CPSO Data-Sharing Strategy – Vision, Governance Structure, Decision Tool
Frequently Asked Questions

In September 2014, Council approved a strategy for data sharing that includes a governance structure, vision and decision-making tool. Underpinning the vision are principles that provide a foundation for sound decision making. The decision tool and governance structure enhance both the consistency and timeliness of responses to data-sharing requests. The decision tool also addresses the implications of data-sharing requests on College resources. CPSO's data sharing was further updated in fall 2020 to a streamlined, timely resource efficient process to process and provide information to health care stakeholders. ***We now only provide a standardized aggregate data set to approved requestors.***

1. **What kind of data-sharing requests does the College receive and for what purpose?**
   The College has information about physicians and patients that it obtains through various administrative processes. We receive a variety of requests for information from institutions and organizations and will consider requests related to continuity of care and health resource management and planning. Examples include:

   - Requests for physician information from the public register (e.g., name of physician and practice address; name of physician and specialty). Such information may assist a hospital in improving automated communication with primary care providers when discharging patients.

2. **What information does the College share to approved requestors?**
   The College provides a standardized data set with the following information:

CPSO #	Telephone Number	Graduation Year
Name	Fax Number	Hospital Privileges
Gender	Primary Practice Address	Specialty
Municipality	Secondary Practice Addresses	Language of Practice
Postal Code	Medical School	Registration Status
Registration Class	Registration Status Effective From	

3. **Why did the College update it's data sharing policy?**
   This change was necessary to streamline our internal processes, address implications for CPSO resources and improve response times. The previous process was extremely resource intensive and while we understand there may be disappointment over the tightened scope, we ultimately believe this will provide a more efficient public service and more timely data sharing.

4. **I had an approved request prior to the change in policy, what happens now?**

   Approved data requests into the CPSO will be honoured in its original form. However, we are unable to provide a timeline on when that information may be shared.

5. **What is the vision underpinning the data-sharing strategy?**
   The vision for data sharing serves as a principled foundation on which data will be released. There are two key components to the vision:

   - Knowledge Contribution – the CPSO is an important system stakeholder with a unique and comprehensive data set. College data is relevant for system support; for patient experiences and quality of care; and for regulatory outcomes.
   - Responsible Data Stewardship – the CPSO complies with legal obligations and privacy expectations; aligns decisions relating to sharing data to College objects and priorities; is transparent about policies and decisions relating to data-sharing; and is consistent and efficient in our decision-making .

6. **How does the decision tool work?**
   The decision-making tool, (see Appendix A), sets out core topics which align with the vision, as described above. Guiding questions corresponding with the topics are included, and the topics and questions have been listed in a specific order. The intention is to ensure that the College only proceeds with more labour-intensive tasks associated with evaluating a request when the initial questions are answered positively. The topics and guiding questions, along with a rationale are set out below:

   i. Requester and Purpose
   - ***a) Who is the requester?***
   - ***b) For what purpose does the requester need the data?***

   Council felt it important to first assess the nature of the requester and the request. If the data requested is for reasons other than health resources planning including but not limited to commercial and research purposes, the College will not consider the request.

   ii. Alignment
   - ***a) Does the request further College objects or duties?***
   - ***b) Does the request align with College priorities?***

   The tool requires that there be a compelling fit between the request and the College's objects or duties (see Appendix B). This is necessary in order to evaluate whether the requested data can be released bearing in mind the confidentiality requirements and exceptions of s. 36 of the *Regulated Health Professions Act (RHPA)*. The notion being that if the request furthers College objects or duties, the College is permitted to share the requested data under an exception in s.36 of the *RHPA*: namely, disclosure in connection with the administration of the Act.

   Whether the request furthers College objects or duties requires careful consideration by the College.

   In addition to College objects and duties, this section of the tool requires that there is alignment

between the request and the College's priorities.

iii. Data and Resources

a) ***What data is being requested?***
b) ***Does the College have the data requested?***
c) ***How resource-intensive will producing the data be?***

This section of the tool considers operational matters related to the request: whether the College has the data being requested and any resource implications associated with releasing the data.

Data sharing will occur on a cost-recovery basis. The primary cost to the College in releasing data is staff time required to produce the data being sought. As part of working through this section of the tool, it will need to be determined whether the requester has the capacity and willingness to reimburse the College for costs involved in producing the data.

iv. Risk

a) ***Are the risks in sharing the data acceptable to the College and its members?***
b) ***Is the requester willing to enter into a data-sharing agreement (which the College will initiate)?***

This section of the tool evaluates a number of factors relating to the potential risks associated with a data request.

It is acknowledged that the risks associated with a data-sharing request may vary and are dependent on a number of factors, including the sensitivity and nature of the data; the nature of the requester; whether the data is public or private information or a combination of both; nominal or non-nominal; aggregate or not; who will receive the data; how the requester intends to use and store the data; risk of misuse/breach; etc. Each of these factors will be weighed and considered.

Where the risk assessment suggests that it is acceptable to share the data sought, the tool requires, in most circumstances, that the requester be asked as to whether he/she/it will agree to sign a data-sharing agreement. Data-sharing agreements are legal agreements, and afford the College an opportunity to specify requirements related to the released data including restrictions on data usage, secondary use, requirements with respect to confidentiality, data security and secure destruction of data.

