



CPSO

Meeting of Council

May 28, 2020



NOTICE OF MEETING OF COUNCIL

A virtual meeting of the College of Physicians and Surgeons of Ontario (CPSO) will take place on Thursday, May 28, 2020. Due to the current pandemic situation, an in-person meeting at a physical location will not be held.

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

The meeting will convene at 9:00 am.

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

May 14, 2020

Council Meeting Agenda

May 28, 2020 @ 9:00am



CPSO

Item	Time	Topic and Objective(s)	Purpose	Page
1	9:00am	Call to Order and Welcoming Remarks (B. Copps) <ul style="list-style-type: none"> Review norms and expectations for virtual meetings Declare any conflicts of interest 	Discussion	N/A
2	9:10am	Consent Agenda (B. Copps) <p>2.1 Approve Council meeting agenda</p> <p>2.2 Approve minutes from the last Council meeting held on Mar 6, 2020</p> <p>2.3 For information:</p> <ul style="list-style-type: none"> Discipline Committee Report Executive Committee Report Governance Committee Report Government Relations Report Policy Report 	Approval	1
3	9:20am	Covid-19 Update on Strategic Activities in Response to the Pandemic (F. Hill-Hinrichs/C. Roxborough) <ul style="list-style-type: none"> Discuss CPSO's strategic activities in response to the Covid-19 pandemic 	Discussion	32
4	9:50am	Registrar's Report (N. Whitmore)	Discussion	38
*	10:35am	WELLNESS BREAK		
5	10:55am	President's Report (B. Copps)	Discussion	39
6	11:10am	Audit and Financial Statements for 2019 (D. Anderson) <ul style="list-style-type: none"> Discuss the findings from CPSO's audit report along with the audited financial statements for 2019 Appoint the external auditors for the upcoming year 	Decision	66
7	11:25am	By-Law Amendments to Reflect New System Processes (N. Novak) <ul style="list-style-type: none"> Approve proposed by-law amendments required to implement Solis in August 2020 	Decision	70

Item	Time	Topic and Objective(s)	Purpose	Page
8	11:40am	Member Topics (B. Copps) <ul style="list-style-type: none"> Discuss any topics submitted in advance by members 	Discussion	N/A
*	12:00pm	LUNCH		
9	1:00pm	In Camera Session		
*	2:00pm	WELLNESS BREAK		
10	2:20pm	Exceptional Circumstances (P. Poldre) <ul style="list-style-type: none"> Review and approve Committee requests for exceptional circumstances which exempt specific members from the applicable term limits 	Decision	81
11	2:50pm	Council Elections (L. Cabanas) <ul style="list-style-type: none"> Discuss and approve the new date for Council elections in light of the Covid-19 pandemic 	Decision	85
12	3:00pm	Adjournment (B. Copps) <ul style="list-style-type: none"> Remind Council members of the next meeting date - September 10-11, 2020 	Information	N/A
13	3:05pm	Council Meeting Reflection Session (B. Copps) <ul style="list-style-type: none"> Discuss draft guidelines for Council Meeting Reflection Session 	Discussion	88

Council Motion

Motion Title: Council Meeting Consent Agenda

Date of Meeting: May 28, 2020

It is moved by _____,

and seconded by _____, that:

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

- Meeting agenda for May 28, 2020
- Meeting minutes of Council held on March 6, 2020
- For information items:
 - o Discipline Committee Report
 - o Executive Committee Report
 - o Governance Committee Report
 - o Government Relations Report
 - o Policy Report

Attendees:

Dr. Brenda Copps (President)
Dr. Philip Berger
Mr. Shahid Chaudhry
Mr. Jose Cordeiro
Dr. Michael Franklyn
Mr. Pierre Giroux
Dr. Rob Gratton
Dr. Deborah Hellyer
Dr. Paul Hendry
Ms Nadia Joseph
Mr. Mehdi Kanji
Ms Catherine Kerr
Mr. Paul Malette
Dr. Lydia Miljan, PhD

Ms Ellen Mary Mills
Mr. Peter Pielsticker
Dr. Judith Plante
Dr. Peeter Poldre
Dr. Ian Preyra
Dr. John Rapin
Dr. Sarah Reid
Ms Linda Robbins
Dr. Jerry Rosenblum
Dr. David Rouselle
Dr. Patrick Safieh
Dr. Karen Saperson
Dr. Andrew Turner

Non-voting Academic Representatives on Council Present:

Dr. Mary Bell, Dr. Terri Paul and Dr. Janet van Vlymen

Regrets:

Ms Joan Fisk
Mr. John Langs
Dr. Haidar Mahmoud
Dr. Elizabeth Samson
Dr. Robert Smith

CALL TO ORDER

President’s Announcements

Dr. Copps called the meeting to order at 9:00am and welcomed members and guests. She opened the meeting with a traditional land acknowledgement statement as a demonstration of recognition and respect for indigenous peoples.

