Ontario government is pushing for more rural family physicians, students struggle to find rural placements or to receive adequate compensation for the associated costs. This is a multi-factorial issue, and we are working tirelessly to propose changes to relevant stakeholders to bridge this disconnect.
- 3. Paternalistic Education Models** - Across this province, we see a trend of prescriptive and antagonistic interactions between students and their faculties. Policies regarding attendance, reporting, and more are being changed, often without student input or in spite of. OMSA remains steadfast in our commitment to making sure student's voices are heard and respected.
- 4. Financial Struggles** - With the cost of living rising across the country, medical students are feeling the weight. The fees associated with medical school continue to be staggering especially now. Students have to spend thousands of dollars on away electives, tuition, and distributed education, and the financial supports have not been updated to reflect that.

Thank you once again for inviting us to the CPSO meetings. If you have any questions, or wish to help with our advocacy priorities, please do not hesitate to reach out.

Sincerely,

Maxim Matyashin
President, OMSA
president@omsa.ca

Zoe Tsai
President-Elect, OMSA
president_elect@omsa.ca



PARO Update to CPSO September 2024

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.

We are pleased to submit this update on PARO.

PARO General Council and Site Chairs

Over the month of July, PARO held its annual elections for General Council and we are pleased that all 100 positions have been filled. Following our General Council elections, each site team selected a Site Chair who will be responsible for leading the work of the team locally. We have had the opportunity to begin our training and onboarding process for our Site Chairs, and they are eager to begin work with their local site teams. We are very pleased that both the GC and Site Chairs elections were very competitive, and we are excited to get started with this new team.

PARO Board

In June we elected our PARO Board and we are engaged with the robust training and team-building PARO provides to help us and the PARO Staff develop into a high-performing team. Through a series of sessions, we learn about ourselves, how to work with each other and how to employ critical thinking discussion and decision-making. The access to this training at PARO has become a significant reason for the competitive Board elections we have been fortunate to have.

Toronto Metropolitan University

The new Ontario Medical School, the Toronto Metropolitan University is in the process of seeking accreditation for programs, with residents to begin training July 2025. They have been in close contact with PARO since February 2023 – to gain from our input, as an organization and from our residents' experience. As we did when NOSM was created more than 20 years ago, we are able to help them prepare by our sharing of best practices on a wide spectrum of issues.

PARO-OTH Collective Agreement

Our current Collective Agreement expired on June 30, 2023. We had agreed with the Employer that we would commence the new contract negotiation process once the Bill 124 reopener was complete, and now that it is complete, we are moving forward with our

negotiations for our next agreement. Until the new contract is ratified, the 2020-2023 PARO-OTH Collective Agreement remains in effect.

Title:	Update on Board Action Items (For Information)
Main Contacts:	Carolyn Silver, Chief Legal Officer Cameo Allan, Director of Governance Adrianna Bogris, Board Administrator

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- To promote accountability and ensure that the Board is informed about the status of its decisions, an update on the implementation of the Board’s decisions is provided below.

Current Status and Analysis

- The Board held a meeting on May 30 and 31, 2024. The motions carried, and the implementation status of the decisions are outlined in Table 1.

Table 1: Board Decisions from the May 30 and 31, 2024 meeting

Reference	Motions Carried	Status
<u>01-B-05-2024</u>	<p><u>Consent Agenda</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.3 outlined in the consent agenda, which include in their entirety:</p> <p style="padding-left: 40px;">2.1 The Board meeting agenda for May 30 and 31, 2024, as amended;</p> <p style="padding-left: 40px;">2.2 The draft minutes from the Special Board meeting held February 16, 2024 and the draft minutes from the Board meeting held on February 29 and March 1, 2024, as distributed;</p> <p style="padding-left: 40px;">2.3 Committee Re-Appointment</p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario re-appoints Dr. Catherine Smyth to the Premises Inspection Committee effective May 30, 2024, and expiring at the close of the Annual Organizational Meeting of the Board of Directors in November 2024.</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.

Reference	Motions Carried	Status
<u>02-B-05-2024</u>	<p><u>For Approval – Two-Year Extension of CPSO’s 2020-2025 Strategic Plan</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the extension of the current 2020-2025 Strategic Plan for an additional two years, to conclude on December 31, 2027 (a copy of which forms Appendix “A” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>03-B-05-2024</u>	<p><u>For Approval – Executive Committee Elections</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario appoints</p> <p>Dr. Sarah Reid (as Board Chair),</p> <p>Dr. Patrick Safieh (as Board Vice-Chair),</p> <p>Ms. Joan Fisk (as Executive Member Representative),</p> <p>Dr. Lydia Miljan (PhD) (as Executive Member Representative),</p> <p>Dr. Robert Gratton (as Executive Member Representative),</p> <p>Dr. Andrea Steen (as Executive Member Representative),</p> <p>to the Executive Committee for the year that commences with the adjournment of the Annual Organizational Meeting of the Board in 2024.</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>04-B-05-2024</u>	<p><u>Motion to Go In-Camera</u></p> <p>The Board of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b), (d) and (e) of the Health Professions Procedural Code (set out below).</p> <p><i>Exclusion of public</i></p> <p>7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,</p> <p>(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;</p>	Completed.

Reference	Motions Carried	Status
	<p>(d) personnel matters or property acquisitions will be discussed; and</p> <p>(e) instructions will be given to or opinions received from the solicitors for the College.</p> <p style="text-align: center;"><u>CARRIED</u></p>	
<u>05-B-05-2024</u>	<p><u>Draft Revised Policy for Consultation – Reporting Requirements Policy (currently titled “Mandatory and Permissive Reporting Policy)”</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft revised policy “<i>Reporting Requirements</i>” (currently titled “<i>Mandatory and Permissive Reporting</i>”) (a copy of which forms Appendix “B” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Consultation closed. Feedback highlighted in Policy Report. This item will be brought back to the Board at a future meeting for approval.
<u>06-B-05-2024</u>	<p><u>For Approval – 2023 Audited Financial Statements</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the audited financial statements for the fiscal year ended December 31, 2023 (a copy of which forms Appendix “C” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>07-B-05-2024</u>	<p><u>For Approval – Appointment of Auditors</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario appoints Tinkham LLP, Chartered Professional Accountants, as the College’s auditors to hold office until the next Annual Financial Meeting of the Board.</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed

Reference	Motions Carried	Status
<u>08-B-05-2024</u>	<p><u>For Approval – Register and Member Information By-laws Amendments re Post-Graduate Training Information</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario amends pending By-law No. 158 (Register and Member Information By-laws) as set out below, effective as of a date to be determined by the Board:</p> <ol style="list-style-type: none"> 1. Section 2(1) of By-law No. 158 is amended by adding the following paragraph: <ol style="list-style-type: none"> 31. A description of the postgraduate training in Ontario for each member who holds a certificate of registration authorizing postgraduate education. <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Explanatory Note: This By-law is not currently in effect. It will come into effect at a date to be determined by the Board.</p> </div> <p style="text-align: center;"><u>CARRIED</u></p>	Effective date to be determined by the Board.
<u>09-B-05-2024</u>	<p><u>For Approval – Register and Member Information By-law Amendments: Setting Effective Date</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario:</p> <ol style="list-style-type: none"> 1. puts into force the pending Register and Member Information By-laws (By-law No. 158) as of the date the new CPSO Public Register is launched; and 2. permits and directs CPSO legal counsel to amalgamate and make the necessary or appropriate changes to By-law No. 158, the General By-law and the CPSO By-laws (By-law No. 168) that do not change the intent of these By-laws to effect the foregoing, and such amalgamation and changes shall have full force and effect without the need to have a further motion by the Board approving them. <p style="text-align: center;"><u>CARRIED</u></p>	Effective on the date the new CPSO Public Register is launched.

Reference	Motions Carried	Status
<u>10-B-05-2024</u>	<p><u>For Approval – CPSO By-laws: Setting Effective Dates</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario:</p> <ol style="list-style-type: none"> 1. puts into force the pending provisions of the CPSO By-laws (By-law No. 168) that amend the following provisions of these By-laws as of May 31, 2024: <ul style="list-style-type: none"> Section 2.4.8; Article 4; and Section 9.3.7 (e) 2. puts into force the remaining pending provisions in the CPSO By-laws (By-law No. 168), which amend the following provisions of these By-laws, as of the close of the Annual Organizational Meeting on November 29, 2024: <ul style="list-style-type: none"> Sections 2.2.1(a) and 2.3.1(a); Sections 3.1, 3.3, 3.4, 3.5.3, 3.6, 3.7.1, 3.8 and 3.10.1; Section 5.1.2; Section 6.2.10; Sections 8.2.1 and 8.2.2; and Sections 9.2.1 and 9.3 3. permits and directs CPSO legal counsel to make the necessary or appropriate changes to the CPSO By-laws (By-law No. 168) that do not change the intent of these By-laws to effect the foregoing, and such changes shall have full force and effect without the need to have a further motion by the Board approving them. <p style="text-align: center;"><u>CARRIED</u></p>	<ol style="list-style-type: none"> 1. Completed. 2. In progress, effective as of the close of the AOM on November 29, 2024.
<u>11-B-05-2024</u>	<p><u>Board Letter of Commitment</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the Board Letter of Commitment to be signed annually by all Directors (a copy of which forms Appendix “E” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.

Reference	Motions Carried	Status
<u>12-B-05-2024</u>	<p><u>For Approval – Board Profile</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the 2024 CPSO Board Profile (a copy of which forms Appendix “F” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>13-B-05-2024</u>	<p><u>For Approval – Board Self-Assessment</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the 2024 CPSO Board Skills Self-Assessment (a copy of which forms Appendix “G” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>14-B-05-2024</u>	<p><u>For Approval – Competencies and Traits for Board Leaders and Board Committee Members</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the Competencies and Traits for Board Leaders and Board Committee Members as amended (a copy of which forms Appendix “H” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>15-B-05-2024</u>	<p><u>Motion to Go In-Camera</u></p> <p>The Board of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clause 7(2)(d) of the Health Professions Procedural Code (set out below).</p> <p><i>Exclusion of public</i></p> <p>7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,</p> <p style="padding-left: 40px;">(d) personnel matters or property acquisitions will be discussed.</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.

Reference	Motions Carried	Status
<u>16-B-05-2024</u>	<p><u>Draft Revised Policies for Notice and Consultation – Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the notice and consultation process in accordance with Section 22.21 of the Health Professions Procedural Code in respect of the draft revised policies, “Alternative Pathways to Registration for Physicians Trained in the United States” and “Specialist Recognition Criteria in Ontario” (copies of which form Appendices “I” and “J” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Final policy approved by the Executive Committee on August 13, 2024.
<u>17-B-05-2024</u>	<p><u>Draft Revised Policy for Notice and Consultation – Acceptable Qualifying Examinations</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the notice and consultation process in accordance with Section 22.21 of the Health Professions Procedural Code in respect of the draft revised policy, “Acceptable Qualifying Examinations,” (a copy of which forms Appendix “K” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Final policy approved by the Executive Committee on August 13, 2024.
<u>18-B-05-2024</u>	<p><u>Motion to Go In-Camera</u></p> <p>The Board of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b), (d) and (e) of the Health Professions Procedural Code (set out below).</p> <p><i>Exclusion of public</i></p> <p>7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,</p> <p style="padding-left: 40px;">(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;</p> <p style="padding-left: 40px;">(d) personnel matters or property acquisitions will be discussed; and</p> <p style="padding-left: 40px;">(e) instructions will be given to or opinions received from the solicitors for the College.</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.

Title:	2025 Q2 CPSO Meeting Schedule (For Information)
Main Contact:	Cameo Allan, Director of Governance

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is provided with draft CPSO meeting dates for Q2 of 2025 for their consideration.

Current Status and Analysis

- Historically, the following year’s meeting dates would be brought to the September Board meeting for information.
- In the spirit of continuous improvement, a new model of scheduling meetings quarterly on a rolling basis is being trialled. This is to give Board Directors and staff advance notice of upcoming Governance & Nominating Committee, Finance & Audit Committee, Executive Committee and Board of Director meetings.
- Included below are the Q2 2025 meeting dates for your information.

Q2														
Apr-25					May-25					Jun-25				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
	1	2	3	4				OMA AGM 1	2	2	3	4	5	6
	EC													
7	8	9	10	11	5	6	7	8	9	9	10	11	12	13
	GNC-V					EC					FMRAC (Jun 10-12) Location TBD (Calgary?)			
14	15	16	17	18	12	13	14	15	16	16	17	18	19	20
Passover (Apr 12-20)				Good Friday										
21	22	23	24	25	19	20	21	22	23	23	24	25	26	27
	FAC-V		FSMB (Apr 24-26) Seattle		Victoria Day			CCPL (May 22-24) Van						
28	29	30			26	27	28	29	30	30				
								BOD	BOD					

SEPTEMBER 2024

Title:	Draft Policy for Consultation – <i>Consent to Treatment</i> (For Decision)
Main Contacts:	Laura Rinke-Vanderwoude, Policy Analyst Tanya Terzis, Manager, Policy
Attachments:	Appendix A: Draft <i>Consent to Treatment</i> Policy Appendix B: Draft <i>Guide to the Health Care Consent Act</i> Appendix C: Draft <i>Advice to the Profession: Consent to Treatment</i>
Question for Board:	Does the Board approve releasing the draft policy for external consultation?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- CPSO's [Consent to Treatment](#) ("*Consent*") policy is currently under review. A new draft *Consent* policy and two companion documents, *Guide to the Health Care Consent Act* ("*Guide*") and *Advice to the Profession: Consent to Treatment* ("*Advice*") have been developed as part of this review.
- Setting and clarifying expectations regarding consent to treatment supports CPSO's public interest mandate.
- The Board is asked whether the draft policy can be released for external consultation. The *Advice* and *Guide* will be included with the policy in the consultation.

Current Status and Analysis

- The *Consent* policy was last substantively reviewed in 2015. Preliminary feedback¹ on the current policy was largely positive but requested greater clarity and guidance in certain areas (e.g., navigating cultural issues and the involvement of family members in consent discussions). Updates to the new *Consent* policy and *Advice* reflect the areas identified in the feedback, with many of the former "advised" expectations in the current policy being moved to the draft *Advice*. The policy and companion documents have been revised based on feedback from the Policy Working Group.
- The substantial legal content in the current policy was moved to the *Guide* to allow for a clearer, 66% shorter policy. Additional updates to the policy included clarifying the definitions of "express" and "implied" consent, strengthening the requirement to address language and communication issues, and requiring express consent for intimate examinations.
- The new *Guide* aligns with the approach taken in the [Medical Assistance in Dying](#) and the new draft [Reporting Requirements](#) (formerly [Mandatory and Permissive Reporting](#)) policies, where a standalone document was created to summarize relevant legal requirements in a plain-language, approachable format. This separation allows a clearer articulation of CPSO policy expectations and physicians' legal obligations and aids physician comprehension of the legal requirements.
- The *Advice* document has been updated to include content across several key areas, including distinguishing between types of consent, guidance around translator use, delegation of consent, managing conflicts between substitute decision-makers, and providing information about the Consent and Capacity Board.

¹ A preliminary consultation on the draft policy received 75 responses. All of the written comments can be viewed on the [consultation webpage](#) and a feedback overview was provided to the Board in the [February/March 2024 Policy Report](#).

Consent to Treatment Policy

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.

Definitions

Treatment: Anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic, or other health-related purpose, and includes a course of treatment, plan of treatment, or community treatment plan. It does not include, among other things, a capacity assessment, health history-taking, assessment or examination of a patient to determine the general nature of their condition, communication of an assessment or diagnosis, admission to a hospital or other facility, personal assistance service, or treatment that poses little or no risk of harm to the person.¹

Capacity: A person is capable with respect to a treatment if they are able to understand the information that is relevant to making a decision and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision. Capacity to consent to a treatment can change over time.

Substitute decision-maker (SDM): A person who may give or refuse consent to a treatment on behalf of a patient who is incapable with respect to consent.

Express consent: Agreement that is direct, explicit, and unequivocal. Express consent can be given orally or in writing.

Implied consent: Agreement that is inferred from the words or behaviour of the patient or the circumstances under which the treatment is given.

¹ See section 2(1) of the [Health Care Consent Act, 1996](#), S.O. 1996, c. 2, Sched. A. and sections 1(1) and 33.7 of the *Mental Health Act*, R.S.O. 1990, c. M.7 for further information.

30 Policy

31 This policy sets out expectations of physicians in obtaining and documenting consent
32 to treatment, in addition to the requirements of the *Health Care Consent Act, 1996*
33 (*HCCA*). Further information about the *HCCA*'s requirements is set out in the *Guide to*
34 *the Health Care Consent Act* companion document.

35 **Obtaining Consent**

- 36 1. Physicians **must** comply with all of the requirements in the *HCCA*, including
37 obtaining valid consent² before treatment is provided.
38
 - 39 a. While consent can be either express or implied, physicians **must** obtain
40 express consent in situations where the examination or treatment is an
41 intimate examination³, carries appreciable risk, is a surgical procedure or an
42 invasive investigative procedure, or will lead to significant changes in
43 consciousness.
44
 - 45 b. A physician proposing treatment may request another health-care provider to
46 obtain consent from the patient, but they **must** be assured that the health-
47 care provider has the knowledge, skill, and judgment required to obtain
48 consent. The physicians involved in the treatment are ultimately responsible
49 for the consent being obtained.
50
- 51 2. One element is that consent be informed. For consent to be informed,
52 physicians **must** engage in a dialogue with the patient or the SDM prior to obtaining
53 consent about the nature of the treatment, its expected benefits, its material risks
54 and material side effects, alternative courses of action and the likely consequences
55 of not having the treatment.
56
- 57 3. Another element is that consent be given voluntarily and not under duress. If
58 physicians believe that consent is not being freely given, they **must** take reasonable
59 steps to ensure that there has been no coercion.
60

² The *HCCA* sets out the elements that are required for obtaining valid consent. For further information, see the *Guide to the Health Care Consent Act* companion document.

³ An intimate examination includes breast, pelvic, genital, perineal, perianal and rectal examinations of patients. Additional guidance around consent for examinations is set out in CPSO's [Advice to the Profession: Maintaining Appropriate Boundaries](#) document.

- 61 4. Physicians **must** consider and address language and communication issues that
62 may impede a patient's ability to give valid consent.
63
- 64 a. Physicians **must** use their professional judgment to determine whether it is
65 appropriate to use family members as interpreters and only do so where it is
66 in the patient's best interests.

67 ***Incapable Patients and Substitute Decision-Making***

68 Treatment can only be provided where the patient is capable with respect to the
69 treatment and has given consent, or the patient is incapable and the SDM has given
70 consent on the patient's behalf.

- 71 5. Where a patient is incapable with respect to a treatment, physicians **must**, where
72 possible, inform the incapable patient that an SDM will assist them in understanding
73 the proposed treatment and will be responsible for the final decision.
- 74 a. Where a patient disagrees with the finding of incapacity, physicians **must**
75 advise them that they can apply to the Consent and Capacity Board (CCB) for
76 a review of the finding.
77
- 78 b. Where a patient disagrees with the involvement of the designated SDM,
79 physicians **must** advise them that they can apply to the CCB to appoint an
80 SDM of their choice.
81
- 82 c. When appropriate, physicians **must** involve the incapable patient, to the extent
83 possible, in discussions with the SDM.