The form and complexity of data-sharing agreements may vary across requests, depending on the facts and risks of the particular request.

v. Decision

The tool will be applied to each data request and the request will either be approved or denied based on this analysis.

7. **What is the governance structure?**

   A governance structure for the review and analysis of data-sharing requests has been developed as a key component of the new data-sharing strategy. It centralizes the review and analysis of all requests, which addresses two concerns identified with the previous decentralized approach: potentially inconsistent decisions and concerns about the timeliness of the decision-making process.

   The governance structure consists of an internal review group, comprised of individuals from across the College. Its mandate is to review all data-sharing requests received by the College, in accordance with the vision and the decision tool, and to render decisions on those requests.

8. **Why has the *Release of Physician Information in Batch Form* policy been rescinded?**

   In passing the data-sharing strategy, a number of consequential decisions were made. Because the decision tool will be used to evaluate *all* data-sharing requests, the policy is no longer required when considering requests for large volumes of physician information from the public register, and thus it was rescinded by Council.

   As part of the development process, the decision tool was applied to a number of "batch release" requests to determine if it would be suitable for use in considering this type of request. It was determined that requests that were approved under the former policy would be approved under the new decision tool, and requests that were denied under the policy (such as a request for information for commercial purposes) would be denied under the decision tool.

9. **Are there any other effects from Council's decision to rescind the *Batch Release* policy?**

   Yes, two other decisions were made by Council.

   Previously, in accordance with the policy, physicians had been given the option, through the annual renewal form, to indicate their preference in terms of the College releasing public information about them in batch form. Given that the policy has been rescinded, the renewal form will be amended to remove this opt-out provision.

   Data sharing under the *Batch Release* policy was the only type of data sharing for which physicians had been given the ability to opt out. This was originally put into place in response to concerns that following the release of their data, physicians may be flooded with frivolous requests for information or junk mail. It should be noted that physicians' names, practice addresses and fax numbers are currently accessible on the CPSO website so individuals/entities can currently obtain this information if they wanted to send surveys or junk mail to physicians. As well, the current landscape regarding data sharing, notably the shift in the nature of requests we are receiving typically would not raise these concerns and, if they did, the decision tool and vision would lead to a denial of these types of requests.

   Secondly, references to the Release of Physician Information in Batch Form policy were removed from the College's Privacy Code and the content relating to consent and other minor amendments were made.

Appendix A
Decision Tool

Topic	Guiding Questions
1. Requester & Purpose	Who is the requester? How does this request relate to health resource planning?
2. Alignment	Does the request further College objects or duties? (See Appendix B) Does the request align with College priorities?
3. Data & Resources	What is the data being requested? Does the College share the data requested?
4. Risk	Are the risks in sharing the data acceptable to the College and its members? Is the requester willing to enter into a data-sharing agreement (which the College will initiate)?
5. Decision	Decision will be made based on an analysis of the responses to the above questions.

Appendix B
Health Professions Procedural Code

Duty of College
2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

Objects of College
3. (1) The College has the following objects:
1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by- laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991*.
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

Duty
(2) In carrying out its objects, the College has a duty to serve and protect the public interest.

Appendix C
Information Variable List

Reported Fields:	Length	Type	Field Description:
CPSO #	6	N	CPSO License Number and Unique Identifier
Last Name	30	A	Surname
First Name	60	A	First and Middle Names
Gender	1	A	Male or Female designation provided by member upon application for license: Male Female
Registration Status	9	A	Active Member as of the query date
Registration Class	2	A	Type of license Member currently holds: i. *Independent Practice (IP)* - permits independent practice in the areas of medicine in which the physician is educated and experienced. ii. *Postgraduate Education (PG)* - permits supervised practice after graduation from medical school, and is required for postgraduate (residency) medical training at an Ontario medical school. iii. *Restricted (R)* - must practice in accordance with the specific terms and conditions imposed on the certificate. iv. *Academic Practice (AP)* - may practice only in the medical school department in which the physician holds an academic appointment. v. *Academic Visitor (AV)* - may practice only in the medical school department in which the physician holds an academic appointment. vi. *Short Duration (SD)* - may practice only to the extent required by the short duration appointment at a public hospital, psychiatric facility or medical school.
Registration Status Effective Date	8	N	Date of most recent status within the CPSO (YYYYMMDD format)
Certificate Issued On Date	8	N	Date which class of license was issued to member by the CPSO (YYYYMMDD format)
Medical School	40	A	Medical School where Member obtained undergraduate medical degree
Graduation Year	4	N	Year the Member graduated from their undergraduate medical school
Practice Address Type	9	A	Self-reported information that describes either: *Primary Practice* - Main practice location *Secondary Practice(s)* - Alternative practice location(s)
Practice Address	35	A	Members registered practice address corresponding with the Address Type field

Practice City	30	A	City or Municipality
Practice Province	30	A	Province
Practice Postal Code	12	A	Postal Code
Practice Phone Number	14	N	Phone Number including area code
Practice Phone Ext	10	N	Phone Number Extension
Practice Fax Number	14	N	Fax Number
Language of Practice	40	A	Language in which Member is competent to conduct practice (self-reported)
Specialty	60	A	Description of specialty or subspecialty as per RCPSC or CCFP (for example, obstetrics and gynecology; cardiology; orthopedic surgery, Family Medicine)
Hospital Privileges	100	A	Self-reported information that provides the names of Ontario hospitals where the member holds professional privileges