Dr. Copps facilitated roundtable introductions and presented the new public members of Council with their Council pins. Medical learners Debbie Brace, from the Ontario Medical Students Association (OMSA) and Dr. Tracy Sarmiento, from the Professional Association of Residents of Ontario (PARO) were welcomed as observers.

1. COUNCIL MEETING MINUTES OF DECEMBER 5 & 6, 2019

01-C-03-2020

It is moved by Mr. Mehdi Kanji and seconded by Ms Ellen Mary Mills that:

The Council accepts the minutes of the meeting of the Council held on December 5 and 6, 2019.

CARRIED

2. FOR INFORMATION

The following reports were received for information:

- 2.1 Executive Committee Report
- 2.2 Government Relations Report
- 2.3 Discipline Committee Report of Completed Cases (Nov 18, 2019 to Feb 13, 2020)
- 2.4. Policy Report
- 2.5. Governance Committee Report

B. Cops indicated that moving forward, Discipline Committee completed cases will not be included in the Discipline Committee Report, but a link will be provided to the website, where the full decisions are available.

3. ACCEPTANCE OF ACADEMIC REPRESENTATIVE TO COUNCIL

Council was asked to accept a recommendation from the Academic Advisory Committee for Dr. Janet van Vlymen, academic representative from Queen's University, to fill a vacancy for one voting Academic Representative on Council. With no objections, Council declared Dr. Janet van Vlymen the academic representative from Queen's University.

4. ELECTION FOR VICE PRESIDENT OF THE EXECUTIVE COMMITTEE FOR 2020

Council elected Dr. Judith Plante as the new Vice-President of the Executive Committee for 2020.

Dr. Janet van Vlymen was acclaimed as a member of the Executive Committee for 2020.

5. COUNCIL ORIENTATION TO CPSO

Ms Nathalie Novak, Chief Transformation Officer, provided Council with an overview of CPSO, introduced the management team, and highlighted key initiatives for the year. A copy of Ms Novak's presentation is attached as **Appendix "A"** to these minutes.

6. REGISTRAR/CEO'S REPORT

Dr. Nancy Whitmore presented her report to Council, highlighting the Quality Improvement Pilot, the Citizen Advisory Group, Stakeholder Engagement, Continuous Improvement (including the

DRAFT PROCEEDINGS OF THE MEETING OF COUNCIL

March 6, 2020

Solis and Vault project), Right Touch Regulation (including complaints management) and the new key performance indicators. The presentation is attached as **Appendix “B”** to these minutes.

7. PRESIDENT’S REPORT

Dr. Copps provided some remarks about her vision as President for this year. She also highlighted some recent activities including the launch of eDialogue, a summary of discussions that took place at the most recent Executive Committee meeting, the completed terms of some of our public members and a change in the September Council meeting dates to include one additional meeting day on September 10, 2020. She informed Council that the Executive Committee has been working on a revised process for the Registrar and CEO’s performance assessment, which will be shared with Council for information at the May meeting.

8. APPLICATION HEALTH QUESTIONS – MANAGEMENT AND MESSAGING

Council received an overview of CPSO’s approach to the management of health-related questions and information arising out of the College’s application process.

9. COUNCIL AWARD PRESENTATION

Dr. John Rapin presented the Council award to Dr. Steven Griffin of Bancroft, Ontario.

IN CAMERA SESSION

Council did not hold an in-camera session, however, Dr. Copps described how the in-camera sessions would be included in Council meetings going forward.

10. MEDICAL RECORDS

02-C-03-2020

It is moved by Dr. Deborah Hellyer, and seconded by Dr. Lydia Miljan, PhD, that:

The Council approves the revised policies “Medical Records Management” and “Medical Records Documentation”, formerly titled “Medical Records”, (copies of which form Appendices “C” and “D” to the minutes of this meeting).

CARRIED

11. PROTECTING PERSONAL HEALTH INFORMATION

03-C-03-2020

DRAFT PROCEEDINGS OF THE MEETING OF COUNCIL

March 6, 2020

It is moved by Dr. Ian Preyra, and seconded by Dr. David Rouselle, that:

The Council approves the revised policy “Protecting Personal Health Information”, formerly titled “Confidentiality of Personal Health Information” (a copy of which forms Appendix “E” to the minutes of this meeting).