84 ***Documenting Consent***

- 85 6. Physicians **must** comply with all relevant legislation related to medical record-
86 keeping⁴ and the expectations set out in CPSO's [Medical Records Documentation](#)
87 policy.
88
- 89 7. Physicians **must** document information in the patient's medical record about
90 consent to treatment where the examination or treatment carries appreciable risk, is
91 a surgical procedure or an invasive investigative procedure, or will lead to significant
92 changes in consciousness.

⁴ Including the *Medicine Act*, General Regulation, Part V.

Guide to the *Health Care Consent Act*

This document sets out the requirements for obtaining consent to treatment that are set out in the [Health Care Consent Act](#) and related case law (judge-made law). Although some of the language is taken directly from the legislation, the requirements have been restated and presented in a way that speaks directly to physicians.

Physicians may want to seek independent legal advice if they have questions about meeting the legal requirements. The obligation to ensure that valid consent is obtained always rests with the physician proposing the treatment. In the case of any inconsistency between this document and any applicable legislation, the legislation will prevail.

General Principles for Obtaining Valid, Informed Consent

The *Health Care Consent Act (HCCA)* requires physicians to obtain valid, informed consent before providing treatment.

Before treatment is administered, physicians must believe the patient is capable with respect to treatment and has given consent.

If the physician believes that the patient is not capable of making decisions about their treatment, then the consent must be obtained from the Substitute Decision Maker (SDM).

Patients and SDMs have the legal right to refuse, withhold, or withdraw consent to a treatment, and physicians must respect this decision even if they do not agree with it.

Elements of Valid Consent

Consent is valid when:

- It relates to the proposed treatment;
- It is informed;
- It is given voluntarily and not under duress; **and**,
- It was not obtained through misrepresentation or fraud.

Identifying Informed Consent

Consent is informed when a physician has:

- 30 • Provided information about the nature of the treatment, its expected benefits,
31 material risks and side effects, alternative courses of action, and the likely
32 consequences of not having the treatment;
33 • Responded to requests for additional information about the treatment; and,
34 • Is satisfied that the patient or their SDM understood the information provided,
35 which includes taking reasonable steps to facilitate that understanding.

36

37 The information provided to the patient or their SDM must include information that a
38 reasonable person in the same circumstances would require in order to make a
39 treatment decision. This must include information about material risks that are relevant
40 for both a broad range of patients and the specific patient.

41 **Scope of Valid, Informed Consent**

42 Unless the circumstances make it unreasonable to do so, physicians are entitled to
43 presume that consent to treatment includes:

- 44 • consent to variations or adjustments in the treatment when the nature, expected
45 benefits, and material risks and side effects are not significantly different than
46 the original treatment; and
47 • consent to the same treatment's continuation in a different setting, if the change
48 in setting will not significantly change the expected benefits or material risks or
49 side effects of the treatment.

50

51 **Capacity, Incapacity, and Minors**

52 A person is capable with respect to a treatment if they are able to understand the
53 information that is relevant to making a decision, and appreciate the reasonably
54 foreseeable consequences of a decision or lack of decision.

55 Capacity to consent to a treatment can change over time, and a patient can be capable
56 with respect to some treatment decisions and incapable for others. Therefore,
57 physicians must consider the patient's capacity at various points in time and in relation
58 to the specific treatment being proposed.

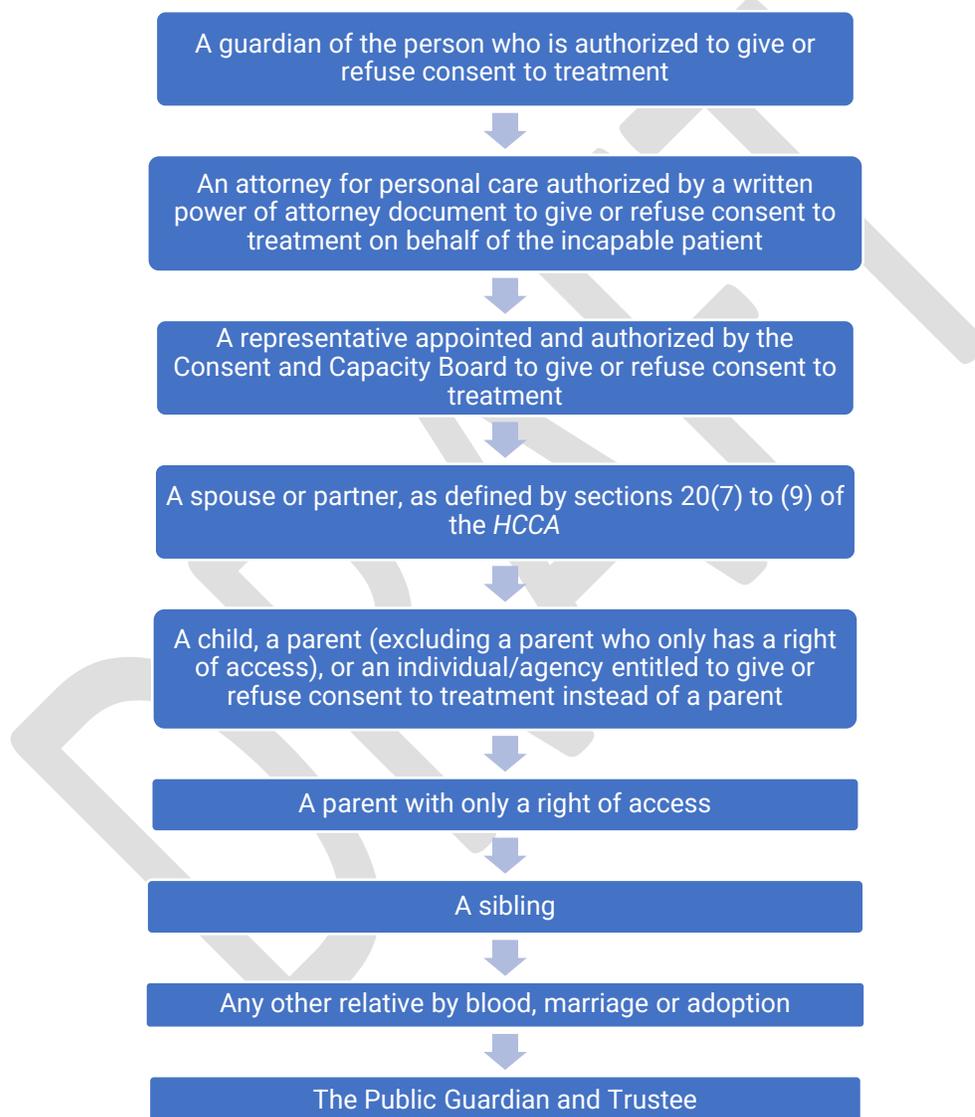
59 A person is presumed to be capable with respect to treatment unless there are
60 reasonable grounds to believe otherwise (e.g., something in a patient's history or
61 behaviour raises questions about their capacity to consent to the treatment).

62 **Minors and Capacity**

63 In Ontario, the presumption of capacity applies to everyone, including minors. If a minor
64 is capable with respect to a treatment, the physician must obtain consent from the
65 minor directly, even if the minor is accompanied by their parent or guardian.

66 Identifying the Substitute Decision-Maker

67 The *HCCA* sets out a hierarchy of the individuals and agencies who may give or refuse
68 consent on behalf of an incapable patient as follows:



69

70 Using the Hierarchy

71 Where a patient is incapable with respect to treatment, physicians must obtain consent
72 from the SDM identified by the hierarchy. The SDM is the highest-ranking person in the
73 hierarchy set out in the *HCCA* who is also:

- 74 • capable with respect to the treatment (the test for capacity applies equally to
75 both patients and SDMs);
- 76 • at least 16 years old, unless they are the incapable person's parent;
- 77 • not prohibited by a court order or separation agreement from having access to
78 the incapable patient or from giving or refusing consent on their behalf;
- 79 • available to communicate consent or refuse consent within a reasonable time in
80 the circumstances; and
- 81 • willing to assume the responsibility of giving or refusing consent.

82 **If a higher-ranking person in the hierarchy does not satisfy the requirements**

83 If a higher-ranking person in the hierarchy does not satisfy all of the requirements for
84 substitute decision-making under the *HCCA*, physicians must move to the next-highest
85 person in the hierarchy who meets the requirements.

86 **Once an SDM is Identified**

87 Once an SDM is identified, the *HCCA* requires that they give or refuse consent in
88 accordance with the most recent and known wish expressed by the patient while they
89 were both capable and at least 16 years old.

90 If no valid wish is known or the wish is impossible to comply with, the SDM must act in
91 the patient's best interests.

92 Physicians are responsible for taking reasonable steps to ensure that SDMs understand
93 these requirements.

94 **Determining an Incapable Patient's Best Interests**

95 To determine the incapable patient's best interests, the SDM must consider:

- 96 • any values and beliefs the patient held while capable which the SDM believes
97 they would still act on if capable;
- 98 • any wishes the patient expressed that the SDM is not legally required to follow
99 (e.g., because the wish was expressed when the patient was not capable or was
100 under the age of 16);
- 101 • how providing or not providing the treatment will impact the patient's condition
102 or well-being;
- 103 • whether the expected benefit of the treatment outweighs the risk of harm; and
- 104 • whether a less restrictive or less intrusive treatment would be as beneficial.

105 **Assessing the Impact of Providing or Not Providing the Treatment**

106 To assess the impact of providing or not providing the treatment on the patient's
107 condition or well-being, SDMs must consider whether:

- 108 • the treatment is likely to:
 - 109 ○ improve the incapable patient's condition or well-being;
 - 110 ○ prevent their condition or well-being from deteriorating; or,
 - 111 ○ reduce the extent or rate of their condition or well-being's deterioration;
 - 112 and,
- 113 • the incapable patient's condition or well-being is likely to improve, remain the
114 same, or deteriorate without the treatment.

115 **Emergency Treatment**

116 Under the *HCCA*, an emergency is a situation where the patient is apparently
117 experiencing severe suffering or is at risk of sustaining serious bodily harm if the
118 treatment is not administered promptly.

119 In emergencies, physicians must obtain consent from a patient who is apparently
120 capable with respect to the treatment unless, in the opinion of the physician, all the
121 following are true:

- 122 • the communication required to establish consent cannot take place because
123 of a language barrier or a patient's disability;
- 124 • reasonable steps have been taken to find a practical means of enabling
125 communication but were not successful;
- 126 • the delay required to find a practical means of communication will prolong
127 the patient's apparent suffering or put them at risk of sustaining serious
128 bodily harm; and,
- 129 • there is no reason to believe that the patient does not want the treatment.

130 **If a Patient Previously Wished to Refuse Consent to the Treatment**

131 Physicians must not provide treatment in emergencies if they have reasonable grounds
132 to believe that the patient, while capable and at least 16 years of age, expressed a wish
133 to refuse consent to the treatment that would be applicable in the circumstances.

134 **Contacting SDMs in Emergencies**

135 In an emergency where the patient is incapable with respect to the treatment,
136 physicians must obtain consent from the incapable patient's SDM unless, in the opinion
137 of the physician, the delay required to establish consent or refusal:

- 138 • will prolong the suffering that the patient is apparently experiencing; or,

- 139 • will put the patient at risk of sustaining serious bodily harm.

140 **If an SDM Refuses to Consent to a Treatment in an Emergency**

141 Where an SDM refuses to consent to a treatment in an emergency, the physician must
142 respect this decision unless, in the physician's opinion, the SDM has not complied with
143 the substitute decision-making requirements outlined in section 21 of the *HCCA*.

144 If the SDM has not complied with the *HCCA* requirements, the treatment may be
145 administered despite the refusal.

146 **If a Patient Becomes Capable During an Emergency**

147 If, in the opinion of the physician, the patient becomes capable with respect to the
148 treatment during emergency treatment, the physician must seek the patient's consent.
149 The patient's decision to give or refuse consent to the continuation of the treatment
150 supersedes the SDM or physician's decision.

151 **After Administering Emergency Treatment Without Consent**

152 After administering treatment in an emergency without consent, the physician must
153 promptly note in the patient's record the physician's opinions at the time of treatment
154 that they relied on in administering the emergency treatment under the *HCCA*.

155 **Duration of Emergency Treatment**

156 Treatment in an emergency may continue only for as long as is reasonably necessary
157 to:

- 158 • find a practical means of enabling communication with the capable patient; or,
159 • find the incapable patient's SDM.

160 Physicians must ensure that reasonable efforts are made to enable communication or
161 find the SDM.

1 **Advice to the Profession: Consent to Treatment**

2 *Advice to the Profession* companion documents are intended to provide physicians with
 3 additional information and general advice in order to support their understanding and
 4 implementation of the expectations set out in policies. They may also identify some
 5 additional best practices regarding specific practice issues.

6
 7 The College's [Consent to Treatment](#) policy and *Guide to the Health Care Consent Act*
 8 companion document set out physicians' professional and legal obligations with
 9 respect to obtaining consent to treatment. This *Advice to the Profession: Consent to*
 10 *Treatment* document is intended to help physicians interpret these obligations and
 11 provide guidance around how they may be effectively discharged.

12 **Obtaining Consent**

13 **What is the difference between implied consent, express consent, and written** 14 **consent?**

15 As stated in the policy, implied consent is inferred from the words or behaviour of the
 16 patient or the circumstances, whereas express consent is direct, explicit, and
 17 unequivocal. Written consent is a form of express consent (express consent can also
 18 be given orally).

19 You are expected to capture any written consent (e.g. a signed consent form) in the
 20 patient's medical record¹ although, as noted below, you are advised to document
 21 consent discussions in all circumstances, where possible.

22 **What should I consider in determining whether it is appropriate to use family members** 23 **as interpreters?**

24 In many cases, using a family member as an interpreter will be the most accessible,
 25 convenient, practical, and comfortable option for patients. At the same time, using
 26 family members as interpreters can present challenges, such as language limitations,
 27 difficulty understanding medical terms, inter-family dynamics and conflict, and
 28 important information being deliberately or accidentally omitted. As a result, and where
 29 the patient is in agreement, physicians are advised to use a formal or third-party
 30 interpretation service where available.

¹ See CPSO's *Medical Records Documentation* policy.

31 **What do I do if a patient wants to provide consent without hearing about the risks of**
32 **the treatment or if they want to delegate consent to a family member?**

33 A patient may feel anxious about the proposed treatment and want to provide consent
34 without hearing about the risks. In other cases, the patient may ask that you obtain
35 consent from a family member, even where they are capable.

36 However, the act of providing consent cannot be delegated. The law requires that
37 consent be obtained by a capable patient directly or, where they are incapable, the SDM.
38 It also requires that consent be informed. As such, you are required to provide
39 information about the nature of the treatment, its expected benefits, its material risks
40 and material side effects, alternative courses of action, and the likely consequences of
41 not having the treatment. If a patient refuses to hear this information, their decision will
42 not be informed and their consent will not be valid.

43 You may want to sensitively explain this requirement to the patient and emphasize the
44 importance of understanding the risks. You may also want to give patients time to
45 process the information, gather family or friends if they need additional support, and try
46 to arrange for an opportunity to continue the dialogue at a later date if time permits.

47 **Can family members or friends be involved in the consent discussion?**

48 Yes, it is appropriate and often helpful to involve others in the consent discussion,
49 provided you have the patient's permission and the patient makes the final decision
50 regarding treatment. It may be helpful to ask at the beginning of the patient encounter
51 how the patient prefers to hear information about their condition (e.g., prognosis), and
52 who they want to be present with them while they receive the information.

53 **Does a signed consent form constitute informed consent?**

54 Not necessarily. The requirement for informed consent will not be met where the patient
55 simply signs a consent form or receives written education materials or pamphlets
56 without a discussion of the expected benefits and material risks of the proposed
57 treatment, or having an opportunity to ask any questions they may have. It is important
58 to consider the patient's particular circumstances when determining whether a risk is
59 material. The information to be discussed must be determined on a case-by-case basis
60 so that it relates to the specific patient and is neither over- or under-inclusive.

61 **What steps can I take to help my patients understand the information being provided**
62 **when obtaining consent?**

63 You may want to be mindful of the factors that can limit patient comprehension, as well
64 as the tools that can help support comprehension. Some of these include:

- 65 • Using language appropriate for the patient’s comprehension of concepts like
66 probability and medical terminology.
67 • Considering the impact of pain, mental illness, and biases when communicating
68 information.

69 Other tools can be found in the CMPA document “[Helping patients make informed](#)
70 [decisions.](#)”

71 Remember that patients or substitute decision-makers (SDMs) will need time to review
72 and understand any information you provide prior to giving or refusing consent to a
73 treatment. Consider “pacing” the information you provide so that the patient or SDM has
74 an opportunity to reflect on it and any questions they wish to ask.

75 **In order to obtain informed consent, I need to provide certain information, including**
76 **the “material risks” associated with the treatment. What are “material” risks, and**
77 **which risks do I have to disclose?**

78 Courts have defined a “material” risk as a risk about which a reasonable person in the
79 same circumstances as the patient would want to know in order to make a decision
80 about the treatment. This includes but is not limited to risks that the physician believes
81 may lead the patient to refuse or withhold consent to treatment.

82 The material risks that must be disclosed are risks that are common and significant,
83 even though not necessarily grave, and those that are rare, but particularly significant.
84 Generally speaking, the more frequent the risk, the greater the obligation to inform the
85 patient about it. In addition, risks of great potential seriousness, such as paralysis or
86 death, must likely be disclosed even if uncommon.

87 **Determining Capacity**

88 **Can I assume that once a patient is considered capable with respect to a treatment,**
89 **they will always be capable regarding that treatment or will be capable for all other**
90 **treatment decisions?**

91 No. Capacity is fluid: it can change over time and is treatment-specific; that is, it will
92 depend on the nature and complexity of the specific treatment decision.

93 For this reason, consent may need to be revisited after it has been obtained in case
94 there are any significant changes in the patient (e.g., their health status, health-care
95 needs, specific circumstances, capacity, etc.) or treatment (e.g., the nature, expected
96 benefits, material risks and material side effects, etc.). The passage of time may also
97 increase the risk that these changes will arise and that consent may need to be
98 obtained again.

99 It may be appropriate to involve the future SDM(s) in ongoing consent discussions, with
100 the patient's permission, if the patient does lose capacity and the SDM is required to
101 start making treatment decisions in accordance with the patient's stated wishes and/or
102 best interests.

103 **My patient is refusing to consent to a treatment that I think they should have. Does**
104 **this mean they are incapable?**

105 Not necessarily. Patients and SDMs have the legal right to refuse or withhold consent.
106 Patients may sometimes make decisions that are contrary to the physician's treatment
107 advice, and you cannot automatically assume in these cases that they are incapable of
108 making that decision.