CARRIED

12. ADVERTISING POLICY

04-C-03-2020

It is moved by Dr. Lydia Miljan, PhD, and seconded by Dr. Judith Plante, that:

The College engage in the consultation process in respect of the draft policy “Advertising” (a copy of which forms Appendix “F” to the minutes of this meeting).

CARRIED

13. MEDICAL ASSISTANCE IN DYING – UPDATE

Council was provided with a brief overview of the Superior Court of Quebec’s decision to strike down the reasonably foreseeable natural death eligibility requirement, the CPSO’s involvement in the federal government’s consultation process to develop new legislation, and anticipated next steps in the process.

14. MEMBER TOPICS

05-C-03-2020

Whereas, at the December 2019 Council meeting, a motion was made to discuss a motion at the March 2020 meeting as set out below.

And whereas the mover of the December 2019 motion wishes to withdraw that motion,

It is moved by Dr. Philip Berger, and seconded by Dr. David Rouselle, that:

The following motion be withdrawn:

Motion Title: Retaining an external expert to make recommendations to Council on upholding the CPSO's independence and the CPSO's primary duty to serve and protect the public interest It is moved by and seconded by that:

The Council directs that the CPSO Executive Committee retain within 1 month of Council's approval of this motion an external expert from either the Judiciary or the Bar to make and deliver to Council, within 6 months of Council's approval of this motion, recommendations on the CPSO deliberative processes respecting patient care; the recommendations to include the following:

- 1) Guidelines to guarantee the independent gathering, with appropriate thoroughness, of reliable information from all relevant sources and of opinion from all relevant parties;
- 2) Guidelines on how to appropriately and transparently weigh that information and opinion in the course of the CPSO deliberative processes;
- 3) Guidelines to forestall any undue influence, apparent or real, of any party external to the CPSO so that the transparency and independence of the CPSO are upheld; and
- 4) General advice on sustaining the CPSO's primary duty to serve and protect the public interest

CARRIED

15. CPSO RELATIONSHIP WITH HEALTH SYSTEM STAKEHOLDERS

Ms. Fiona Hill-Hinrichs, Director of Communications and Media, presented Council with an overview of the various health system stakeholders that CPSO works with to achieve the strategic objectives outlined in the Strategic Plan. A copy of her presentation is attached as **Appendix "G"** to these minutes.

Following the presentation, Dr. Copps organized Council into small groups to discuss two questions: 1) Are there any stakeholders missing from the list; and 2) Is there anything in our relationships with stakeholders that we should be doing differently?

Dr. Copps facilitated a discussion and summarized the main themes from the feedback.

16. BY-LAW AMENDMENTS

16.1 Fees and Remuneration

06-C-03-2020

It is moved by Mr. Peter Pielsticker, and seconded by Dr. Deborah Hellyer, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 132.

By-law No. 132

(1) Sections 14, 15 and 16 of By-Law No. 2 (the Fees and Remuneration By-Law) are revoked.

CARRIED

16.2 Council Election Recount Request Period

07-C-03-2020

It is moved by Dr. Jerry Rosenblum, and seconded by Dr. Rob Gratton, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 134:

By-law No. 134

(1) Section 21 of the General By-law is revoked and the following is substituted:

Recounts

21. (1) A candidate may require a recount by giving a written request to the registrar no more than three business days after the date of an election and paying a fee of \$500.

(2) The registrar shall hold the recount no more than thirty days after receiving the request.

CARRIED

17. APPOINTMENTS

17.1 Committee Appointments – Drs. Judith Plante and Janet van Vlymen

08-C-03-2020

It is moved by Dr. Philip Berger, and seconded by Dr. Paul Hendry, that:

- 1. The Council of the College of Physicians and Surgeons of Ontario appoints Dr. Judith Plante, (as Vice President) to the Governance Committee for the remainder of the 2020 Council year.**
- 2. The Council of the College of Physicians and Surgeons of Ontario appoints Dr. Judith Plante, (as Vice President) to the Finance and Audit Committee for the remainder of the 2020 Council year.**
- 3. The Council of the College of Physicians and Surgeons of Ontario appoints Dr. Janet van Vlymen, as member of the Executive Committee.**

- 4. The Council of the College of Physicians and Surgeons of Ontario appoints Dr. Janet van Vlymen, as Chair of the Education Advisory Group.**

CARRIED

17.2 Committee and Chair Appointments

09-C-03-2020

It is moved by Mr. Mehdi Kanji, and seconded by Dr. Jerry Rosenblum, that:

- 1. The Council appoints the following people to the following committees until the Annual General Meeting of Council in December 2020:**
Discipline Committee: Mr. Jose Cordeiro (public member), Ms. Linda Robbins (public member)
Inquiries, Complaints and Reports Committee: Ms. Nadia Joseph (public member), Dr. Lydia Miljan, PhD (public member), Dr. Elizabeth Samson (physician Council member)
- 2. The Council appoints Dr. Judith Plante as Chair of the Registration Committee.**
- 3. The Council appoints Dr. Anita Rachlis as Vice Chair, Internal Medicine Panels of the Inquiries, Complaints and Reports Committee.**

CARRIED

18. SUCCESSION PLANNING - REQUESTS FOR EXCEPTIONAL CIRCUMSTANCES

This item was deferred to the May 2020 Council Meeting.

ADJOURNMENT

There being no further business, the meeting adjourned at 3:45 pm.

Dr. Brenda Copps, President

Anne Fitzgerald, Recording Secretary

Alexandra Wong, Recording Secretary

Council Briefing Note

May 2020

TOPIC: Discipline Committee Report (Completed Cases February 14, 2020 – May 8, 2020)

FOR INFORMATION

ISSUE:

This report covers the 17 discipline cases completed (i.e., the written decision and reasons on finding and, if applicable, penalty have been released) between February 14, 2020 and May 8, 2020.

BACKGROUND:

The report consists of two tables:

- [Table 1](#), setting out in order of decision release date the findings from each case, where applicable (i.e., excluding decisions on penalty only). Note, there are more findings than decisions, as many decisions include more than one finding.
- [Table 2](#), setting out in order of decision release date the penalty from each case, where applicable (i.e., excluding decisions where penalty will be the subject of separate hearing, yet to be held).

In the second column of each table, clickable hyperlinks are provided to the physician's public register profile from the College's website.

- The Committee's decision is available for viewing from the physician's public register profile on the College's website.
- The profile contains the full text Discipline Committee's decision and reasons document.
- If you experience any difficulty opening a hyperlink, please use "Control-click" or right click on the blue text and select "open hyperlink".

- Physicians' names in the first column of each table are hyperlinked to let you navigate back and forth from the liability findings in Table 1 to the penalty findings in Table 2, for each physician.

SUMMARY:

In the period reported, the Discipline Committee released **17** Decisions and Reasons (D&Rs)

- 12 D&Rs set out findings on liability and the Committee's penalty order
- 3 D&Rs set out findings on liability and a penalty hearing is to be scheduled
- 2 D&Rs set out the Committee's penalty order (cases where findings were made previously)

In the 14 D&Rs that included a penalty order, the Committee's orders included:

- 14 reprimands
- 8 suspensions
- 8 impositions of Terms, Conditions or Limitations on the physician's Certificate of Registration
- 3 revocations.

The Committee imposed a costs order on the physician in each of the 14 D&Rs.

DECISION FOR COUNCIL:

- This item is for information. Feedback from Council members on this new format of reporting would be greatly appreciated to inform our continuous improvement efforts. Please direct feedback to Elaine Stone (estone@cpso.on.ca).

Contact: Moira Calderwood, ext. 370
Elaine Stone, ext. 479

Date: May 14, 2020

TABLE 1: DISCIPLINE DECISIONS FEBRUARY TO MAY 2020 – FINDINGS

TCL = Term, Condition or Limitation; and DDU = Disgraceful, Dishonorable, or Unprofessional

PHYSICIAN NAME (Click the Hyperlink to see Table 2 for Penalty Details)	DECISION Release Date and LINK to physician public profile on CPSO Website	FINDINGS:							
		With Penalty or Both	Sexual Abuse	Incompetence	Found guilty of offence relevant to practice	Failing to maintain the standard of Practice	DDU	Conduct Unbecoming	Contravened a TCL on Certificate of Registration
Clotey , Clarence E.	February 25, 2020 Clotey	Both					✓		
McIntosh , Frederick E.A.	February 25, 2020 McIntosh	Both				✓	✓		
Gill , Harmander S.	February 25, 2020 Gill	Finding only; penalty pending		✓		✓	✓		
Waddell , John M.	March 3, 2020 Waddell	Both					✓	✓	
Maciver , Angus G.	March 10, 2020 Maciver	Both					✓		

PHYSICIAN NAME (Click the Hyperlink to see Table 2 for Penalty Details)	DECISION Release Date and LINK to physician public profile on CPSO Website	FINDINGS:							
		With Penalty or Both	Sexual Abuse	Incompetence	Found guilty of offence relevant to practice	Failing to maintain the standard of Practice	DDU	Conduct Unbecoming	Contravened a TCL on Certificate of Registration
Fenton , Peter Michael	March 10, 2020 Fenton	Penalty Only							
Attallah , Gabriel N.	March 12, 2020 Attallah	Finding only; penalty pending					✓		
Garcia , Yelian	March 16, 2020 Garcia	Both					✓		
Thavanathan , Rajiv S.	March 31, 2020 Thavanathan	Both					✓		
Rabiu , Adegbenga O.	April 8, 2020 Rabiu	Finding only; penalty pending					✓		✓
Houshmand , Henry	April 14, 2020 Houshmand	Both		✓		✓			