109 In some cases, however, a patient's decision may cause you to question whether the
110 patient has the capacity to make the decision (e.g., truly understands the consequences
111 of not proceeding with the treatment). Where this is the case, you may want to consider
112 doing a more thorough investigation of the patient's capacity to ensure the patient's
113 decision is informed and valid. This could start with questions about their reasons for
114 refusing treatment and/or the information they are relying on in making their decision.

115 It is important to remember that it is inappropriate for a physician to end the physician-
116 patient relationship in situations where the patient chooses not to follow the physician's
117 treatment advice (for more information, see the College's [Ending the Physician-Patient](#)
118 [Relationship](#) policy).

119 **Incapable Patients and Substitute Decision-Makers**

120 Where a patient expresses a desire to apply to the CCB for review of a decision involving
121 capacity or the identity of the SDM, you might consider providing the contact
122 information for the Law Society of Ontario's [Referral Service](#).

123 **What do I do if the SDMs disagree on whether to give or refuse consent?**

124 Because the HCCA permits two or more people within the same rank to jointly act as
125 SDM, you may encounter a situation where the SDMs disagree about whether to give or
126 refuse consent.

127 If two or more SDMs within the same rank disagree about whether to give or refuse
128 consent, one of the SDMs or another person may apply to the CCB for the right to make
129 the decision. Alternatively, the Public Guardian and Trustee (PGT) will make the decision
130 as a last resort. More information about how to involve the PGT may be obtained from
131 the [Treatment Decisions Unit](#).

132 The SDM is required to give or refuse consent in accordance with the wishes of the
133 patient, provided the patient was, at the time the wishes were expressed, capable and
134 16 years or older. How can a patient communicate their wishes to the SDM?

135 Wishes can be expressed in writing, orally, or in any other manner. Written wishes may
136 involve advance care planning documents, commonly known as an 'advance directive' in
137 a power of attorney, or some other form. For more information about advance care
138 planning, see the CPSO's [Decision-Making for End-of-Life Care](#) policy.

139 Later wishes expressed while capable, whether written, oral, or any other manner, prevail
140 over earlier wishes.

141 **I have a legal obligation to ensure that SDMs understand the requirements for giving or**
142 **refusing consent as set out in the HCCA. What steps can I take to fulfill this obligation?**

143 First, you need to determine how familiar the SDM is with the HCCA requirements.
144 Some SDMs may not know what the HCCA requirements are, so you may need to tell
145 them. You may want to consider referring SDMs to existing substitute decision-making
146 resources that outline the requirements, such as the [Hamilton Health Sciences' Making](#)
147 [Decisions for Others: Your Role as a Substitute Decision Maker](#) education document.

148 Other SDMs may be very familiar with the requirements, as they may have had to give or
149 refuse consent on behalf of an incapable patient before. In these circumstances, you
150 may not need to tell SDMs what the requirements are. Instead, you must be satisfied
151 that the SDM understands what the HCCA requirements are when you are obtaining
152 consent to a treatment from an SDM.

153 **What if I am concerned that the SDM is not acting in accordance with the patient's**
154 **wishes or best interests?**

155 If you are of the view that the SDM is not acting in accordance with the patient's wishes
156 or best interests, you can apply to the CCB to determine how to proceed. Among other
157 things, the CCB is responsible for reviewing findings of incapacity, considering the
158 appointment and termination of SDMs, giving directions on issues of treatment, and
159 reviewing an SDM's compliance with the rules for substitute decision-making. For more
160 information about this process, the [CCB website](#) or the Ontario Hospital Association's [A](#)
161 [Practical Guide to Mental Health and the Law in Ontario](#).

162 **Documentation**

163 **What should I consider when documenting consent discussions?**

164 Proper documentation is the best evidence that physicians have to demonstrate that
165 valid consent was obtained. As such, while the policy requires physicians to document

166 consent discussions in specific circumstances, it is best practice to document consent
167 in all circumstances.

168 You need to use your professional judgment when recording the encounter and include
169 enough information to provide an accurate summary of your discussion with your
170 patient.

DRAFT

Board Motion

Motion Title	Draft Policy for Consultation - <i>Consent to Treatment</i>
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft revised policy, “Consent to Treatment,” (a copy of which forms Appendix “ ” to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

SEPTEMBER 2024

Title:	Revised Draft for Final Approval – <i>Essentials of Medical Professionalism</i> (For Decision)
Main Contacts:	Mike Fontaine, Policy Analyst Tanya Terzis, Manager, Policy
Attachment:	Appendix A: Revised Draft <i>Essentials of Medical Professionalism</i>
Question for Board:	Does the Board of Directors approve the revised draft <i>Essentials of Medical Professionalism</i> ?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The draft *Essentials of Medical Professionalism*, an updated version of CPSO’s *Practice Guide*, sets out the values and duties of the medical profession. The Board is asked to approve the revised draft.
- Guiding professional conduct and ensuring physician accountability aligns with CPSO’s public interest mandate.

Current Status and Analysis

- The *Practice Guide*, CPSO’s key resource on medical professionalism, was first approved by Council in 2007, but it has not been substantially reviewed since. Given the unique nature of the *Practice Guide* and the amount of time since it was revised, there was an opportunity to reimagine its structure and update the guidance it contains.
- The draft *Essentials of Medical Professionalism* (**Appendix A**) was developed in 2023. This draft defines medical professionalism, captures the values of the profession today, sets out professional responsibilities and duties not captured in policy, and addresses existing gaps in guidance (e.g., expectations related to EDI, physician wellbeing, and profession-led regulation). The draft was released for general consultation in December 2023.¹
- The draft has been refined based on the consultation feedback with direction from the Policy Working Group. Key changes to the draft include:
 - The title has been changed from *Principles of Medical Professionalism: Guiding Values and Duties* to *Essentials of Medical Professionalism*. This new title is more concise and highlights that these values, duties, and responsibilities are essential to being a physician and fundamental to the practice of medicine.
 - Closely related duties were combined to streamline the draft and pare down redundancies.
 - Contentious “buzzwords” and jargon (e.g., “intersectionality”) have been removed to address concerns about the “political” leanings of the document. Where specific terms (e.g., related to EDI) have been retained, definitions from CPSO’s [EDI Glossary](#) have been provided in footnotes.
- Pending final approval, the draft will be posted on CPSO’s website to replace the *Practice Guide*. A communications strategy is being developed to bring awareness to this document.

¹ A general consultation on the draft resource received 161 total responses. All of the written comments can be viewed on the [consultation webpage](#), and a feedback overview was provided to the Board in the [February/March 2024 Policy Report](#).

ESSENTIALS OF MEDICAL PROFESSIONALISM

About *Essentials of Medical Professionalism*

The *Health Professions Procedural Code* under the *Regulated Health Professions Act, 1991* requires that the College of Physicians and Surgeons of Ontario (CPSO) “develop, establish and maintain standards of professional ethics for the members.”

Essentials of Medical Professionalism sets out CPSO’s expectations related to professional ethics and articulates the values and duties at the core of medical practice. It is intended to provide broad guidance to CPSO registrants (the profession) and to inform patients, the public, and others about what they can expect from the medical profession.

This resource is meant to guide professional judgment and behaviour by providing an overarching view of the standards the profession holds for itself and the expectations the public has of physicians, both individually and collectively.

Essentials of Medical Professionalism and You

Providing quality care requires more than clinical competence; it involves upholding the standards of medical professionalism and, by extension, the social contract. The social contract is an agreement between the profession as a whole and the public it serves: in return for professional autonomy, the profession commits to upholding the values and duties of medical professionalism and to promoting the public good within its domain. *Essentials of Medical Professionalism* sets out the principles of medical professionalism and can help physicians uphold them in their day-to-day practice.

The values and duties described in this resource inform the specific expectations set out in [CPSO policies](#) and, along with these policies, help physicians deliver quality care for the people of Ontario. Together with CPSO policies, relevant legislation, and case law, *Essentials of Medical Professionalism* will be used by CPSO as a benchmark when considering or evaluating physician practice and conduct.

Conflict among the values and duties outlined in this resource may occur, and in such situations, physicians will need to use their best judgment on how to proceed.

What is Medical Professionalism?

In medicine, professionalism consists of the words and actions of physicians that foster trust and respect with patients¹, colleagues², and the public.

¹ The term “patient” is used to refer to patients and their loved ones, including but not limited to caregivers, family members, friends, and substitute decision-makers.

² The term “colleague” is used to refer to physicians; other health care professionals; hospital or clinic administrative, ancillary, and support staff; medical students, interns, residents; and anyone involved in the provision of health care.

Trust and **respect** are the core values of the medical profession. Competent physicians foster trust and respect and deliver quality care by:

- Practising with **integrity**
- Committing to **responsibility**
- Practising with **humility**
- Recognising and honouring **humanity**

Practising with Integrity

For physicians, having integrity means practising within the guidelines and standards of the profession. It means making sound clinical and behavioural judgments and acting in good faith for the benefit of patients even in challenging situations.

Physicians demonstrate integrity in their work with patients by:

- Using their medical expertise to provide the best possible quality of care;
- Considering each patient's well-being and acting in their best interest;
- Maintaining professional boundaries with patients;
- Avoiding conflicts of interest and safeguarding their professional independence;
- Protecting the privacy of patient's personal health information.

Physicians demonstrate integrity in their work with colleagues by:

- Working respectfully and collaboratively with other members of the health-care team, even when their personal beliefs and/or professional opinions differ;
- Raising concerns about a colleague's inappropriate, unprofessional, or otherwise concerning behaviour directly with that colleague (or, if needed, escalating the concerns to the relevant leadership or authority) in a manner that does not compromise their own safety.

Physicians demonstrate integrity in their work with the public by:

- Preserving the reputation of the profession;
 - Engaging in respectful public debate;
 - Putting forward evidence-informed viewpoints;
 - Using [social media](#) responsibly and in a way that upholds the standards of professionalism;
- Maintaining the standard of care.

Committing to Responsibility

For physicians, committing to responsibility means understanding what is expected of them and striving to meet those expectations. It also means recognising the different groups to whom physicians are responsible. Though their primary responsibilities are always to their patients and their patients' best interests, physicians are also collectively responsible to each other, to others involved in health-care delivery, and to the public they serve.

Physicians demonstrate responsibility in their work with patients by:

- Providing safe, competent care;
 - Keeping skills and knowledge up to date;
 - Recommending treatments and interventions informed by evidence and scientific reasoning;
- Advocating for individual patients;
 - Helping patients navigate the health-care system;
- Communicating honestly and effectively with patients;
 - Striving to ensure that patients understand the nature and significance of their condition and the treatment options available to them.

Physicians demonstrate responsibility in their work with colleagues by:

- Promoting open channels for feedback;
- Recognising and fulfilling their obligations in the context of team-based care;
- Modelling respect, appropriate conduct, and healthy collegial relationships in the workplace.

Physicians demonstrate responsibility in their work with the public by:

- Considering the value of social accountability in the practice of medicine;
 - Recognising the social determinants of health impacting patients and communities;
 - Responding to community and population health needs;
 - Acknowledging the importance of equitable access to health care and social supports;
- Practising in a manner that promotes and protects public health;
- Recognising the power and role of respectful, evidence-based advocacy in improving patient and public health;
- Fulfilling reporting obligations;
- Practising effective resource stewardship.

Practising with Humility

For physicians, being humble involves acknowledging the inherent vulnerability of patients and recognising the power imbalance between physicians and patients. By practising with and showing humility, physicians accept that achieving the best outcomes for patients is an ongoing process nurtured through collaboration and engagement with others.

Physicians can practise with and show humility in their work with patients by:

- Undertaking lifelong learning in clinical knowledge, leadership, and communication (e.g., active listening, de-escalation, and conflict resolution);
- Recognising when there is a gap in their knowledge (clinical or otherwise) and working to remedy that gap;

- Showing cultural humility³ while working with all patients;
 - Learning about and respecting patients' lived experiences, values, and beliefs;
 - Asking patients about their preferences regarding the care they receive;
- Enabling and empowering patients to be partners in their care;
 - Engaging in shared decision-making and patient-centred care;
 - Welcoming and respecting the views of patients;
 - Encouraging patients to be proactive in maintaining their own health and well-being;
- Seeking to understand what an illness means for a patient and their families.

Physicians practise with and show humility in their work with colleagues by:

- Being open and receptive to the views and feedback of colleagues;
- Seeking help and support from colleagues, when needed;
- Supporting and mentoring colleagues;
- Managing conflict with colleagues in a productive, dignified, and safe manner;
 - Reflecting on one's role in the conflict.

Physicians practise with and show humility in their work with the public by:

- Participating in collaborative, team-based, and patient-centred models of care.

Recognising and Honouring Humanity

By honouring their own humanity and the humanity of others, physicians create the foundations for trusting, respectful, and empathetic relationships.

For physicians, honouring humanity means recognising the inherent value and dignity of all people, including themselves, and keeping the varied experiences of patients at the centre of health care delivery. It also means acknowledging that physicians and other care providers themselves need care and compassion in order to provide effective and sustainable care. In the practice of medicine, recognising and honouring humanity means caring for people, not simply treating diseases.

Physicians honour their own humanity by:

- Acknowledging their physical and social needs, vulnerabilities, and limitations;
- Demonstrating self-compassion in the face of personal pain and moral injury;
- Recognising personal impairment or decline;
- Asking for help from colleagues and making use of available [wellness resources](#), when necessary.

Physicians honour the humanity of their patients by:

- Respecting the autonomy of their patients;

³ A lifelong process of self-reflection to understand personal and systemic biases and develop relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

- Reflecting on their biases⁴;
- Fostering welcoming and inclusive spaces for everyone;
 - Using patients' preferred names, titles, and pronouns;
- Recognising the unique opportunities and barriers faced by each patient;
 - Committing to allyship⁵ and acknowledging the discrimination faced by patients from marginalized populations.

Physicians honour the humanity of their colleagues by:

- Recognising the individual needs and lived experiences of colleagues and other care providers;
- Modelling kindness, ethical care, and compassion for colleagues, staff, learners, and other care providers;
- Fostering an emotionally and physically safe workplace that is conducive to the delivery of quality health care.

Professional Duties and Regulation

Collectively, physicians have been granted the privilege of profession-led regulation. Preserving this privilege requires the profession to maintain an effective and appropriate governance structure and a reliable system of accountability. This means it is not enough for individual physicians to accept regulation; each physician has a professional duty to actively participate in the regulatory process.

Physicians participate in profession-led regulation by:

- Engaging with CPSO, as necessary;
- Cooperating with CPSO during investigations, as required by legislation;
 - Disclosing information relevant to investigations;
- Being open to remediation;
- Maintaining familiarity with and adhering to [CPSO policies](#);
- Participating in quality improvement opportunities when they are offered.

Looking Forward

Essentials of Medical Professionalism has been developed for Ontario physicians and the Ontario public and articulates the values and duties the medical profession holds for itself. Even amid the competing demands facing individual physicians and the significant challenges impacting the health-care system broadly, these values and duties are exhibited every day in physicians' offices, clinics, hospitals, and anywhere health care is delivered across the province.

⁴ An inclination to think something or someone is better or preferred, usually in a way considered to be unfair. Bias can be explicit/conscious or implicit/unconscious. Bias inhibits impartial judgment, thought, or analysis. Biases (particularly implicit or unconscious) are built into and perpetuated by societal systems and structures through socialization and may conflict with a person's declared beliefs and how they see themselves.

⁵ An active, consistent, and arduous practice of unlearning and re-evaluating, in which an individual in a position of privilege and/or power seeks to operate in solidarity with a marginalized group. An ally supports people outside of their own group.

While physicians continue to strive to fulfill these professional duties in their day-to-day practice, they are not expected to take on responsibility for the health system alone. By enacting these values and duties in their daily encounters with patients and colleagues, however, physicians can and will continue to positively contribute to the health of the system, the profession, and the public.

DRAFT

Board Motion

Motion Title	Revised Policy for Final Approval – <i>Essentials of Medical Professionalism</i>
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the revised policy “*Essentials of Medical Professionalism*,” formerly titled “*Practice Guide*,” as a policy of the College (a copy of which forms Appendix “ ” to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

SEPTEMBER 2024

Title:	Revised Draft Policy for Final Approval – <i>Professional Behaviour</i> (For Decision)
Main Contacts:	Courtney Brown, Senior Policy Analyst Kaitlin McWhinney, Junior Policy Analyst Tanya Terzis, Manager, Policy
Attachments:	Appendix A: Revised Draft <i>Professional Behaviour</i> Policy Appendix B: Revised Draft <i>Advice to the Profession: Professional Behaviour</i>
Question for Board:	Does the Board of Directors approve the revised draft <i>Professional Behaviour</i> policy as a policy of CPSO?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is provided with an overview of key revisions to the draft *Professional Behaviour* policy and is asked whether the revised draft policy can be approved as a policy of CPSO. Setting and clarifying expectations regarding professional behaviour supports CPSO’s public interest mandate.

Current Status and Analysis

- The newly titled draft *Professional Behaviour* policy, which sets out high-level, principled expectations about professionalism and identifies specific prohibited behaviours for physicians, was approved for external consultation by the Board in [December 2023](#).
- The draft policy and *Advice to the Profession* (“*Advice*”) document have been updated in response to consultation feedback¹ and direction from the Policy Working Group. Many elements of the current [Physician Behaviour in the Professional Environment](#) policy are retained in the revised draft, while updates have been made to clarify and address questions that emerged from the consultation.
- To address significant feedback that the proposed definition of “professional context” was too broad and potentially captured a wider range of circumstances than intended, qualifying language and content have been added to the draft policy’s preamble to clarify its scope and applicability. Additionally, a new section in the *Advice* elaborates on the policy’s scope.
- Updates have also been made to the list of unprofessional behaviours. In particular, “Intentionally delaying or disrupting access to patient care” has been added, and some language which was seen as too subjective (e.g., “rude”) or outdated (e.g., “profane”), has been removed.
- The draft expectation requiring physicians to take “appropriate action” when they witness unprofessional behaviour by “staff they have responsibility for” has been reframed to also include “colleagues.” The *Advice* clarifies that “appropriate action” is context-dependent and elaborates on what appropriate action may entail.
- The *Advice* has been updated to align with the revised draft policy, including elaborating on how to remain professional while engaging in advocacy, how to contribute to a safe and supportive work environment that allows unprofessional behaviour to be reported, and when the policy may apply outside the strictly professional context.

¹ A general consultation on the draft policy received 578 total responses. All of the written comments can be viewed on the [consultation webpage](#), and a feedback overview was provided to the Board in the [February/March 2024 Policy Report](#).

PROFESSIONAL BEHAVIOUR

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

Within policies, the terms ‘must’ and ‘advised’ are used to articulate CPSO’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

Professionalism: the words and actions of physicians that foster trust and respect with patients¹, colleagues, and the public.

Unprofessional behaviour: words, actions, or inactions by a physician that interfere with (or may interfere with) the delivery of quality care, public trust in the profession, the safety or perceived safety of others, or the physician’s ability to collaborate. Unprofessional behaviour may be demonstrated through a single act, a pattern of events, or a number of separate events.