PHYSICIAN NAME (Click the Hyperlink to see Table 2 for Penalty Details)	DECISION Release Date and LINK to physician public profile on CPSO Website	FINDINGS:							
		With Penalty or Both	Sexual Abuse	Incompetence	Found guilty of offence relevant to practice	Failing to maintain the standard of Practice	DDU	Conduct Unbecoming	Contravened a TCL on Certificate of Registration
Ghali , Robert J.	April 15, 2020 Ghali	Both					✓		
Schwarz , Peter R.	April 15, 2020 Schwarz	Both		✓		✓			
Kerfoot , Karin E.	April 20, 2020 Kerfoot	Both	✓				✓		
Gebien , Darryl J.	April 28, 2020 Gebien	Both			✓		✓		
Lee , Martin M. S.	May 1, 2020 Lee	Penalty only (appellate penalty return)							
Hanson , Paul Russell	May 8, 2020 Hanson	Both			✓	✓		✓	

TABLE 2 - DISCIPLINE DECISIONS FEBRUARY TO MAY 2020 – PENALTIES

Physician Name (Click the Hyperlink to Return to Table 1 For Findings)	Revocation	Suspension/ Length	Reprimand	TERM, CONDITION, LIMITATION			Costs/ Comment
				Clinical supervision	Rx'ing restrictions	Other	
Clotey , Clarence E.		✓ 12 months	✓				✓ \$6,000
McIntosh , Frederick E. A.			✓				✓ \$6,000
Gill , Harmander S.	Liability only						Penalty hearing pending
Waddell , John M.		✓ 3 months	✓			✓	✓ \$10,370
Maciver , Angus G.		✓ 1 month	✓				✓ \$6,000
Fenton , Peter M.		✓ 9 months	✓	✓			✓ \$62, 200
Attallah , Gabriel N.	Liability only						Penalty hearing pending

Physician Name (Click the Hyperlink to Return to Table 1 For Findings)	Revocation	Suspension/ Length	Reprimand	TERM, CONDITION, LIMITATION			Costs/ Comment
				Clinical supervision	Rx'ing restrictions	Other	
Garcia , Yelian	✓		✓				✓ \$6,000
Thavanathan , Rajiv S.		✓ 3 months	✓			✓	✓ \$6,000
Rabiu , Adegbenga O.	Liability only						Penalty hearing pending
Houshmand , Henry			✓	✓			✓ \$20,740
Ghali , Robert J.		✓ 6 months	✓			✓	✓ \$6,000
Schwarz , Peter R.		✓ 3 months	✓	✓	✓		✓ \$6,000
Kerfoot , Karin E.	✓		✓				✓ \$10,370 + \$16,060 (to reimburse the College for funding provided to patients under Section 85.7 of the Code)

Physician Name (Click the Hyperlink to Return to Table 1 For Findings)	Revocation	Suspension/ Length	Reprimand	TERM, CONDITION, LIMITATION			Costs/ Comment
				Clinical supervision	Rx'ing restrictions	Other	
Gebien , Darryl J.		✓ 14 months	✓		✓		✓ \$20,740
Lee , Martin M.S.S.			✓			✓	✓ \$20,500 + \$16,060 (to reimburse the College for funding provided to patients under Section 85.7 of the Code)
Hanson , Paul Russell	✓		✓				✓ \$10,370

Council Briefing Note

May 2020

TOPIC: Executive Committee Report

FOR INFORMATION

- The Executive Committee met on March 24, 2020 and there was some discussion about the potential impact that Covid-19 could have on Council business. The Executive Committee declared an emergency under CPSO's Declared Emergency By-Law and directed to extend the Council Elections for Districts 5 and 10 which were originally scheduled to be held on June 9, 2020.

4-EX-Mar-2020 Upon a motion by P. Pielsticker and seconded by J. Plante and CARRIED, the Executive Committee declares an emergency under the CPSO Emergency By-Law.

5-EX-Mar-2020 Upon a motion by P. Poldre and seconded by E.M. Mills and CARRIED, the Executive Committee directs to extend the nomination period and postpone the Council Elections for Districts 5 and 10 to September.