Colleague: physicians; other health care professionals; hospital or clinic administrative, ancillary, and support staff; medical students, interns, residents; and anyone involved in the provision of health care.

Policy

General

Physicians have been given the privilege and responsibility of profession-led regulation. This policy primarily focuses on physicians’ behaviour in the professional context.

“Professional context” is a broad term that refers to any environment where a physician interacts with patients, colleagues, learners, and others in the workplace (whether in person or virtually). The professional context also includes any situation where a physician actively identifies themselves as a physician and/or represents the profession (e.g., public appearances, printed media, and social media).

Although the expectations set out in this policy primarily apply to physicians’ behaviour in the professional context, they may also apply to behaviour that takes place outside of the professional context. Physician behaviour outside of a professional context may be considered unprofessional under this policy where the behaviour:

- may bring the profession into disrepute, and/or
- raises concerns about the physician’s competence, integrity, and/or suitability to practise.²

¹ The term “patient” is used to refer to patients and their loved ones, including but not limited to caregivers, family members, friends, and substitute decision-makers.

² For more information on the scope of this policy, please see the *Advice to the Profession: Professional Behaviour* document.

- 33 1. Physicians **must** uphold the standards of medical professionalism and conduct themselves in a
 34 professional manner.
- 35 a. Physicians **must** act in a respectful and civil manner towards patients and colleagues.
- 36 2. Physicians **must** meet the expectations set out in this policy, other CPSO policies³, and applicable
 37 legislation⁴, along with the expectations set out in any applicable institutional codes of conduct, policies, or
 38 by-laws.
- 39 3. Physicians **must** meet the expectations for professionalism set out in CPSO's *Essentials of Medical*
 40 *Professionalism*, including:
- 41 a. considering each patient's well-being and acting in their best interests;
- 42 b. working respectfully and collaboratively with other members of the health-care team, even when
 43 their personal beliefs and/or professional opinions differ; and
- 44 c. modelling respect, appropriate conduct, and healthy collegial relationships in the workplace.

45 **Advocacy**

- 46 4. Advocacy for patients and an improved health care system is an important component of the physician's
 47 role, and while it may sometimes lead to disagreement or conflict with others, physicians **must** meet the
 48 expectation for professional behaviour even in these contexts.⁵

49 **Unprofessional Behaviour**

50 Unprofessional behaviour impacts patient care and outcomes through the negative effects it can have on the
 51 physician-patient relationship, teamwork, a safe working environment, communication, public trust, and
 52 morale.

- 53 5. Physicians **must not** engage in unprofessional behaviours including, but not limited to, the following:
- 54 a. Acting or speaking in a disrespectful, insulting, demeaning, threatening, bullying, or abusive manner;
- 55 b. Engaging in prejudiced or discriminatory behaviour (e.g., racist or sexist comments or actions);
- 56 c. Exhibiting aggressive or hostile outbursts of anger (e.g., throwing or breaking things);
- 57 d. Using, attempting to use, or threatening violence or physical force towards others⁶;
- 58 e. Commenting or acting in a way that may contribute to a negative working environment (e.g.,
 59 disrespecting boundaries, repeated unwanted communication, or sexual harassment)⁷;
- 60 f. Mocking, shaming, or disparaging others;

³ These include [Boundary Violations](#) (regarding sexual abuse and misconduct), [Social Media](#) (regarding avoiding unprofessional behaviour in the context of social media), [Professional Responsibilities in Medical Education](#) (regarding professional behaviour when involved in medical education and working with students or trainees), and [Human Rights in the Provision of Health Services](#) (regarding discriminatory behaviour).

⁴ For example, the obligations set out in the [Occupational Health and Safety Act](#), R.S.O. 1990, c.0.1.

⁵ For more information on physician advocacy, please see the *Advice to the Profession: Professional Behaviour* document.

⁶ The policy does not intend to capture circumstances where, for instance, force may be necessary to restrain a patient who poses a threat to themselves or those providing them with care.

⁷ An example of behaviour that is not likely to be considered unprofessional behaviour includes constructive criticism offered in good faith with the intention of improving patient care or the health-care system.

- 61 g. Repeatedly failing to respond in a timely manner to calls or requests for information or assistance
62 when on call or when expected to be available; and
- 63 h. Intentionally delaying or disrupting patient access to care.

64 ***Unprofessional Behaviour of Colleagues or Staff***

- 65 6. Physicians **must** take appropriate action when colleagues or staff demonstrate unprofessional behaviour in
66 the workplace.⁸

67 ***Reporting Unprofessional Behaviour***

- 68 7. It is important that unprofessional behaviour can be reported without fear of retaliation. Physicians,
69 especially those in leadership positions, **must** contribute to providing a safe and supportive environment
70 that allows for reporting of unprofessional behaviour.⁹
- 71 8. Where a colleague, in good faith, reports or acts as a witness to a physician's unprofessional behaviour,
72 that physician **must not** penalize, punish, or retaliate against the colleague (e.g., through unwarranted
73 dismissal of a reporter or witness; demotion, transfer, or denial of opportunities for advancement).

⁸ "Appropriate action" is context-dependent and allows physicians to use their professional judgment to determine possible next steps. Please see the *Advice to the Profession: Professional Behaviour* document for more information.

⁹ Please see the *Advice to the Profession: Professional Behaviour* document for additional guidance on contributing to a safe and supportive environment that allows reporting of unprofessional behaviour.

ADVICE TO THE PROFESSION: PROFESSIONAL BEHAVIOUR

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

In order to create an atmosphere of trust and to ensure good patient outcomes, it is important that physicians maintain professional behaviour. The *Professional Behaviour* policy sets out CPSO's expectations of physician behaviour and identifies behaviour that is considered unprofessional. This document is intended to provide guidance for how the expectations set out in the *Professional Behaviour* policy can be met.

What are some of the potential factors that may contribute to unprofessional behaviour, and how can these be addressed?

Physicians are subject to many factors that can impact their health and behaviour, including mental health concerns, stress, burnout, and moral distress. These same factors can potentially contribute to unprofessional behaviour, however, physicians are still responsible for meeting the expectations set out in the policy and maintaining professional behaviour.

While there can be stigma related to substance use and mental illness, it is important that physicians are able to seek help regarding their health and well-being. Physicians are encouraged to engage in ongoing self-reflection regarding their ability to manage their stress and mental health and to seek support as soon as possible.

What resources are available to support physicians in managing their health and well-being?

In addition to any resources available through their local setting (e.g., university, hospital, or other work environment), physicians are encouraged to contact the Ontario Medical Association's [Physician Health Program \(PHP\)](#) to explore available support resources.

Physicians can visit the [Physician Wellness](#) page on CPSO's website for more information on programs and resources available to support their health and well-being. Physicians are also encouraged to contact their specialty societies if they have a specialty-specific wellness issue.

How can I ensure I remain professional while engaging in advocacy as a physician?

CPSO recognizes that advocacy for patients and an improved health care system is a key component of a physician's role. Physicians may also care deeply about and wish to advocate for causes or issues unrelated to health care.

Physicians are entitled to speak out about issues important to them and exercise their rights of freedom of expression under the [Canadian Charter of Rights and Freedoms \("Charter"\)](#). Charter rights are, however, subject to reasonable limits, which for physicians can include balancing regulatory concerns, including CPSO expectations around public communications (e.g., opinions shared on social media).

When engaging in advocacy, physicians need to always consider the potential impact of this advocacy on patients' best interest, the public, and the profession. For example, any advocacy that negatively affects a physician's ability to deliver quality care, collaborate with others, or maintain a culture of safety in their practice may be considered unprofessional under the policy.

39 The public gives significant weight to physicians' opinions. Accordingly, any opinions that a physician shares
 40 publicly, particularly when identifying themselves as a physician, need to be offered responsibly and
 41 professionally. For more information on engaging in advocacy, see the Canadian Medical Protective
 42 Association (CMPA) resource [Advocacy for Change: An important role to undertake with care](#).

43 ***How can I engage in advocacy professionally when using social media?***

44 For more information on engaging in advocacy using social media specifically, see CPSO's [Social Media](#) policy
 45 and the companion [Advice to the Profession: Social Media](#) document. CMPA also has a number of resources
 46 for physicians who engage in advocacy and use social media, including:

- 47 • [Social media: The opportunities, the realities – Guidance for Physicians who use social media in their](#)
 48 [personal or professional lives](#), and
- 49 • [10 tips for using social media in professional practice](#).

50 ***What appropriate action can physicians take to address unprofessional behaviour demonstrated by colleagues,*** 51 ***including their own staff members?***

52 There are a range of "appropriate actions" depending on the specific circumstances. Where the unprofessional
 53 behaviour demonstrated by a colleague is relatively minor, an appropriate first step may be to have a
 54 conversation with the person about their behaviour. Where the colleague's behaviour continues to be
 55 unprofessional or is particularly offensive, a more formal intervention may be required.

56 While it is important that physicians take action when they see unprofessional behaviour by a colleague or their
 57 own staff member to prevent it from occurring in the future, this action may look different, depending on the
 58 setting and the physician's role.

59 For example, where a physician is the employer or supervisor of staff, such as in a solo practice, they would be
 60 expected to take specific action themselves to address a staff member's behaviour. In a setting where the
 61 physician may not be the employer or supervisor of staff, such as in a team-based group setting or a hospital,
 62 appropriate action may include speaking directly with the colleague about their behaviour, if they feel safe to
 63 do so, and/or escalating concerns to the colleague's immediate supervisor or another leader in the setting.

64 ***How can I contribute to providing a safe and supportive environment?***

65 There are significant challenges impacting the health care system broadly, and physicians are subject to many
 66 competing demands. In this context, creating safe and supportive environments for physicians to work within
 67 is particularly important, and can help prevent unprofessional behaviour in the workplace. Recognizing that the
 68 actions a physician can take will depend on their role or workplace, the following non-exhaustive list of
 69 examples is provided for consideration:

- 70 • making staff aware of existing policies and procedures that outline clear mechanisms and pathways for
 71 reporting unprofessional behaviour;
- 72 • ensuring that staff meet regularly so that issues can be raised and addressed;
- 73 • offering conflict management, de-escalation, and cultural safety training;
- 74 • regularly giving and receiving feedback from colleagues, including normalizing positive feedback and
 75 behaviours; and
- 76 • being willing to engage meaningfully and transparently to understand the cause(s) of unprofessional
 77 behaviour(s), including prompt intervention and follow-up.

78 In addition to their advice on [Addressing disruptive behaviour from other physicians](#) for physicians in leadership
 79 positions, CMPA also offers practice guidance related to building a culture of [psychological safety](#), [situational](#)
 80 [awareness](#), and [conflict resolution](#) for all physicians.

81 CPSO's [Professional Responsibilities in Medical Education](#) policy and the accompanying [Advice to the](#)
82 [Profession: Professional Responsibilities in Medical Education](#) document include additional expectations and
83 guidance for physicians involved in medical education and training of medical learners, including how to
84 provide support and direction regarding unprofessional behaviour.

85 ***When might the policy be applied to situations outside the strictly professional context?***

86 Physicians need to ensure that their behaviour, even in their personal lives, does not impair their ability to
87 function in a professional capacity or negatively impact the profession as a whole.

88 The policy identifies several factors that can impact whether behaviour in a physician's personal life would be
89 considered unprofessional under the policy, including whether the behaviour:

- 90 • may bring the profession into disrepute (i.e., could cause people to lose respect for, and trust in, the
91 profession), and/or
- 92 • raises concerns about the physician's competence, integrity, and/or suitability to practise.

93 Additional factors that may be considered when determining whether a physician's conduct outside the
94 professional context may be considered unprofessional can include, but are not limited to:

- 95 • the nature and seriousness of the behaviour,
- 96 • whether there is a pattern of similar behaviour,
- 97 • the context in which the behaviour took place, and
- 98 • the consequences that resulted from the behaviour.

Board Motion

Motion Title	Revised Policy for Final Approval – <i>Professional Behaviour</i>
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the revised policy “*Professional Behaviour*,” formerly titled “*Physician Behaviour in the Professional Environment*,” as a policy of the College (a copy of which forms Appendix “ ” to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

SEPTEMBER 2024

Title:	Revised Draft Policy for Final Approval – <i>Infection Prevention and Control (IPAC) for Clinical Office Practice (For Decision)</i>
Main Contacts:	Courtney Brown, Senior Policy Analyst Tanya Terzis, Manager, Policy
Attachments:	Appendix A: Revised Draft <i>IPAC for Clinical Office Practice</i> Policy Appendix B: Revised Draft <i>Advice to the Profession: IPAC for Clinical Office Practice</i>
Question for Board:	Does the Board of Directors approve the revised draft <i>IPAC for Clinical Office Practice</i> policy as a policy of CPSO?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- A new draft *Infection Prevention and Control (IPAC) for Clinical Office Practice* policy and *Advice to the Profession: IPAC for Clinical Office Practice* (“Advice”) have been developed. The Board is asked whether the revised draft policy can be approved as a policy of CPSO.
- Failure to undertake IPAC effectively can have serious consequences for both patients and staff. Setting out expectations for effective IPAC practices is in line with the College’s public interest mandate.

Current Status and Analysis

- The Provincial Infectious Diseases Advisory Committee (PIDAC), which advises Public Health Ontario (PHO), sets out IPAC best practices in a document titled *Infection Prevention and Control for Clinical Office Practice*, a comprehensive resource that covers the key areas of IPAC. This document is referred to by CPSO when IPAC lapses have been identified in physicians’ offices.
- The new draft policy and *Advice* requires compliance with, and highlights key standards and practices from the PIDAC document. The intention is for the policy to raise awareness of IPAC issues for physicians and to assist them in understanding their IPAC obligations, as the PIDAC document is extensive and can be difficult to navigate.
- The draft policy and *Advice* cover key high-risk IPAC areas identified through complaints data and consultation with CPSO and PHO staff including: Routine Practices and Additional Precautions, reprocessing of medical equipment, medication safety and administration, environmental cleaning, and staff education. PHO has been consulted on the draft to ensure its accuracy and alignment with their resources, and feedback they provided has been incorporated.
- The draft policy was approved for external consultation and engagement by the Board in [March 2024](#). The draft policy and *Advice* have been revised in response to consultation feedback¹ and direction from the Policy Working Group. Post consultation, updates have been made to the policy to highlight some additional safe medication practices and to remove the policy expectation that physicians screen every patient for symptoms of communicable disease.
- The *Advice* has been updated to include information and resources on masking and indoor air quality. This was in response to a large volume of feedback received from members of the public, requesting that these areas be addressed.

¹ A general consultation on the draft policy received 516 total responses. All of the written comments can be viewed on the [consultation webpage](#), and a feedback overview was provided to the Board in the [May 2024 Policy Report](#).

INFECTION PREVENTION AND CONTROL FOR CLINICAL OFFICE PRACTICE¹

Policies of the College of Physicians and Surgeons of Ontario (“CPSO”) 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 CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate CPSO’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.

Ensuring infection prevention and control (IPAC) practices are implemented safely and effectively is an important component of medical care. All physicians are responsible for complying with appropriate IPAC practices.

Policy

1. Physicians **must** undertake infection prevention and control practices, in line with the Provincial Infectious Diseases Advisory Committee’s (PIDAC’s) [Infection Prevention and Control for Clinical Office Practice](#)^{2,3}.
2. Physicians **must** undertake Routine Practices and Additional Precautions⁴, including:
 - a. hand hygiene for patient and physician safety, in accordance with *Appendix B: Ontario’s Just Clean Your Hands Program: Your 4 Moments for Hand Hygiene* and *Appendix C: Hand Hygiene Methods*;
 - b. wearing gloves if there is expected exposure to blood, body fluids, secretions, skin rash or non-intact skin;
 - c. wearing a medical mask when required to prevent transmission of infectious agents in droplets and airborne particles, and during aseptic and invasive procedures; and
 - d. wearing eye protection and a gown when required to protect eyes, skin, and clothing from blood, body fluids, secretions, or excretions.
3. Physicians **must** ensure safe medication practices are undertaken, in accordance with *Appendix H: Checklist for Safe Medication Practices*, including:
 - a. never reusing single dose vials;
 - b. ensuring there are facilities for hand hygiene in the medication room/area;
 - c. ensuring all needles and syringes are single patient use only;
 - d. using single use vials wherever possible;

¹ This policy sets out infection prevention and control expectations for physicians in office-based practices. There are additional expectations for physicians working in out-of-hospital premises. For more information on out-of-hospital premises infection prevention and control expectations, please see the [Out-of-Hospital Premises Standards](#).

² Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. *Infection Prevention and Control for Clinical Office Practice*. 1st Revision. Toronto, ON: Queen’s Printer for Ontario; April 2015.

³ A summary of mandatory practices and best practice recommendations for clinical office practice is set out on page 72 of [Infection Prevention and Control for Clinical Office Practice](#).

⁴ See the *Advice to the Profession: Infection Prevention and Control for Clinical Office Practice* document for more information on routine practices and additional precautions.

- 37 e. when a multidose vial is used:
- 38 i. never reinserting a used needle or syringe into a vial;
- 39 ii. never leaving a needle in a vial to be attached to a new syringe;
- 40 iii. accessing vials aseptically on a clean surface and away from dirty, used or
- 41 potentially contaminated equipment;
- 42 iv. ensuring each vial is used for a single patient whenever possible and is marked
- 43 with the patient's name and date of entry;
- 44 v. discarding the multidose vial within 28 days unless otherwise specified by the
- 45 manufacturer's instructions.

- 46
- 47 4. Physicians **must** ensure a clean and safe health care environment is maintained with environmental
- 48 cleaning⁵ and disinfection appropriate to the clinical setting performed on a routine and consistent basis.
- 49
- 50 5. Physicians **must** ensure medical equipment is cleaned and disinfected in accordance with *Appendix I:*
- 51 *Recommended Minimum Cleaning and Disinfection Level and Frequency for Medical Equipment.*
- 52
- 53 6. Physicians **must** ensure medical equipment is reprocessed in accordance with *Section 8: Reprocessing*
- 54 *Medical Equipment*, including:
- 55 a. aligning the level of reprocessing with the type and use of the medical equipment; and
- 56 b. ensuring devices and medical equipment that enter a sterile body site, including the vascular
- 57 system, are cleaned and then sterilized with an effective sterilization process.⁶
- 58
- 59 7. Physicians **must** ensure appropriate handling and disposal of sharps, equipment, and infectious materials
- 60 is undertaken, including handling regulated waste in line with accepted standards⁷.
- 61
- 62 8. Physicians in positions of leadership in their practice⁸ **must** ensure the following is in place to support
- 63 appropriate IPAC practices⁹:
- 64 a. well documented policies and procedures which are periodically reviewed by staff;
- 65 b. all staff are properly trained and are provided with regular education and support to assist
- 66 with consistent implementation of appropriate IPAC practices;
- 67 c. responsibility for specific obligations are clearly defined in writing and understood by all staff;
- 68 and
- 69 d. mechanisms are in place for ensuring a healthy workplace, recommended staff
- 70 immunizations¹⁰, and written protocols for exposure to infectious diseases.
- 71

⁵ See the *Advice to the Profession: Infection Prevention and Control for Clinical Office Practice* document for more information on environmental cleaning.