Contact: Brenda Copps, President
Lisa Brownstone, Chief Legal Officer

Date: May 15, 2020

Council Briefing Note

May 2020

TOPIC: Governance Committee Report

1. **Deferred Election for 2021 Executive Committee**
2. **Completion of new *Committee Satisfaction & Interest Survey***
3. **Public Member Appointments**
4. **Committee Appointment**

FOR INFORMATION

1. Deferred Election for 2021 Executive Committee

- The vote for Executive Committee elected positions for the next year's term (2021) usually takes place at the Annual Financial Meeting of Council in May.
- The Executive Committee has decided to defer the election for 2021 Executive Committee elected positions until the September Council meeting to ensure a fair and efficient voting process is established for the election in case the September Council meeting will also be held virtually.
- The Chair of the Governance Committee will provide Council members with information regarding the nomination and election process for the 2021 Executive Committee election, with sufficient time for Council members to consider their potential candidacy, and prepare candidate *Nomination Statements* for circulation to Council, prior to the September Council meeting.
- 2020-2021 Executive Committee positions determined at the September Council meeting will officially take office at the end of the annual meeting of Council on December 4, 2020 as per usual practice in accordance with the By-laws.

2. Completion of *Committee Satisfaction & Interest Survey*

- Each year, at the Annual Financial Meeting of Council, Council members have been asked to complete an annual form to indicate their level of committee interest for the upcoming committee term.
- In response to Council members' feedback, the Governance Committee has revised the form for 2020-2021 and created a new ***Committee Satisfaction & Interest Survey***.

- Council members will receive a personalized electronic **Committee Satisfaction & Interest Survey** by e-mail, for completion.
- Please complete and submit your **Committee Satisfaction & Interest Survey** by May 28, 2020. If you have any questions about completing the survey, please contact CPSOGovernance@cpsso.on.ca
- The Governance Committee will review all survey feedback and if applicable, set up some time with you to discuss your survey responses.
- Your completed survey will inform the Governance Committee in its deliberations as it develops committee recommendations for the 2020-2021 Council year.
- Council will be making annual committee appointments at the December meeting.

3. Public Member Appointments

- Shahid Chaudhry was reappointed as a public member of Council for a three-year term, commencing May 2, 2020.
- Murthy Ghandikota was appointed as a new public member of Council for a one-year term, commencing April 9, 2020.

4. Committee Appointment

- The Executive Committee appointed Murthy Ghandikota to the Inquiries, Complaints and Reports Committee on April 28, 2020.

Contact: Dr. Peeter Poldre, Chair, Governance Committee
Laurie Cabanas, ext. 503
Debbie McLaren, ext. 371

Date: May 11, 2020

Appendix A: Orders in Council – Shahid Chaudhry and Murthy Ghandikota



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Medicine Act, 1991*, **Shahid Chaudhry** of Whitby, be reappointed as a part-time member of the Council of the College of Physicians and Surgeons of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective May 2, 2020.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les médecins*, **Shahid Chaudhry** de Whitby, est reconduit au poste de membre à temps partiel du Conseil de l'Ordre des médecins et chirurgiens de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du 2 mai 2020.

Christine Elliott

**Recommended: Minister of Health
Recommandé par : La ministre de la Santé**

UA

**Concurred: Chair of Cabinet
Appuyé par : Le président | la présidente du Conseil des ministres**

**Approved and Ordered: MAR 12 2020
Approuvé et décrété le :**

C. Souders

**Lieutenant Governor
La lieutenante-gouverneure**



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 6(1)(b) of the *Medicine Act, 1991*, **Murthy Ghandikota** of Toronto, be appointed as a part-time member of the Council of the College of Physicians and Surgeons of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 6 (1) b) de la *Loi de 1991 sur les médecins*, **Murthy Ghandikota** de Toronto, est nommé au poste de membre à temps partiel du Conseil de l'Ordre des médecins et chirurgiens de l'Ontario, pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.

**Recommended: Minister of Health
Recommandé par : La ministre de la Santé**

**Concurred: Chair of Cabinet
Appuyé par : Le président | la présidente du Conseil des ministres**

**Approved and Ordered:
Approuvé et décrété le : APR 09 2020**

**Lieutenant Governor
La lieutenante-gouverneure**

TOPIC: Government Relations Report**FOR INFORMATION**

- 1) Update on the Ontario Legislature
- 2) Issues of Interest
 - a. Letter Seeking Temporary Discretion to Investigate Complaints
 - b. Public Member Appointments
 - c. Modernizing the Health Regulatory Framework in British Columbia
- 3) Interactions with Government

1. UPDATE ON THE ONTARIO LEGISLATURE

- Following the winter break, the House resumed sitting on February 18, 2020.
- On March 7th, the Ontario Liberal party elected a new leader – Steven Del Duca. Del Duca served as a cabinet Minister in the Wynne government. He does not currently have a seat in the Legislature (he lost to Minister Tibollo, Associate Minister of Mental Health and Addictions in the previous election). Despite two byelection seats won by Liberals this winter, the Caucus has only 8 seats in the Legislature – four below official party status.
- The Legislature rose on March 12 and has briefly reconvened twice since then to pass emergency legislation in response to the COVID-19 pandemic.
- On March 25, the legislature passed Finance Minister Rod Phillips’ [economic and fiscal plan](#) to respond to the COVID-19 pandemic and in place of the previously planned 2020 budget (that will now be released in the fall). This \$17 billion plan includes \$7 billion in direct support and \$10 billion in business tax and other tax-related deferrals.
- Government dedicated \$3.3 billion to the health sector with \$2.1 billion in new COVID-19 response measures including:
 - \$935 million for hospitals to increase capacity and add more acute and critical-care beds
 - \$243 million to expand emergency capacity and virus containment measures in long-term care homes
 - \$160 million in funding to public health to support COVID-19 monitoring, surveillance, testing, virtual care, and Telehealth Ontario

- \$75 million for personal protective equipment and supplies for frontline staff
 - \$20 million in research and innovation funding to combat COVID-19
- On April 14, the Legislature reconvened with only 28 out of the total 124 MPPs in order to extend the province's state of emergency by 28 days, through May 12. A state of emergency can be extended by 14 days with the approval of the Lieutenant Governor, however, only with the approval of MPPs can the emergency declaration be extended beyond that.
- Also, on April 14, the government introduced and passed – with the unanimous consent of the whole House – [*Bill 189, the Coronavirus \(COVID-19\) Support and Protection Act, 2020*](#). This Bill enables school boards and municipalities to continue collecting development charges despite the moratorium on construction. It also suspends Ontario Student Assistance Program loan repayments.
- The legislature is scheduled to resume on May 12; however, it is unlikely that a regular legislative sitting will continue through the spring. We expect the House will only briefly reconvene to pass necessary legislation in response to the COVID-19 outbreak.

2. ISSUES OF INTEREST

a. Letter Seeking Temporary Discretion to Investigate Complaints

- On May 5th, the Registrar/CEO wrote to the Minister of Health and the Associate Minister of Small Business and Red Tape Reduction seeking a temporary increase in greater discretion to investigate complaints. The letter is attached as Appendix A.
- This request follows an [announcement on April 28](#) by Minister Elliott, the Associate Minister of Small Business and Red Tape Reduction (Hon. Prabmeet Sarkaria), and the Premier that government is accepting proposals for temporary changes to rules and regulations in order to respond to challenges created by the COVID-19 pandemic.
- CPSO is required by the *Health Professions Procedural Code* to investigate all complaints we receive regardless of their relationship to a physician's professional conduct, competence or capacity.
- CPSO has previously sought amendments to legislation that would provide us with greater discretion in investigating complaints in order to focus resources on more serious matters and those that directly relate to our mandate to serve the public interest.
- The request for greater discretion is also consistent with the regulatory regimes of other medical regulatory authorities in Canada (e.g. Alberta, Nova Scotia, and Manitoba) and non-health regulatory bodies in Ontario (e.g. Law Society and College of Teachers).
- It is anticipated that as Ontario enters the next phase of responding to the COVID-19 outbreak, including the re-instatement of non-essential medical care, CPSO could be

inundated with complaints that generally relate to the pandemic or specifically to the ongoing measures and controls needed to prevent a resurgence of COVID-19. These complaints could include:

- Those related to the care of patients with COVID-19 where physician conduct, competence or capacity is not in question.
 - Concerns regarding delays in care (e.g. cancer surgeries), or preventative screenings (e.g., pap smears and mammograms) that have been deferred due to restrictions on non-essential care.
 - Complaints against high-profile physicians (e.g., Medical Officers of Health).
 - Wait times or the ability to secure an appointment with a physician.
- At the time this note was written, government had not responded to the letter.

b. Public Member Appointments

- Over the last few months, CPSO has seen five public members' terms end (by expiring or resigning) and we came close to falling below the statutory minimum of 13 public members, as required by the *Medicine Act*.
- Through ongoing advocacy efforts by staff, we were able to mitigate the risk and there are now 14 public members appointed to Council. The most recent appointment occurred on April 9 with Mr. Murthy Ghandikota appointed for a one-year term.

c. Modernizing the Health Regulatory Framework in British Columbia

- As Council may recall, in 2018 the British Columbia Minister of Health appointed Harry Cayton to conduct a review of the College of Dental Surgeons of British Columbia and a report was issued in April 2019. Following this, government struck a steering committee to provide advice on an approach to modernize the regulatory framework for health professions and public consultations on the committee's report closed in January 2020.
- Since Council was last provided with an update about this work in March 2020, government has announced next steps on modernizing the health regulatory framework in BC.
- The BC government has posted notice that they are formally consulting on the amalgamation of the BC College of Nursing Professionals with the College of Midwives as well as the amalgamation of the College of Physicians and Surgeons with the College of Podiatric Surgeons. These two amalgamations are being considered at the request of the respective regulatory colleges. However, these amalgamations also move on one of the central recommendations of this initiative – to reduce the number of health regulatory colleges.