⁶ See the *Advice to the Profession: Infection Prevention and Control for Clinical Office Practice* document for more information on reprocessing of medical equipment.

⁷ "Regulated Waste" means: a) liquid or semi-liquid or other potential infectious material; b) contaminated items that would release blood or other potential infectious materials in a liquid or semi-liquid state are compressed; c) items that contain dried blood or other potential infectious materials and are capable of releasing these materials during handling; d) contaminated sharps; e) pathological and microbiological wastes containing blood or other potentially infectious materials.

⁸ For example, physicians who are employers or supervisors under the *Occupational Health and Safety Act* R.S.O. 1990, c. O.1. More information on physician's roles under the Act can be found in the Public Services Health and Safety Association's document [Physicians' Occupational Health & Safety Roles and Responsibilities](#).

⁹ In line with PIDAC's [Infection Prevention and Control for Clinical Office Practice](#) and the [Occupational Health and Safety Act](#), R.S.O. 1990, c. O.1.

¹⁰ For more information, refer to [Appendix N: Immunization Schedule for Clinical Office Staff](#) and [Ontario's Routine Immunization Schedule](#).

- 72 9. Physicians in positions of leadership in their practice **must** ensure that there is an ongoing process for
73 monitoring IPAC practices and adjusting practices where necessary to improve safety and quality of care.

DRAFT

ADVICE TO THE PROFESSION: INFECTION PREVENTION AND CONTROL

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

Why is it important that physicians comply with infection prevention and control (IPAC) best practices?

IPAC is an important element of care in any health care setting. Providers of care in a clinical office setting have a responsibility to have systems in place that protect the health and safety of others. Preventing transmission of microorganisms to patients is a patient safety issue and preventing transmission to staff is an occupational health and safety issue. Failure to ensure that appropriate IPAC practices are in place can have serious consequences for both patients and staff.

It is important that physicians recognize that IPAC best practices can change or evolve over time as new information emerges, and that they will need to ensure their knowledge of best practices remains up to date.

What are some elements of infection prevention and control that need to be a focus in a clinical office setting?

Clinical office settings need to, at least annually, conduct assessments to identify risk factors for transmission of infections and develop an action plan to mitigate these risks. Control measures such as engineering controls (e.g., point-of-care alcohol-based hand rub and sharps containers) and administrative controls (e.g., policies, immunization and education) are key elements to focus on, in addition to the provision of personal protective equipment. It will be important to update or undertake a new assessment when there are new or emerging infectious threats.

The following practices have been identified as high risk when done insufficiently:

- Routine Practices and Additional Precautions (e.g. risk assessment and personal protective equipment)
- Reprocessing of reusable equipment
- Medication safety and administration
- Environmental cleaning
- Staff education.

More information on how to effectively address these areas of risk is set out below.

What are Routine Practices and Additional Precautions?

“Routine Practices” are IPAC practices that need to be used with all patients during all care in all health care settings to prevent and control the transmission of microorganisms. It is essential that Routine Practices are incorporated into the culture of each health care setting and into the daily practice of each health care provider to protect both the patient and the health care provider.

“Additional Precautions” refer to IPAC interventions (e.g., personal protective equipment, additional cleaning measures) used in addition to Routine Practices to protect staff and patients and interrupt transmission of infectious agents that are suspected or identified. Screening of patients can help identify those with suspected or confirmed infectious illnesses.

Physicians can refer to [Routine Practices and Additional Precautions In All Health Care Settings](#) for more information.

42 **How can hand hygiene be performed according to best practices?**

43

44 Physicians can refer to PIDAC's [Best Practices for Hand Hygiene in All Health Care Settings](#).

45 Appropriate hand hygiene practices include the following:

- 46
- 47 • hand hygiene is undertaken based on the Four Moments for Hand Hygiene:
 - 48 1. BEFORE initial patient/patient environment contact
 - 49 2. BEFORE aseptic procedure
 - 50 3. AFTER body fluid exposure risk
 - 51 4. AFTER patient/patient environment contact.
 - 52 • alcohol-based hand rub (70 to 90%) or liquid soap and water, if hands are visibly soiled, is available and accessible at point-of-care.
 - 53 • impediments to effective hand hygiene are avoided (e.g., artificial nails, nail enhancements, and hand or arm jewelry).
 - 54 • alcohol-based hand rub and liquid soap containers are labelled and not refilled or topped up.
 - 55 • regular moisturizing with hand lotion is undertaken to maintain intact skin to help protect against the acquisition or transmission of microorganisms.

56

57

58 Wearing gloves is not a substitute for hand hygiene. Hand hygiene needs to be performed before putting on, and immediately after taking off gloves. Gloves need to be changed between each patient and discarded immediately after use.

61 **What are some best practices for masking in clinical office settings?**

62 PIDAC has produced a [Risk Algorithm to Guide PPE Use](#) document to assist physicians in determining what type of PPE, including masks, needs to be worn in what circumstances. Patients may also be asked to wear a mask if they have symptoms of a respiratory infection.

63

64

65 The Canadian Centre for Occupational Health and Safety has a number of [health and safety resources](#) related to respiratory infectious diseases including:

- 66
- 67 • [Masks for Protection from Respiratory Diseases](#)
 - 68 • [Masks and Respirators in the Workplace: Source Control or PPE?](#)

69 Some patients may feel more comfortable in healthcare settings where physicians are masked. While physicians are not required to mask, they may wish to consider “mirror masking” whereby physicians reciprocate the mask-wearing behavior of their patients, to alleviate potential patient concerns and anxieties.¹

72 **How can I reprocess and sterilize medical instruments and equipment according to IPAC best practices?**

73 PIDAC's [Infection Prevention and Control for Clinical Office Practice](#) has a number of requirements for reprocessing. These include:

- 74
- 75
- 76 • The manufacturer's instructions for use for all medical equipment/devices are available and accessible to staff, and the office has the resources to carry out the recommended cleaning, disinfection or sterilization for reusable medical equipment (e.g., blood pressure cuffs, instruments);
 - 77 • Reusable medical equipment is cleanable and able to be disinfected or sterilized as appropriate for the equipment.
 - 78 • Medical equipment and devices are in good working order and receive documented preventive maintenance as required.
- 79
- 80
- 81
- 82

¹ Sahil G, Hurdle MF, Fox JN, Garg L. *Mask Mirroring: A Novel Approach to Healthcare Empathy in the COVID-19 Era*. *Cureus*. 2023 Jul 20;15(7):e42185. doi: 10.7759/cureus.42185. PMID: 37601987; PMCID: PMC10439766.

- Any product used in patient care is capable of being cleaned, disinfected and/or sterilized according to the most current standards and guidelines from the Canadian Standards Association (CSA), the Public Health Agency of Canada (PHAC)/Health Canada as well as Ontario's best practices.
- Equipment used to clean, disinfect or sterilize meets Health Canada/PHAC and the CSA standards, and provincial best practices.
- Designated staff are assigned to equipment reprocessing and are trained for the volume and complexity of the equipment being reprocessed.
- There is a process to deal with staff exposures that may occur during reprocessing (e.g., chemical exposures, sharps exposures).

Reprocessing may not be cost-effective or timely for small offices. It may be preferable for single-use disposable equipment to be used in such settings, depending on the volume, complexity, and frequency of equipment use. Another option may be to partner with a local hospital for reprocessing of instruments and equipment, where possible.

For additional information and guidance on reprocessing, physicians can access PHO's [IPAC Checklist for Clinical Office Practice: Reprocessing of Medical Equipment/Devices](#).

What level of reprocessing is needed for medical devices and equipment?

PIDAC recommends using Spaulding's classification of medical equipment and the required level of processing, set out below.

Class	Use	Minimum Level of Reprocessing	Examples
Critical	Enters sterile body site, including the vascular system	Cleaning followed by sterilization	<ul style="list-style-type: none"> • Surgical instruments • Biopsy instruments • Foot care/podiatry equipment
Semicritical	Comes in contact with nonintact skin or mucous membranes but does not penetrate them	Cleaning followed by high-level disinfection Sterilization is preferred	<ul style="list-style-type: none"> • Vaginal specula • Endoscopes • Anaesthesia equipment • Tonometer
Noncritical	Touches only intact skin and not mucous membranes, or does not directly touch the patient	Cleaning followed by low-level disinfection (in some cases, cleaning alone is acceptable)	<ul style="list-style-type: none"> • ECG machines • Oximeters • Stethoscopes

What disinfection and sterilization method do I need to use for the medical devices and equipment in my practice?

The reprocessing method and products required for medical equipment/devices will depend on the intended use of the equipment/device and the potential risk of infection. The level of reprocessing required for medical equipment/devices is determined by Spaulding's criteria (above) including whether the equipment/device is noncritical, semicritical, or critical.

Noncritical Equipment:

Noncritical equipment that does not touch mucous membranes and only touches intact skin (e.g., stethoscopes, blood pressure cuffs, baby scales) requires cleaning and low-level disinfection between each

112 patient. For more information on low-level disinfection and low-level disinfectants, see the question ***“How can I***
113 ***effectively clean and disinfect surfaces in my office?”*** later in this *Advice*.

114 *Semicritical and Critical Equipment:*

115 PIDAC advises that the preferred method for decontamination of heat-resistant equipment or devices is steam
116 sterilization. Pre-vacuum table-top sterilizers are recommended for clinic and clinical office settings.

117 The following are unacceptable methods of disinfection/sterilization:

- 118 • use of dishwasher (regardless of whether it has a sanitizing cycle)
- 119 • boiling
- 120 • ultraviolet irradiation
- 121 • glass bead sterilizers
- 122 • chemiclave sterilizers
- 123 • microwave ovens.

124 For semicritical items that cannot tolerate sterilization, cleaning followed by high-level disinfection may be
125 used. High level disinfection kills all micro-organisms (bacteria, fungi, and viruses) but does not eliminate
126 bacterial spores.

127 High-level disinfectants include:

- 128 • 2 per cent glutaraldehyde
- 129 • 6 per cent hydrogen peroxide
- 130 • 0.2 per cent peracetic acid
- 131 • 7 per cent hydrogen peroxide enhanced action formulation
- 132 • 0.55 per cent ortho-phthalaldehyde.

133 PIDAC makes several recommendations for high-level disinfection of medical equipment/devices, including:

- 134 • Using high-level disinfectants according to manufacturer’s recommendations.
- 135 • Using high-level disinfectants that are approved by Health Canada and listed on the Medical Devices
136 Active License Listing (chlorine bleach may not be listed but can be used for high-level disinfection).
- 137 • Using chemical test strips to determine whether an effective concentration of active ingredients is
138 present.
- 139 • Completing and retaining a permanent record of processing.
- 140 • Refraining from topping up prepared solutions with fresh solution.
- 141 • Where manual disinfection is performed, covering the container used for disinfection during use.
- 142 • Rinsing instruments thoroughly following chemical disinfection, according to the chemical
143 manufacturer’s instructions; the quality of the rinse water (i.e., sterile, filtered or tap water) will depend
144 on the intended use of the device.

145 ***What are the key steps to reprocessing reusable medical equipment/devices?***

146 Please refer to PHO’s [Reprocessing Steps](#) document for the key components to be included during each stage
147 of reprocessing.

148 For additional information on reprocessing refer to PIDAC’s [Infection Prevention and Control for Clinical Office](#)
149 [Practice](#).

151 **What are the key practices that promote safe medication administration?**

152 Appendix H: Checklist for Safe Medication Practices in PIDAC's [Infection Prevention and Control for Clinical](#)
 153 [Office Practice](#) sets out important practices to ensure that medication is being safely stored, handled, and used
 154 in the office setting.

155 Some key practices outlined in the checklist include:

- 156 • Having a dedicated medication/vaccine refrigerator, that food/specimens are not stored in.
- 157 • Keeping the refrigerator temperature between +2°C and +8°C for stored vaccines.
- 158 • Checking and recording temperatures of refrigerators and freezers used to store medications/vaccines
 159 twice daily and ensuring there is an alarm on the refrigerator to warn when the temperature falls outside
 160 the recommended range.
- 161 • Not reusing single dose vials, and not combining or pooling any leftover contents.
- 162 • Ensuring all needles and syringes are single patient use only.
- 163 • Avoiding using multidose vials wherever possible. When the use of multidose vials cannot be avoided,
 164 the following is followed each time these vials are used:
 - 165 ○ Each vial is used for a single patient whenever possible, is marked with the patient's name and
 166 date of entry and discarded at the appropriate time.
 - 167 ○ Open multidose vials are discarded according to the manufacturer's instructions or within 28
 168 days, whichever is shorter².
 - 169 ○ Medications are only stored in areas where access is secured and that are not accessible to
 170 non-authorized persons.
 - 171 ○ A needle is not left in a vial to be attached to a new syringe.
 - 172 ○ A vial is discarded immediately when sterility is questioned or compromised.

173 **How can I maintain a clean and safe health care environment and follow environmental cleaning and disinfection**
 174 **best practices?**

175 Environmental cleaning and disinfection needs to be performed on a routine and consistent basis to provide
 176 for a safe and sanitary environment. It is important that responsibility for cleaning is clearly defined and
 177 understood.

178
 179 PHO has a number of [environmental cleaning resources](#) available to assist physicians in implementing best
 180 practices in environmental cleaning.

181 **How can I effectively clean and disinfect surfaces in my office?**

182
 183 Surfaces need to be cleaned of visible soil before being disinfected, to ensure the disinfectant is effective.
 184

185 Products are available that perform cleaning and disinfection in one step, and it is recommended these are
 186 chosen where possible. Only cleaning and disinfecting products approved for healthcare settings are
 187 appropriate for use.
 188

189 Physicians need to read and refer to the manufacturer's instructions, the product's Safety Data Sheet and your
 190 organizational policies for how to safely use disinfectants. If using more than one product, make sure they are
 191 safe to use together (e.g., it is dangerous to mix a quaternary ammonium product and bleach).
 192

193 Do not use spray or trigger bottles for cleaning products or disinfectants as their use can contribute to
 194 respiratory irritation.

² There may be some limited exceptions to this, where the manufacturers instructions allow for vials to be used for longer than 28 days. Manufacturers instructions may be followed in such cases.

195 See PIDAC's [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care](#)
 196 [Settings](#) - Appendix 1 for a list of hospital-grade low-level disinfectants and their advantages/disadvantages.
 197

198
 199 **Are there any recommendations related to indoor air quality to be aware of?**

200 PIDAC's [IPAC Checklist for Clinical Office Practice – Core Elements](#) contains items related to indoor air quality.
 201 It sets out that where a setting has a Heating, Ventilation and Air Conditioning (HVAC) system, this needs to be
 202 monitored and receive regular preventative maintenance. It also recommends that physicians ensure that
 203 ventilation meets the HVAC requirements of the Canadian Standards Association Standard [CAN/CSA-](#)
 204 [Z317.2.19 - Special requirements for heating, ventilation, and air-conditioning systems in health care facilities](#).
 205 Where the ventilation in the setting does not meet these standards, the PIDAC checklist encourages physicians
 206 to consider other strategies to increase fresh air ventilation (e.g., exhaust air out an open window, exhaust
 207 fans) or portable air filtration.

208 The checklist also points physicians to other resources including:

- 209 • [Use of Portable Air Cleaners and Transmission of COVID-19](#)
- 210 • [In Room Air Cleaner Guidance for Reducing COVID-19 in Air in Your Space/Room](#)
- 211 • [COVID-19: Guidance on Indoor Ventilation During the Pandemic](#)
- 212 • [Heating, Ventilation and Air Conditioning \(HVAC\) Systems in Buildings and COVID-19](#).

213 While many of these resources relate specifically to COVID-19, they contain advice and recommendations that
 214 are applicable in different contexts and can help prevent the spread of respiratory disease generally.

215 The Ontario Society for Professional Engineers also has resources dedicated to indoor air quality, including
 216 [Core Recommendations for Safer Indoor Air](#) and an [Indoor Air Quality Checklist](#).

217 **What staff education is needed to promote knowledge of IPAC best practices?**

218 It is important that regular education (including orientation and continuing education) and support is provided
 219 to staff.

220 Please refer to PHO's [Recommendations for Education, Training and Certification for Reprocessing in Clinical](#)
 221 [Office Settings](#) for more information.
 222

223 **Where can I find more information about IPAC best practices?**

224 PHO has a number of [resources](#) to support physicians in complying with IPAC best practices and a number of
 225 [online learning modules](#) available to help expand knowledge of IPAC best practices.

226 Finally, PHO has a number of self-audit tools and checklists that can support quality assurance processes,
 227 including:

- 228 • [IPAC Checklist for Clinical Office Practice - Core Elements](#)
- 229 • [IPAC Checklist for Clinical Office Practice - Reprocessing](#)
- 230 • [IPAC Checklist for Clinical Office Practice - Endoscopy](#)
- 231 • [Implementing Personal Protective Equipment Audits in Health Care Settings](#)
- 232 • [Monthly Inspection Checklist for Clinical Office Safety](#)

Board Motion

Motion Title	New Policy for Final Approval – <i>Infection Prevention and Control for Clinical Office Practice</i>
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the new policy "*Infection Prevention and Control for Clinical Office Practice*," as a policy of the College (a copy of which forms Appendix " " to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

Title:	Code of Conduct, Declaration of Adherence and Board Policies (For Decision)
Main Contacts:	Cameo Allan, Director of Governance Christina Huang, Governance Analyst Marcia Cooper, Senior Legal Counsel and Privacy Officer
Attachment	Appendix A: 2025 Declaration of Adherence
Questions for Board:	1. Does the CPSO Board of Directors (Board) approve the 2025 Code of Conduct and Declaration of Adherence? 2. Does the Board approve the three Board Policies (listed below)?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is asked to review and approve the updated Code of Conduct and Declaration of Adherence (together, the Declaration) and updates to three Board Policies: (i) Conflict of Interest Policy, (ii) Impartiality in Decision Making Policy, and (iii) Confidentiality Policy. The Declaration and three Board Policies have been reviewed by the Governance and Nominating Committee and Executive Committee.
- As part of governance best practices, the Declaration is reviewed annually to ensure the content is up to date and brought forward should there be any recommended changes.

Current Status and Analysis

- The Declaration is signed annually by all Board Directors and Committee members.
- The Declaration was updated with the following changes:
 - to reflect the updated language in the CPSO By-laws enacted by the Board in December 2023, which includes:

Previous Terms	New Terms
Council	Board of Directors (the Board)
President	Board Chair
Vice-President	Board Vice-Chair
Council members/Councillors	Directors
Annual General Meeting	Annual Organizational Meeting
Member	Registrant

- changes to reflect the updated disqualification grounds in the CPSO By-laws (for example, on referral to Discipline and if acting in a conflict);
 - language was added regarding returning CPSO technology; and
 - addition of Physician Assistants (PAs) as the Governance Office is anticipating PAs will become registrants in 2025.
- The Board Policies were also updated to mirror the language in the By-laws, updates that were made to the Declaration, current statutory provisions and current CPSO practices. In addition, a few non-substantive wording changes were made for clarification and gender-neutral language.
- As per past practice, the approved version of the Declaration will be posted on the website without the internal policies (which are for reference only) and sent out electronically for e-signatures in Fall 2024.



CPSO

Declaration of Adherence Package 2025

This package contains the Declaration of Adherence and Board and Committee Code of Conduct. For convenience of reference, it also includes links and access to policies and other documents referred to in the Declaration of Adherence and Board and Committee Code of Conduct.

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CPSO Board Directors and Committee Members

As a Director of the Board¹ of the College of Physicians and Surgeons of Ontario (“CPSO”) and/or a CPSO Committee member, I acknowledge that:

- the CPSO’s duty under the *Regulated Health Professions Act, 1991* (the “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 or physician assistants².
- I must avoid conflicts between my duty to the CPSO and my personal/self-interest or other professional interests. This includes, but is not limited to, conflicts of interest by virtue of having competing fiduciary obligations to the CPSO and to another organization or holding another position with an organization whose mandate conflicts with the mandate of the CPSO. More information about conflicts of interest is contained in the Conflict of Interest Policy. A conflict of interest is defined in the CPSO By-laws as:
A Conflict of Interest means any real or perceived, actual or potential, direct or indirect situation in which a Director or committee member has a personal or financial interest, a relationship or affiliation that affects, or a reasonable person would conclude that such interest, relationship or affiliation may affect, the Director’s or committee member’s judgment or ability to discharge their duties and responsibilities to the College, the Board or a committee, as the case may be.
- As part of my Board or Committee work, I am expected to declare any actual or potential conflicts of interest and act in accordance with the requirements of the CPSO By-laws relating to such conflict.

¹ Board means the Board of Directors of CPSO and is deemed to be a reference to the Council of CPSO as specified in the Code and the Medicine Act. See the definition in the CPSO By-laws.

² Physician assistants are being added as of April 1, 2025.

- As part of this Declaration of Adherence, I have completed the attached Disclosure Form to the best of my ability, by identifying any personal or financial interest(s) I have, and any relationship(s) or affiliation(s) I currently have or had in the last three years or anticipate having with any organization, in order to assist the CPSO with determining if the interest(s), relationship(s) or affiliation(s) may create a conflict of interest, even if I do not believe the interest(s), relationship(s) or affiliation(s) creates a conflict of interest.
- I will promptly notify CPSO in writing if I become involved with an organization (for example, take on a new job or become a director of the Board of the organization) or of any other changes or additions to the disclosed information.
- 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 of Adherence. 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 Director 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 of Section 36 (1) of the RHPA, and if convicted, I may be required to pay a fine of up to \$25,000 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 Board 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 will or may be disqualified from sitting on the Board or on a Committee. I will immediately notify CPSO in writing if any of the criteria for disqualification as a Director or a Committee member, as applicable, arises regarding me.

- I have read and am familiar with the CPSO By-laws and governance policies. I am bound to adhere to and respect the CPSO By-laws and the policies applicable to Directors and Committee members, including without limitation, the following:
 - [Board and Committee Code of Conduct](#)
 - [Conflict of Interest Policy](#)
 - [Impartiality in Decision Making Policy](#)
 - [Confidentiality Policy](#)
 - [Use of CPSO Technology Policy](#)
 - [Safe Disclosure Policy](#)
 - [E-mail Management Policy](#)
 - [Information Breach Protocol](#)
 - [CPSO Access Protocol](#)
 - [Protection from Workplace Violence, Harassment and Discrimination Policy](#)
 - Role Description of a CPSO Director/Committee Member (as applicable)

- I must conduct CPSO work using a CPSO-issued computer or laptop, that I will return promptly after the end of my term as a Director or Committee member, or earlier upon request by the CPSO, 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 (e.g., cpso.on.ca) for any and all communications relating to CPSO work.

- 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

Disclosure Form

Please complete this Disclosure Form in full. This information will be reviewed by the CPSO to determine whether a conflict of interest exists or may be perceived to exist, and the extent of the impact of any conflicts or potential conflicts on your involvement in CPSO work. Please note that listing a personal or financial interest or a relationship or affiliation with an organization does not necessarily mean there is a conflict of interest. Please indicate if any of the following apply, even if you do not think it creates a conflict of interest:

	Yes	No
I have a <u>financial or personal</u> interest (or a person who is related to me has a financial or personal interest) that may relate to the CPSO in any way and therefore may be perceived to be a conflict of interest.	<input type="checkbox"/>	<input type="checkbox"/>

I am, or have been within the last three years, an employee, Board director or officer of, or in another position of responsibility with, any of the following organizations or types of organizations:	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

- | | |
|--|--|
| <ul style="list-style-type: none"> • The Ontario Medical Association • The Canadian Medical Protective Association • The Canadian Medical Association • The Coalition of Family Physicians and Specialists of Ontario • The Ontario Specialists Association • A medical specialty association or society (for example, Canadian Anesthesiologists Society) • Canadian Association of Physician Assistants | <ul style="list-style-type: none"> • An organization involved in physician or physician assistant advocacy • Hospital (including a Hospital Board or other leadership positions) • Ontario government agency (ex. Ontario Health) or Ministry etc. • Royal College of Physicians and Surgeons of Canada • The College of Family Physicians of Canada • Ontario College of Family Physicians • Medical Council of Canada • Other regulatory authority |
|--|--|

I am, or have been within the last three years, an employee, Board director or officer of, or in another position of responsibility with, any other organization (not listed or covered above).	<input type="checkbox"/>	<input type="checkbox"/>
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If you selected “Yes” to any of the above, please provide the name of the organization, your position, when and for how long the role was held and any other explanation or information about it. If you think there may be any potential conflict not captured in the above questions please disclose it below, providing all relevant information.

1.
2.
3.

I have no conflicts to declare other than those indicated above.

Printed Name	Signature	Date
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Purpose

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

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

Application

This Code of Conduct applies to all CPSO Board Directors and to all CPSO Committee members, including non-Board Committee members.

Fiduciary Duty and Serving and Protecting the Public Interest

Fiduciary Duty

Directors 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 and physician assistants.

As set out in the Declaration of Adherence, Directors and Committee 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.

Directors and Committee 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:

- Registrants¹ who are elected to the Board as Directors do not represent their electors.

¹ Registrant means a member of CPSO. See the definition in the CPSO By-laws.

- Registrants of academic faculties who are appointed to the Board as Directors do not represent the interests of their academic institutions.
- Public Directors of the Board who are appointed by the Lieutenant Governor in Board 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 Directors 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, Directors 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, Directors and Committee members must protect and serve the public interest over the interests of the profession.

Conduct and Behaviour

Respectful Conduct

Directors and Committee members bring to the Board and CPSO Committees diverse backgrounds, skills and experiences. While Directors and Committee 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 Board or Committee matters outside of formal meetings is strongly discouraged.

The authority of the Board Chair² must be respected by all Directors.

Board and Committee Solidarity

Directors and Committee members acknowledge that they must support and abide by authorized decisions of the Board and Committees they sit on, even if they did not support those decisions. The Board and each Committee speaks with one voice. Those Directors or Committee members who have abstained or voted against a motion must adhere to and support the decision of a majority of the Directors or Committee members, as the case may be.

Media Contact, Social Media, and Public Discussion

Directors and Committee members must always consider the potential impact of all their communications, media contact, social media use and online conduct, whether public or private, on the reputation of, or public trust in, the CPSO, the profession, medical self-regulation or a CPSO stakeholder (including the Ontario Medical Association, the government, medical schools and others). This applies whether the Director or Committee member has or has not explicitly stated that their views do not reflect the views of the CPSO.

Board and CPSO Spokespersons

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

Media Contact, Communications 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 Board Chair, the Registrar/CEO, or specified delegate(s).

No Director or a CPSO Committee member shall speak, communicate or make representations (including in social media or in private communications) on behalf of the Board or the CPSO unless authorized by the Board Chair (or, in the Board Chair's

² Board Chair is deemed to be a reference to the President of CPSO as specified in the Code and the Medicine Act. See the definition in the CPSO By-laws.

absence, the Board Vice-Chair³) and the Registrar/CEO. When so authorized, the Director or Committee member's representations must be consistent with accepted positions and policies of the CPSO and the Board and must comply with the confidentiality obligations under the RHPA.

Social Media Use

Directors and Committee members are held to a very high standard that moves beyond the Social Media policy that applies to physicians and physician assistants generally. In addition, Directors and Committee members must recognize that effective advocacy is generally difficult to balance with their role at the CPSO.

Directors and Committee members are permitted (and encouraged) to share and positively comment on or interact with social media postings that have been approved by the CPSO, for example, sharing CPSO job postings, eDialogue, or other posts from CPSO official channels. Doing so is consistent with speaking with one voice when representing the CPSO.

If or When Engaging on Social Media:

- Do not speak on behalf of the CPSO unless authorized by the Board Chair (or, in the Board Chair's absence, the Board Vice-Chair) and the Registrar/CEO;
- Do not engage on social media in any way that could be interpreted to represent or establish the position of the CPSO, or compromise the reputation of the CPSO, its Board or its Committees, even if the views expressed are noted to be an individual's views and not representative of the CPSO;
- Do not engage (including posting, responding or commenting) on matters that relate or could relate to the CPSO or issues that the CPSO is involved in. It is up to the CPSO to determine if it will respond to these postings. A response or comment by a Director or Committee member to such matters on social media may be perceived by others as being a response or comment by or on behalf of CPSO, even if they say they are not speaking on behalf of CPSO;

³ Board Vice-Chair is deemed to be a reference to the Vice-President of CPSO as specified in the Code and the Medicine Act. See the definition in the CPSO By-laws.

- Do not engage on matters that relate to or touch upon specific cases or general themes with regards to cases that may have come before a CPSO Committee. This may create a possible apprehension of bias on the part of the Committee member for future cases. For example, strong statements about a specific Registrant or group of Registrants, or an area of medical practice, could give rise to the appearance of bias when deciding cases related to them;
- Do 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 or confrontational content on social media; and,
- Be professional and respectful on social media, including but not limited to not engaging in harassing, discriminatory or otherwise abusive behaviour.

All Directors and Committee members are expected to respond to and cooperate with the CPSO if the CPSO raises concerns about the member's social media engagement. If asked by the CPSO, the Director or Committee member will immediately stop engaging in social media identified by the CPSO, and will follow the direction of the CPSO, including to remove or edit the post, stop posting to or engaging on social media, whether or not the Director or Committee member thinks their posts are appropriate.

Directors and Committee members are encouraged to obtain guidance from the CPSO prior to engaging with social media to assist with compliance with this Code of Conduct. Contact the Governance Office should you have any questions (govsupport@cpso.on.ca).

Representation on Behalf of the CPSO

Directors 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. Directors 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 Director and Committee member of the CPSO shall respect the confidentiality of information about the CPSO whether that information is received in a Board or Committee meeting or is otherwise provided to or obtained by the Director or Committee member. The duty of confidentiality owed by Directors and Committee members is set out in greater detail in the CPSO's Confidentiality Policy.

Equity, Diversity, and Inclusion

Equity, diversity, and inclusion is important to the CPSO in order to fulfil our mandate to protect and serve the public interest. Directors 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 patients across the province, and approach 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](#)
- [CPSO Access Protocol](#)

CPSO Email Address

Directors and Committee members must use **only** their CPSO-provided email address (eg., cpso.on.ca) for all communications relating to their CPSO work. CPSO emails (including virtual meeting invitations) 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. The use of the CPSO email system by Directors and Committee members for personal matters should be incidental and kept to a minimum.

Members are expected to check their CPSO email account regularly. Directors 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. Directors 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.

CPSO Technology

Directors 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 Directors 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 Directors 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.

Directors 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 Directors and Committee members for personal or non-CPSO matters should be kept to a minimum.

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

CPSO information must be saved in CPSO systems, and Directors 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. Any printed hard copies of materials and handwritten notes relating to any Board and Committee meetings should be securely destroyed (such as cross-shredding) immediately after the meeting. For OPSDT and FTP matters, notes and materials must be shredded or deleted once any appeals have concluded.

Directors 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. Directors and Committee members are reminded that when they use CPSO networks, they are representing the CPSO at all times during their Internet travels.

Other Director and Committee Member Commitments

In addition to any other obligation listed in this Code of Conduct or in the Declaration of Adherence, each Director 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 Board and Committee meetings, as applicable to the member, be on time and engage constructively in discussions undertaken at these meetings;
- prepare prior to each Board 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 Directors and Committee members and CPSO staff in a clear and respectful manner;
- where the views of the Director or Committee member differ from the views of the majority of Directors or Committee members, work together with the Board 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 Board 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;
- participate fully in evaluation processes requested by CPSO that endeavour to address developmental needs in the performance of the Board, Committee and/or individual Director or Committee member;
- willingly participate in Board and 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; and
- respect the boundaries of CPSO staff whose role is neither to report to nor work for individual Directors or Committee members.

Amendment

This Code of Conduct may be amended by Board.

Updated and approved by Board: September 6, 2024

Schedule 1: Relevant Sections of the *Regulated Health Professions Act* and the *Health Professions Procedural Code* *Regulated Health Professions Act*

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;¹
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Integrated Community Health Services Centres Act, 2023*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Fixing Long-Term Care Act, 2021*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;
- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection

¹ Note: On December 1, 2024, the day named by proclamation of the Lieutenant Governor, subsection 36 (1) of the Act is amended by adding the following clause: (See: 2021, c. 27, Sched. 2, s. 70 (1))
(c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the Health and Supportive Care Providers Oversight Authority Act, 2021;

75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2); 2021, c. 39, Sched. 2, s. 23 (1); 2023, c. 4, Sched. 1, s. 82.

Offences

40. (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

(3) Every corporation that contravenes section 31, 21, or 33 or subsection 34(1), 34.1(1) or 36(1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s.12.

CPSO Board and Committee Conflict of Interest Policy



Purpose

This Policy defines conflict of interest and explains the duties of Directors of the CPSO Board and CPSO committee members with respect to conflicts of interest.

Application

This Policy applies to Directors of the Board of the College of Physicians and Surgeons of Ontario (“**CPSO**”) and members of CPSO committees (together referred to as “**Members**”). Unless stated otherwise, references to committees in this Policy are references to CPSO committees.

Policy

All Members have a duty to act solely in the best interests of CPSO, consistent with the mandate of CPSO to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision making processes of the Board and committees.

To this end, Members must avoid or resolve conflicts of interest while performing their duties for CPSO. Even if there is no actual conflict of interest, Members must make best efforts to avoid situations that Registrants or a member of the public might consider or perceive as a conflict of interest.

Definition and Description of Conflict of Interest

Section 10.1.1 of CPSO By-laws defines conflict of interest as follows:

A Conflict of Interest means any real or perceived, actual or potential, direct or indirect situation in which a Director or committee member has a personal or financial interest, a relationship or affiliation that affects, or a reasonable person would conclude that such interest, relationship or affiliation may affect, the Director’s or committee member’s judgment or ability to discharge their duties and responsibilities to the College, the Board or a committee, as the case may be.

The situations in which a potential conflict of interest may arise cannot be exhaustively set out. Conflicts generally arise in the following situations:

- Interest of a Member: when a Member enters into any business arrangement either directly or indirectly with CPSO, or has a significant interest in a transaction or contract with CPSO;

- Interest of a relative or association: when a Member’s immediate family or practice/business partner(s) enters into any business arrangement with CPSO;
- Gifts: when a Member or a member of the Member’s household or any other person, company or organization chosen by the Member, accepts gifts, credits, payments, services or anything else of more than a token or nominal value from a party with whom CPSO may enter into a business arrangement (including a supplier of goods or services) for the purposes of (or that may be perceived to be for the purposes of) influencing an act or decision of the Board or a committee;
- Other motivating or competing interests:
 - Self-interest: when a Member exercises his or her powers motivated by self-interest or any purpose other than the public interest;
 - Competing Fiduciary Obligations and Roles in Other Organizations: when a Member has competing “fiduciary obligations” (see below) to both CPSO and another organization, and the interests or mandate of that other organization may, or may be perceived to, conflict with or be inconsistent with the interests or mandate of CPSO. For example, the Member holds a position on the governing body of an organization that advocates for physicians or physician assistants generally or for particular specialists. This could conflict with, or be seen to conflict with, the Member’s duty to act in the public interest in his or her role with CPSO.
 - A Member should avoid placing themselves under an obligation to or entering into a relationship with another organization that gives rise to competing professional interests in the performance of their duties with CPSO, even if the Member’s role in the other organization falls short of being a “fiduciary”.
 - What do we mean by “**fiduciary**”? A person who is in a special relationship of trust and confidence with an organization (or an individual) is said to be a fiduciary of that organization, and as such, is obligated to act in the interests of that organization over the interests of others, including the person’s own interests. By virtue of a Member’s position on the Board or a committee, the Member is a fiduciary of CPSO. A physician who is on the Board of, or has an executive position on, the OMA, for example, would be a fiduciary to the OMA.
 - Failure to disclose information: when Members fail to disclose information that is relevant to a vital aspect of the affairs of CPSO.

Disclosure of Conflicts of Interest

Members are required to disclose conflicts of interest to CPSO.

Each Member is required to identify, on the Disclosure Form attached to the annual Declaration of Adherence, any personal or financial interest(s) they have, and any

relationship(s) or affiliation(s) they currently have or had in the last three years or anticipate having with any organization, in order to assist CPSO with determining if the interest(s), relationship(s) or affiliation(s) may create a conflict of interest, even if the Member does not believe the interest(s), relationship(s) or affiliation(s) creates a conflict interest.

Members are also required to promptly notify CPSO in writing at any time if they become involved with an organization (for example, take on a new job or become a director of the Board of the organization) or of any other changes or additions to the disclosed information.

Process for Resolution of Conflicts of Interest

Acting in a conflict of interest is a breach of CPSO policy and may be the basis for disqualification or other removal of the Member from the Board and/or a committee. Article 10 of the CPSO By-laws (attached) contain the process for disclosing and resolving a potential conflict of interest. If the Board is not satisfied that a conflict is resolvable through the process in the CPSO By-Laws, the Board may ask the Member to resign, rescind a Committee member's appointment, or disqualify the Member.

Amendment

Board may amend this Policy.

Updated and approved by Board: September 6, 2024

Appendix 1: Conflict of Interest Provisions in CPSO By-laws

Definition of Conflict of Interest

10.1.1 A Conflict of Interest means any real or perceived, actual or potential, direct or indirect situation in which a Director or committee member has a personal or financial interest, a relationship or affiliation that affects, or a reasonable person would conclude that such interest, relationship or affiliation may affect, the Director's or committee member's judgment or ability to discharge their duties and responsibilities to the College, the Board or a committee, as the case may be.

Process for Resolution of Conflicts

10.1.2 If a Director or committee member has a Conflict of Interest, the Director or committee member shall:

- (a) disclose the conflict;
- (b) not participate in the discussion of the matter;

- (c) absent themselves from that portion of the meeting when the Board or committee, as the case may be, is discussing the matter; and
- (d) not vote on the matter, attempt to influence the vote or decision on the matter, or do anything that might reasonably be perceived as an attempt to influence other Directors or committee members, as the case may be, or the vote or the decision relating to the matter.

10.1.3 Without limiting the generality of Section 10.1.2, a Director who has or may have a Conflict of Interest in connection with Board business shall consult with the Registrar and disclose the Conflict of Interest at the earliest opportunity, and in any case before the Board considers the matter to which the Conflict of Interest relates. If there is any doubt as to whether a Conflict of Interest exists, the Director shall declare it to the Board and accept the Board's decision as to whether a Conflict of Interest exists.

Without limiting the generality of Section 10.1.2, a member of a committee who has or may have a Conflict of Interest in connection with a matter before the committee shall consult with the appropriate committee support representative, or in the case of an adjudicative committee (including, for greater certainty, OPSDT and the Fitness to Practise Committee), with the OPSDT Office. The committee member shall disclose the Conflict of Interest at the earliest opportunity, and in any case before the committee considers the matter to which the Conflict of Interest relates. The committee member shall accept the direction of the chair of the committee as to whether there is a Conflict of Interest and any steps the chair takes or requires to resolve the Conflict of Interest. If the chair of a committee has or may have a Conflict of Interest, the chair shall accept the direction of the Executive Committee as to whether there is a Conflict of Interest and any steps the Executive Committee takes or requires to resolve the Conflict of Interest.

Record of Declarations and Compliance

10.1.5 Declarations of Conflict of Interest shall be recorded in the written record of proceedings of the applicable meeting.

10.1.6 All Directors and committee members shall comply with the Conflicts of Interest Policy of the College and the Impartiality in Decision Making Policy of the College.

Purpose

The purpose of this Policy is to set out the appropriate processes for identifying and dealing with situations where a lack of impartiality might arise that could disqualify a member of a committee of the College of Physicians and Surgeons of Ontario (“**CPSO**”) from making a decision in a particular matter. Unless stated otherwise, references to committees in this Policy (including Appendix 1) are references to CPSO committees.

Application

Part I of this Policy applies to all members of the Ontario Physicians and Surgeons Discipline Tribunal (“**OPSDT**”)¹ and the Fitness to Practise Committee (collectively, the “**Tribunal**”) in the context of a hearing involving a decision directly affecting the rights, interests or privileges of a named Registrant².

Part II of this Policy applies to all members of CPSO committees in the context of a meeting involving a decision directly affecting the rights, interests and privileges of a named Registrant or person.

This Policy should be read in combination with the Board’s³ policy on the Provision of Opinions by Committee Members, attached as Appendix 1 to this Policy.

This Policy applies in addition to the Conflict of Interest Policy.

PART I: Avoiding Perceptions of Bias in Adjudicative Decisions of the OPSDT and Fitness to Practise Committee

Background

The Regulated Health Professions Act, 1991 calls upon the Tribunal in certain circumstances to make final decisions in the context of a hearing which could affect a Registrant’s rights, interests or privileges. Such final decisions are referred to in this Policy elsewhere as “**adjudicative decisions**”.

¹ The Ontario Physicians and Surgeons Discipline Tribunal (or OPSDT) is deemed to be a reference to the Discipline Committee of CPSO as specified in the Code and the Medicine Act. See the definition in the CPSO By-laws.

² Registrant means a member of CPSO. See the definition in the CPSO By-laws.

³ Board means the board of directors of CPSO and is deemed to be a reference to the Council of CPSO as specified in the Code and the Medicine Act. See the definition in the CPSO By-laws.

A Tribunal member sitting in an adjudicative role, for example, in a disciplinary hearing, must be free of a reasonable apprehension of bias. Whether actual bias exists or can be demonstrated is largely irrelevant. A Registrant whose rights and privileges may be curtailed as a result of an adjudicative decision is entitled to decision-makers who are neither biased, nor appear to a reasonable person to be biased.

A reasonable apprehension of bias exists where a reasonable and informed person, viewing the matter realistically and practically, and having thought the matter through, would conclude that the decision-maker, whether consciously or unconsciously, may not decide the matter fairly and impartially.

Policy

A Tribunal member should not adjudicate in a hearing where circumstances may give rise to a reasonable apprehension of bias on the part of the Tribunal member.

Identifying the Potential for Bias

It is impossible to outline all circumstances in which a reasonable apprehension of bias could arise, or to give definitive answers in the abstract. There are many different kinds of relationships, events and conduct that may give rise to a reasonable apprehension of bias. Tribunal members should be aware of the potential for bias and seek advice whenever a potential, even remote, likelihood of bias exists. By way of example, the following circumstances will often create a reasonable apprehension of bias on the part of the decision-maker in respect of a particular proceeding:

- The Tribunal member has an association, relationship, non-financial interest or activity that would be seen to be incompatible with their responsibilities as an impartial decision-maker. Examples of these include:
 - The Tribunal member provided an opinion in a case for or against the subject Registrant;
 - The Tribunal member is the current or former practice partner of the subject Registrant; or
 - The Tribunal member or a member of their family is a close friend or relative of the subject Registrant or the complainant.
- The Tribunal member has prior knowledge of a matter, for example if the Tribunal member decided a matter involving the Registrant on a different committee (but see note below), or the Tribunal member obtained information about the matter through previous employment or other form of work or activity. Note that prior knowledge of a matter obtained through work at CPSO may not always create a reasonable apprehension of bias, depending on the context and the committees involved; the Tribunal member should consult the Tribunal Chair.

- The Tribunal member has made past statements or expressed views about issues relevant to the matter before them that suggests prejudgment of the issue, or the Tribunal member's past conduct or actions indicate prejudgment. The provision by a Tribunal member of a letter of support (i.e. a character reference) to CPSO or a committee in respect of a Registrant or facility for whom or which there is an investigation or review at any stage by CPSO may create a reasonable apprehension of bias; Tribunal members should never provide these letters of support.
- An appearance of bias may arise from the Tribunal member's conduct during the hearing; examples include communicating with one party without the knowledge or inclusion of the other, overly aggressive questioning of one party, refusing to hear evidence, constant interruptions of one party, and laughing and making exasperated noises during testimony.

The following circumstances generally would not, of themselves, be considered to create a reasonable apprehension of bias on the part of a decision-maker in respect of a particular proceeding before a committee on which the member sits:

- The decision-maker went to medical school with the subject Registrant; or
- The decision-maker has attended educational conferences that the subject Registrant also attended.

Nothing set out above should be taken to interfere with the entitlement of a potential panel member to refuse to sit on a particular matter on the basis that they are of the view that an apprehension of bias may exist.

Process for Dealing with Potential Bias in an Adjudicative Proceeding

The Tribunal Office when canvassing committee members for availability for matters coming before the Tribunal, should provide the committee members with some basic information about the identity of the parties and their respective counsel or other representatives.

- If a Tribunal member believes they have had any interactions or relationship with the subject Registrant that could lead to a reasonable apprehension of bias in respect of that matter, the Tribunal member should not provide availability to the Tribunal Office for that matter.

A Tribunal member may at any time consult with the Tribunal Chair as to whether they should serve as a member of a panel hearing a particular matter, having regard to circumstances that might create a reasonable apprehension of bias on the part of the decision-maker.

If a committee member becomes aware of a circumstance or circumstances that might give rise to a reasonable apprehension of bias in respect of an adjudicative proceeding after they are assigned to a hearing and before the hearing starts, the committee member should immediately advise and consult with the Tribunal Chair.

If the circumstance arises on the day of the hearing or during the hearing (i.e. after the hearing starts), the Tribunal member should immediately consult with the Chair of the panel and/or the Tribunal Chair.

PART II: Maintaining Impartiality in Non-adjudicative Decisions of CPSO Committees

Background

Most decisions made by CPSO committees are non-adjudicative; that is, they are not final decisions which affect a Registrant's rights, interests or privileges, which a committee arrives at through a hearing. However, similar principles of fairness may apply to these decisions as to adjudicative decisions. Accordingly, committee members must be aware of circumstances which could give rise to a perception that they are not able to decide a matter fairly and impartially because of some connection to or relationship with Registrant or person about whom they are making a decision.

Policy

A committee member should not take part in a decision if a reasonable and informed person would conclude that the committee member is not able to decide fairly and impartially, for example, because of some connection to or relationship with the Registrant or person about whom they are making a decision.

Maintaining Impartiality

The standard of impartiality for non-adjudicative decisions may be lower than that for adjudicative decisions. In other words, circumstances that could create a reasonable apprehension of bias for an adjudicative decision may not raise concerns about the ability of a committee member to decide a matter fairly and impartially in a non-adjudicative context. Generally, committee members should appear amenable to persuasion and keep an open mind in making a decision about a Registrant or person outside the adjudicative or hearing context.

The factors that are relevant for determining whether there may be a reasonable apprehension of bias in adjudicative decisions are also relevant in the context of non-adjudicative decisions. The circumstances listed above under the heading "Identifying the Potential for Bias" in Part I should be used as a tool for determining whether circumstances create the potential for the appearance that a decision lacks fairness

and impartiality. It may not be the case that a committee member has to refrain from making a decision due to these circumstances. However, committee members should be aware of the potential that a personal relationship or strongly held opinion may give rise to the perception that the member has a “closed mind”. Committee members should seek advice with respect to any concerns about maintaining impartiality.

Process for Maintaining Impartiality in Non-Adjudicative Decisions

When a committee member receives an agenda for a meeting, before reviewing the supporting materials, the committee member should review the names of the Registrants and persons under consideration. The committee member should identify any Registrant or person about whom the committee member may not be able to reach an impartial and fair decision, or who may give rise to a perception that the committee member would not make an impartial and fair decision.

If the committee member identifies any such Registrant or person, the member should advise the committee support representative, who will consult with CPSO counsel to determine if the committee member should or should not participate in the decision. The committee support representative will advise the committee member accordingly. The committee member should not review any materials relevant to such a Registrant or person until the matter is resolved.

If it is determined that there is a potential that the committee member would not make an impartial and fair decision, or a potential for a perception that the committee member would not make an impartial and fair decision, the committee member will leave the room (if in person) or not participate in the conference call or virtual meeting while the committee considers the particular Registrant’s or person’s case. The committee will not ask the committee member to review or discuss any materials regarding the matter.

Amendment

The Board may amend this policy. Updated and approved by the Board: September 6, 2024

Appendix 1: Provision of Opinions by Committee Members

- A. No Director of the Board and no member of any committee shall provide an opinion in respect of matters that are currently being investigated or reviewed in any CPSO department or by any committee.

- B. (1) Prior to agreeing to provide any professional opinion for any type of proceeding or potential proceeding outside of CPSO, the Director or committee member shall:
- I. satisfy themselves that the matter is not at any stage of investigation or review in any CPSO department or by any committee by:
 - a. asking the party who wishes to retain them if the matter is at the CPSO;
 - b. and contacting the committee support representative to confirm that the matter is not at CPSO; and
 - II. satisfy themselves that the party who is retaining them does not intend to bring the matter to CPSO, and has received no indication that the opposing party has any intention to bring the matter to CPSO.

(2) After being retained to provide an opinion or act as an expert, the Director or committee member must advise the committee support representative for the Board or the relevant committee of their involvement in a proceeding or potential proceeding involving a Registrant (“**Subject Registrant**”), in order to ensure that the appropriate internal CPSO screen be established, to be used if the need arises. This is to ensure that the expert Director or committee member is not involved in any future CPSO matter involving the Subject Registrant.

- C. If CPSO begins an investigation or review of the subject matter after a Director or committee member has been retained to provide an opinion or act as an expert, but prior to the Director or committee member providing a draft or final opinion or testifying (whichever comes first), the Director or committee member shall (i) immediately end their retainer to provide an opinion or act as an expert, (ii) ensure that no confidential information about the matter is provided to any other Director or committee member, and that no CPSO information is provided to any participant in the matter outstanding with CPSO, and (iii) recuse themselves from the matter outstanding with CPSO.
- D. If CPSO begins an investigation or review of the subject matter after a Director or committee member provides any draft or final opinion or testifies in a proceeding, the Director or committee member shall (i) immediately notify the Board or committee support representative of their involvement in the case, (ii) ensure that no confidential information about the matter is provided to any other Director or committee member, and that no CPSO information is provided to any participant in the matter outstanding with CPSO, and (iii) recuse themselves from the matter outstanding with CPSO.

Purpose

To ensure that confidential matters are not disclosed until disclosure is authorized by the Board¹⁰ of the College of Physicians and Surgeons of Ontario (“CPSO”).

Policy

Directors of the Board and CPSO committee members owe to CPSO a duty of confidence. Every Director and committee member is subject to sections 36(1) and 40 of the Regulated Health Professions Act, 1991 (“RHPA”) (which provisions are set out below). All information that Directors and committee members become aware of in the course of or through their CPSO duties is confidential. Directors and committee members are prohibited from disclosing or discussing with another person or entity, or from using for their own purpose, this information, except in the limited circumstances set out in Sections 36(1)(a) through (k) of the RHPA.

Every Director or committee member shall ensure that they make no statement, disclosure or representation that is not authorized by the Board Chair (or in the Board Chair’s absence, the Board Vice-Chair) and the Registrar/CEO, to the press or public. When so authorized, the Director’s or committee member’s statement, disclosure or representation must comply with the confidentiality obligations under the RHPA.

Application

This Policy applies to all Directors and committee members.

Confidential Matters

All matters which are the subject of closed (in camera) sessions of the Board are confidential until disclosed in an open session of the Board.

All matters which are before a committee or task force of the Board are confidential until disclosed in an open session of the Board.

All matters which are the subject of open sessions of the Board are not confidential.

¹⁰ Board means the board of directors of CPSO and is deemed to be a reference to the Council of CPSO as specified in the Code and the Medicine Act. See the definition in the CPSO By-laws.

Notwithstanding that information disclosed or matters dealt with in an open session of the Board are not confidential, no Director shall make any statement to the press or the public in their capacity as a Director or on behalf of the Board or CPSO unless such statement has been authorized by the Board Chair (or in the Board Chair's absence, the Board Vice-Chair) and the Registrar/CEO. Directors are referred to the Board's Declaration of Adherence and Code of Conduct's section on Media Contact, Social Media, and Public Discussion.

Procedure for Maintaining Minutes

Minutes of closed (in camera) sessions of the Board shall be recorded in accordance with the CPSO By-laws marked confidential and shall be handled in a secure manner.

All minutes of meetings of committees and task forces of the Board shall be marked confidential and shall be handled in a secure manner.

RHPA Provisions

Confidentiality

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;¹¹

¹¹ Note: On December 1, 2024, the day named by proclamation of the Lieutenant Governor, subsection 36 (1) of the Act is amended by adding the following clause: (See: 2021, c. 27, Sched. 2, s. 70 (1))

- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Integrated Community Health Services Centres Act, 2023*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Fixing Long-Term Care Act, 2021*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;
- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,

(c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the Health and Supportive Care Providers Oversight Authority Act, 2021;

-
- (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2); 2021, c. 39, Sched. 2, s. 23 (1); 2023, c. 4, Sched. 1, s. 82.

Amendment

This Policy may be amended by the Board.
Approved by the Board: September 6, 2024

Board Motion

Motion Title	For Approval - Code of Conduct and Declaration of Adherence
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the revised Declaration of Adherence and Code of Conduct, (a copy of which forms Appendix “ ” to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

Board Motion

Motion Title	For Approval - Board Policies
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the revised “Conflict of Interest Policy”, “Impartiality in Decision-Making Policy” and “Confidentiality Policy”, (copies of which form Appendices “ ”, “ ” and “ ” to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

SEPTEMBER 2024

Title:	2025 Province-Wide Election Date (For Decision)
Main Contacts:	Tony Hanania, Governance Coordinator Cameo Allan, Director of Governance
Question for Board:	Does the CPSO Board of Directors (Board) approve the 2025 Province-wide Election date?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The CPSO Board of Directors (Board) is asked to review and approve the proposed 2025 Election date.
- Following best governance practices, ensuring Board elections align with By-laws to allow for competency, skill, and diversity in candidate selection while ensuring dates allow adequate notice for Registrant nominations and voting.

Current Status and Analysis

- The proposed 2025 Election timeline, as listed below, aligns with the By-laws, ensures adequate time for the elections, and minimizes overlap with election dates of other medical regulators and professional associations.
- Article 3 of the CPSO By-laws refers to “Registrants” as members of the College, “Candidates” as those applying to run for elections, and “Nominees” as those on the approved slate in the running for election.

Date	Key Activity
December 2024	GNC meeting to review Board Profile and perform Skills Gap Analysis
January 6, 2025	Notice of Election to be distributed & Nomination period open
January 14	GNC meeting to review the screening and interview selection processes, finalize interview questions and panel composition
January 24	Deadline for applications
February 4	GNC meeting to determine who will be interviewed (if needed)
March 4	Review interview results at the GNC meeting and determine the slate of nominees to be provided to the Registrar
March 7	Candidates to be notified of whether they have been selected as part of the 2025 nominee slate
March 11	Voter data retrieved
March 12	Deadline for candidates to dispute GNC recommended nominee slate (should a dispute be received, an ad hoc Executive Committee meeting would be scheduled to consider the dispute)
April 4	Voting begins; ballots sent
April 25	Election Day – Voting closes
April 30	Deadline for Nominees to request a recount ¹
April 30	Results announced (<i>after 4:00 PM deadline to request a recount</i>)
2025 AOM of the Board	Elected Directors will begin their term at the close of the meeting

Board Motion

Motion Title	For Approval – 2025 Election Date
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the 2025 Board election date set out below:

April 25, 2025

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

SEPTEMBER 2024

Title:	Governance and Nominating Committee (GNC) Elections (For Decision)
Main Contacts:	Cameo Allan, Director of Governance Christina Huang, Governance Analyst
Attachment:	Appendix A: 2024-2025 GNC Nomination Forms
Question for Board:	Who does the CPSO Board of Directors (the Board) appoint to the GNC, including the Board Vice-Chair and the members elected by the Board upon adjournment of the 2024 Annual Organizational Meeting?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is asked to appoint the GNC for 2024-25 as prescribed in the CPSO By-Laws section 9.3 (with amendments in force as of November 29, 2024).
- Governing Committees of the Board in line with governance best practices, and following proper processes to determine committee membership, aligns with CPSO’s public interest mandate.

Current Status and Analysis

- The CPSO’s Registrar and Chief Executive Officer sent a memo to all Directors on July 31, 2024 informing them of the election process for the 2024-25 GNC Elections.
- All candidates submitted a completed *Nomination Form and Statement* by August 15th at 4pm to be considered and will be given an opportunity to address the Board for two minutes about their candidacy for the position. It is CPSO convention that nominations must be made in advance of the September Board meeting and nominations will not be accepted from the floor. Nomination statements have been attached in Appendix A and received from:
 - Dr. Madhu Azad
 - Ms. Lucy Becker
 - Mr. Stephen Bird
 - Mr. Markus de Domenico
 - Mr. Rob Payne
 - Dr. Ian Preyra
- As per the CPSO By-laws, the GNC is composed of the Board Vice-Chair (who is also Chair of GNC), 2 Physician Directors, and 2 Public Directors (where these Directors are not members of the Executive Committee). The Board Vice-Chair is appointed to GNC whereas the other positions are elected.
 - As Dr. Patrick Safieh was elected Vice-Chair of the Board at the May 2024 meeting, he will be appointed as GNC Chair.
 - There will be an election for the 2 Public Director positions. The CPSO will use the same electronic ballot process for voting as in previous years, which will require Board Directors to have their CPSO laptop.
 - Given that there are 2 candidates for 2 Physician Director positions, they are acclaimed.
- The 2024-25 GNC members will officially begin their term at the close of the 2024 AOM.

Governance and Nominating Committee Elections



Nomination Statement & Form: Dr. Madhu Azad

Dr. Madhu Azad, Physician Director

Nominated For:

Member, Governance and Nominating Committee

Appointed Board of Director Terms:

2022-2024

2024-2027

CPSO Involvement:

Governance and Nominating Committee	2023-Present
Policy Working Group	2023-Present
Ontario Physicians and Surgeons Discipline Tribunal	2022-Present
Fitness to Practice Committee	2022-Present

Nomination Statement:

Dear Colleagues

I am seeking re-election to the Governance nomination committee.

My diverse experiences as a physician and leader can add value to the role. Working in diverse healthcare systems (India, UK, Canada) gives me a unique viewpoint. In the UK, I observed how regulatory failure led to erosion of public trust and the major reforms that happened after. I have learnt to prioritize public interest.

My work as chair of Credentialing at TBRHSC, included establishing systems to gather diverse stakeholder consensus. I have a master's in healthcare leadership from McGill University; my thesis on Adaptive Leadership was based on experience as Lead at Superior FHO. I am a member of ICD, having completed the Governance Essentials course I continue to up-skill.

The CPSO remains at the forefront of change with its strong leadership team. The drive to excel is visible. To stay on track, our board must be strong and continue to nudge. The new GNC must deliver to support a diverse, well-functioning board. It's a challenging task that requires robust processes, consistent decision making, and openness to scrutiny. I desire to work towards a trustworthy GNC and look forward to your support.

Governance and Nominating Committee Elections



Nomination Statement & Form: Ms. Lucy Becker

Ms. Lucy Becker, Public Director

Nominated For:

Member, Governance and Nominating Committee

Appointed Board of Director Terms:

2021-2024

CPSO Involvement:

Ontario Physicians and Surgeons Discipline Tribunal	2021-Present
Fitness to Practise Committee	2021-Present

Nomination Statement:

As a public affairs and policy executive, I bring significant leadership experience regulating the legal, investment and retirement home sectors in the public interest. This is complemented by the unique perspective of serving on the boards of the Bereavement Authority of Ontario (BAO) and on Canada's self-regulatory body for news media.

In these roles, I have applied my experience in communications, risk oversight, human resources best practices, and financial management.

With over a decade in the investment industry, I have led initiatives to promote financial literacy to help consumers make informed investment decisions.

I currently chair the BAO's Governance and Nominations Committee, whose priorities include a corporate governance review and creating new board committees to align with the evolution of the regulator.

I am the executive sponsor for EDI at the RHRA and my EDI focus extends to my work with the Don Valley Community Legal Services Clinic, which serves one of the most diverse communities in Toronto.

Well into my third year at the CPSO, I look forward to contributing in a more meaningful way. I believe I can provide value to the GNC as it continues to modernize its governance. Thank you for this opportunity.

Governance and Nominating Committee Elections



Nomination Statement & Form: Mr. Stephen Bird

Mr. Stephen Bird, Public Director

Nominated For:

Member, Governance and Nominating Committee

Appointed Board of Director Terms:

2024-2027

CPSO Involvement:

Ontario Physicians and Surgeons Discipline Tribunal	2024-Present
Fitness to Practise Committee	2024-Present

Nomination Statement:

Governance/Board Experience

ConnectWell Community Health (a community health centre in eastern Ontario)

Current Board member and Chair of the Governance Committee

Previous Vice Chair, Chair, Secretary-Treasurer, and Past Chair

Leeds Grenville Lanark District Health Unit

Current (public) Board member

Current member of the South East Transition Team (SETT) tasked with preparation for the January 2025 merger of three adjacent District Health Units in eastern Ontario.

Current member of the SETT by-law working group to prepare/propose by-law and primary policies.

Perth and Smiths Falls District Hospital

Former Board member and member of the Governance Committee

The Legal Clinic (formerly Lanark, Leeds & Grenville Legal Clinic)

Now retired lawyer and post-retirement former Board member

The Table Community Food Centre, Perth

Former member of the Governance Committee

Canadian Centre for Accreditation

Current accreditation reviewer

Imagine Canada

Former accreditation reviewer

My experience includes working collaboratively with Board and Governance Committee members as well as with members of various accreditation teams. I have reviewed many by-laws and hundreds of governance policies. I appreciate the experience of others, and I value "fresh eyes" when reviewing documents. I read things carefully, and I will be constructive in my comments.

Governance and Nominating Committee Elections



Nomination Statement & Form: Mr. Markus de Domenico

Mr. Markus de Domenico, Public Director

Nominated For:

Member, Governance and Nominating Committee

Appointed Board of Director Terms:

2023-2026

CPSO Involvement:

Ontario Physicians and Surgeons Discipline Tribunal	2024-Present
Fitness to Practise Committee	2024-Present
Registration	2024-Present

Nomination Statement:

Governance:

Elected 2018-2022 re-elected 2022 Ward 2 Trustee (TCDSB) representing 40,000 constituents. Currently Vice Chair of the Board of Trustees, formerly Chair of Governance/Policy,, Chair of Labour and on Audit Committee, and Chair Student Achievement Committee.

Leadership:

Vice Chair TCDSB and \Director of the Angel Foundation for Learning servicing nutritional needs for 80,000 students across Toronto

Knowledge Professional and Occupational Regs:

Completed a comprehensive AMCTO Parliamentary Meeting Protocol Course and Governance workshops for Chairs/Vice Chairs by the Ontario Catholic School Trustee Assoc.

Health System Knowledge

Executive Council CCO, Treasurer CCO

Director CPSO

Adjudicator CPSO Discipline

Lived experience

Leadership in motioning Pride Month at TCDSB, alignment of Code of Conduct with the Ont. Human Rights Code, supports for the Deaf/Hard of Hearing student community, Board member of AFL addressing nutritional deficits for students, with 12million nutritional supplements/year to students

I work collaboratively with fellow members on committees, believe passionately in the work we do, the importance of the protection of the public and the value in strong protocols as the framework which to operate a committee successfully

Governance and Nominating Committee Elections



Nomination Statement & Form: Mr. Rob Payne

Mr. Rob Payne, Public Director

Nominated For:

Member, Governance and Nominating Committee

Appointed Board of Director Terms:

2020-2024

CPSO Involvement:

Governance and Nominating Committee	2022-Present
Finance and Audit Committee	2020-Present
Ontario Physicians and Surgeons Discipline Tribunal	2020-Present
Fitness to Practise Committee	2020-Present

Nomination Statement:

We've recently developed a CPSO Board Profile; more specifically, the GNC has developed a summary of **desired skills, experiences, and competencies**. Objectively, I believe I'm well suited as a Public Director for the committee given the GNC's mandate, based on the following four considerations:

- (1) Skills - Governance skills and EDI education acquired with the CPSO, in addition to risk management, compliance, leadership and finance & administration skills attained with the largest food and beverage company in the world (Nestle Canada), Bell Canada, D+H (service provider to the Government of Canada) and Edward Jones Investments.
- (2) Experiences – 30+ years in both the public and private sectors, including 6 years as a Municipal Councillor and Chair (Municipal Government) and Vice-Chair (CPSO), Finance & Audit.
- (3) Competencies – Strategic thinker. Strong commitment to serving the public interest and recognizing my fiduciary responsibilities as a Public Director. Ethics & Integrity are table stakes, and I have high expectations for our members as a public member and adjudicator with the Discipline Tribunal. Strong communication skills, including actively listening for understanding and taking an open-minded, respectful and courteous approach to governance.
- (4) Relevant governance experience – CPSO (GNC), Municipal Councillor, Director (Nestle Canada, D+H and Bell Canada).

Governance and Nominating Committee Elections



Nomination Statement & Form: Dr. Ian Preyra

Dr. Ian Preyra, Physician Director

Nominated For:

Member, Governance and Nominating Committee

Appointed Board of Director Terms:

2019-2022

2022-2025

CPSO Involvement:

Board Chair	2023 - 2024
Board Vice-Chair	2022 - 2023
Governance and Nominating Committee	2020 - Present
Executive Committee	2021 - Present
Finance & Audit Committee	2021 - Present
Ontario Physicians and Surgeons Discipline Tribunal & Fitness to Practise Committee	2019 - 2023

Nomination Statement:

The privilege of self-governance with it a commitment to the public to effectively regulate the province's doctors in a transparent, accountable manner. It also requires that the CPSO communicate with our members and with the public as we fulfill our regulatory responsibilities, and pursue our Mission with compassion and sensitivity.

The CPSO's commitment to renewing our governance structures has allowed us to create a robust and durable model that will serve the organization well in the years to come as we deliver on our promise of Trusted Doctors Providing Great Care. As Chair, I have had the privilege of being a part of this work, and I would like the opportunity to see it through to completion, while supporting our new Chair and Vice-Chair.

I bring to the Committee deep experience in corporate governance, having served on both public and private boards. I am a member of the Institute of Corporate Directors, and I am certified as a Chartered Director.

If elected, I will serve with integrity, thoughtfulness and industry as part of a Governance committee that supports CPSO in serving the public and the profession.

Board Motion

Motion Title	For Approval - Governance and Nominating Committee (GNC) Elections
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario appoints

Dr. Patrick Safieh (as GNC Chair),

Dr. Madhu Azad (as Physician Director, GNC member),

Dr. Ian Preyra (as Physician Director, GNC member),

_____ (as Public Director, GNC member),

_____ (as Public Director, GNC member)

to the Governance and Nominating Committee for the year that commences with the close of the Annual Organizational Meeting of the Board in 2024.

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

SEPTEMBER 2024

Title:	Appointment of Academic Directors for 2024/25 (For Decision)
Main Contact:	Cameo Allan, Director of Governance
Question for Board:	Does the CPSO Board of Directors (Board) appoint the Governance and Nominating Committee's (GNC) proposed nominees Dr. Katina Tzanetos and Dr. Janet van Vlymen, as Academic Directors for a one-year term starting upon the adjournment of the 2024 Annual Organizational Meeting (AOM)?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The CPSO Board is asked to approve the GNC's proposed nominees: Dr. Katina Tzanetos and Dr. Janet van Vlymen, for appointment as Academic Directors for a one-year term starting upon the adjournment of the 2024 AOM.
- Three Academic Directors are required to be on the Board for compliance with the *Medicine Act*.

Current Status and Analysis

- In accordance with the CPSO By-laws Article 4 the GNC developed a rigorous and objective process to review all applications received and the candidates' skills, expertise and diversity against the Board Profile.
- The GNC reviewed five applications that were each nominated by a dean of a faculty of medicine of a university in Ontario. There were two vacancies to fill as Dr. Marie-Pierre Carpentier's term does not expire until the 2025 AOM.
- The GNC is sharing the application and screening process and outcome with the Board that included:
 - Candidates completed and submitted an application no later than the deadline specified by the Registrar;
 - Screening of all candidates by CPSO staff;
 - Standardized interview process with pre-established questions and scoring rubrics;
 - GNC panel interviewing candidates;
 - CPSO staff compiled applications for review; and
 - GNC discussed and selected Academic Directors for recommendation to the Board at their July 30th, meeting.
- The GNC reviewed the candidate package, which included their nomination statement, Self-assessment results, interview results/score, and CVs. The GNC had a very fulsome discussion to review all candidates and consider the Board's current needs to ensure the candidates with the needed or desired skills and attributes were being brought forward to the Board for appointment.
- The GNC also met to debrief on the selection process and identify learnings and continuous improvement opportunities for next year's cycle. The GNC expressed that this first iteration of the selection process was objective and fair.

Board Motion

Motion Title	For Approval - Appointment of Academic Directors for 2024/25
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario selects and appoints Dr. Katina Tzanetos and Dr. Janet van Vlymen for a one-year term as Academic Directors for 2024/25 commencing as of the close of the Annual Organizational Meeting of the Board in 2024 and expiring at the close of the Annual Organizational Meeting of the Board in 2025.

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

Board Motion

Motion Title	Motion to Go In-Camera
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario 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 (set out below).

Exclusion of public

7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

- (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- (d) personnel matters or property acquisitions will be discussed.

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.

SEPTEMBER 2024

Title:	Proposed Approval of the expansion of QI Enhanced Program Age-Eligibility from 70-74 years of age to include Physicians Aged 75-79 Years of Age (Decision)
Main Contact:	April Jacobs, Director, Quality Programs & Accreditation
Attachments:	Appendix A: September 2023 Board Briefing Note for Approval of QI Enhanced Appendix B: Age-Stratified Peer Assessment & QI Enhanced Outcomes
Question for Board:	Does the Board approve the expansion of QI Enhanced Program Age-Eligibility from 70-74 years of age to 70-79 years of age?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- Following review of the results to-date for the 2024 QI Enhanced Program, we are proposing to approve the expansion of age-eligibility for the QI Enhanced Program to additionally include physicians aged 75-79 who are subject to a QA Age-Targeted Peer Assessment.

Current Status and Analysis

- In 2023, the Board was presented with the results of the QI Enhanced pilot and subsequently approved QI Enhanced as a program option moving forward for physicians aged 70-74 (See Appendix A for relevant background).
- In 2024, 229 physicians age 70-74 completed the QI Enhanced Program to-date.
 - As of August 21st, 84% of 2024 QI Enhanced participants have been determined to be exempt from their QA Peer Assessment, and 16% directed to continue to undergo a QA Peer Assessment.
- This outcome data aligns with the No Further Action (NFA) and non-NFA outcome percentages seen in both Age-Targeted Peer Assessment (physicians 70+) and those physicians <70 years of age (referred from QI) (see Appendix B).
- In August 2024, the Quality Assurance Committee reviewed the outcome data of the QI Enhanced Program and approved age-eligibility of from 70-74 years of age to 70-79 years of age.
- In line with right touch regulation and to further expand upon the provision of reasonable autonomy of choice for physicians participating in CPSO Quality programs, we are proposing to approve expanding QI Enhanced program eligibility to include physicians who are age 70-79 and who have been selected for QA Age-Targeted assessment.

Council Briefing Note

September 2023

Topic:	Proposed Approval of QI Enhanced as a program option for members aged 70-74
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation Quality Care
Public Interest Rationale:	<p>Quality Care: 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.</p> <p>Accountability: Holding regulated health professionals accountable to their patients/clients, the College, and the public.</p>
Main Contact(s):	April Jacobs, Manager, Quality Programs Nathalie Novak, Chief Operations Officer

Issue

- This matter is related to the Quality Improvement (QI) Enhanced pilot (presently available for physicians who are age 70-72 and currently subject to a Peer Assessment in 2023 or 2024).
- Following the implementation of the QI Enhanced pilot, the Quality Assurance Committee (QAC) approval in June 2023, and subsequent Executive Committee's endorsement in August 2023, we are proposing Council's approval of QI Enhanced as a program option for all physicians 70-74 who are subject QA Age-Targeted Peer Assessment.

Background

- The QI program presently includes the following options for physicians: QI for individuals (inclusive of Groups subset), QI Partnership for Hospitals, and the current QI Enhanced-Partnership pilot and QI Enhanced- Individuals pilot options.
- The current QI Enhanced pilot has been limited to physicians aged 70-72 who were selected for Peer Assessment in 2023/2024 and has not been available to physicians aged 73 and 74 years old to date.
- The QA program currently conducts peer assessments for physicians who are age 70+ and every 5 years thereafter.

Current Status and Analysis

63 physicians have completed the QI Enhanced pilot. Of those 63 physicians:

- 79% (50 physicians) received an exemption from Peer Assessment for this 5-year cycle from QAC (i.e., NFA)
- 21% (13 physicians) were directed to continue with their required Peer Assessment

This outcome data mirrors the outcome percentages seen in both Age-Targeted Peer Assessment (physicians 70+) and those physicians <70 years of age (referred from QI).

As a result, we are proposing a motion to approve the QI Enhanced pilot as a formal program option for physicians who are age 70-74 and who have been selected for QA Age-Targeted assessment as follows:

1. If enrolled in QI Partnership for Hospitals: Members will have the option to complete **QI Enhanced- Partnership** (requiring an Attestation from their Chief, completion of the Physician Questionnaire [PQ], Practice Profile, Self-Guided Chart Review [SGCR], and mandatory session with a QI Coach).
2. If a member is **not enrolled** in QI Partnership for Hospitals: Members will have the option to complete **QI Enhanced- Individuals** (requiring completion of PQ, Practice Profile, SGCR, Data Driven QI, submission of a Practice Improvement Plan [PIP], and participation in a mandatory session with a QI Coach, with option to resubmit a revised PIP).
3. Following QI Coaching, a report will be submitted to the QAC for consideration; and
4. QAC will continue to have the power to deliberate and determine the need for the member to undergo a QA Peer Assessment.

Next Steps

Should members of Council agree to this proposal, the Quality Management Division operations team will implement the option for physicians aged 70-74 to choose to participate in the QI Enhanced Program to fulfil their CPSO Quality requirements in 2024.

Questions for Council

1. Does the Council support the proposed approval of the QI Enhanced program option for physicians 70-74 years of age and its alignment to Council's strategic initiative of Right touch Regulation?

Appendix B:

2020-2024 Age-Stratified Peer Assessment & QI Enhanced Outcomes

Peer Assessment Outcomes (2020-2024):

QI Referrals	FINAL OUTCOME NFA	FINAL OUTCOME NON-NFA
≤60 years (82 cases)	88 %	12%
60-64 years (36 cases)	89 %	11 %
65-69 (38 cases)	87%	13 %
Targeted	FINAL OUTCOME NFA	FINAL OUTCOME NON-NFA
70-74 years (883 cases)	88%	12%
75-79 years (585 cases)	85%	15%
80-84 years (202 cases)	86%	14%
85-89 years (40 cases)	88%	12%
90-94 years (8 cases)	88%	12%

Total QA Program & QI Enhanced Outcomes (2020-2024):

	%NFA	%NON-NFA
QI Referrals (Peer Assessed)	88 %	12%
Targeted (Peer Assessed)	87 %	13%
QI Enhanced (2023 Pilot Participants + 2024 Program Participants)	82 %	18%

Board Motion

Motion Title	For Approval: Expansion of QI Enhanced Program
Date of Meeting	September 6, 2024

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the proposed expansion of age-eligibility for the Quality Improvement Enhanced Program to include physicians aged 75 to 79 years who are subject to a Quality Assurance Age-Targeted Peer Assessment.

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulation Health Professions Act*) and the *Medicine Act*.