- More information on the amalgamations can be found on the [BC Ministry of Health website](#). If the regulations pass, the Colleges will be amalgamated as of September 1, 2020.
- CPSO continues to closely monitor the developments on this work and consider how it could impact our advocacy for governance modernization in Ontario.

3. INTERACTIONS WITH GOVERNMENT

- The College has taken a leadership role in supporting physicians and the broader health system during the COVID-19 pandemic. This has included working closely with government on the supply of ventilators, personal protective equipment, and a critical care triage protocol. Council is provided with a separate briefing note detailing this collaboration, and other CPSO activities related to the pandemic.
- On April 22, the President sent an email to all 124 MPPs at Queen’s Park. The purpose of this email was twofold: to ensure that MPPs are aware of CPSO’s work to provide information and support to physicians, patients and the broader health system; and to provide MPPs’ offices with the information required to respond to questions they may be receiving from their constituents. The email directed MPPs to CPSO’s website and the COVID-19 Frequently Asked Questions. Since sending the email, government relations staff have received several emails from MPPs expressing appreciation for the outreach and seeking additional information.
- While, a series of MPP meetings was scheduled for March and April, all but our meeting with the NDP Health Critic, France Gelinas, were cancelled due to the pandemic.
- Staff are continuing to proactively reach out to MPPs and government to ensure they are aware of CPSO’s activities and that any questions received are promptly addressed.
- CPSO also recently met with Matt Anderson, CEO of Ontario Health for the first time. The discussion focused on COVID-19 related activities. It is anticipated that looking forward, CPSO will have regular meetings with Ontario Health.

Contact: Miriam Barna, mbarna@cpsso.on.ca
Laurie Cabanas, lcabanas@cpsso.on.ca

Date: May 8, 2020

Attachments:

Appendix A: Letter to government seeking temporary discretion to investigate complaints



Nancy Whitmore, MD, FRCSC, MBA
Registrar and Chief Executive Officer
Telephone: (416) 967-2600 x400
Facsimile: (416) 967-2618
Email: nwhitmore@cpso.on.ca

May 5, 2020

The Honourable Christine Elliott, MPP
Minister of Health
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

Via Email: christine.elliott@ontario.ca

Dear Minister Elliott,

As government loosens the emergency measures imposed during the COVID-19 outbreak, CPSO is working to identify and mitigate issues that may arise. With the reinstatement of non-essential medical care, one of the issues that has been identified is the potential influx of public complaints, and a shift in the nature of these complaints.

CPSO is required by the *Health Professions Procedural Code* to investigate all complaints we receive regardless of their relationship to a physician's professional conduct, competence or capacity. CPSO has previously sought amendments to legislation that would provide the College with greater discretion in investigating complaints in order to focus resources on more serious matters and those that directly relate to our mandate to serve the public interest.

It is anticipated that as Ontario enters the next phase of responding to the COVID-19 outbreak, CPSO could be inundated with complaints that generally relate to the pandemic or specifically to the ongoing measures and controls needed to prevent a resurgence of COVID-19. These complaints could include:

- Those related to the care of patients with COVID-19 where physician conduct, competence or capacity is not in question.
- Concerns regarding delays in care (e.g. cancer surgeries), or preventative screenings (e.g., pap smears and mammograms) that have been deferred due to restrictions on non-essential care.



- Complaints against high-profile physicians (e.g., Medical Officers of Health).
- Wait times or the ability to secure an appointment with a physician.

CPSO is urgently seeking a temporary legislative or regulatory solution that will allow for greater discretion in investigating complaints. Without this increased discretion, there is concern that organizational attention will be diverted from more critical files including the College's support of physicians and the broader health system during the pandemic.

A jurisdictional review has demonstrated that CPSO's proposal for increased discretion is consistent with other medical regulatory authorities in Canada and non-health regulatory bodies in Ontario. Medical regulators in Alberta, Nova Scotia, and Manitoba have discretion on whether to conduct an investigation related to a complaint. Within Ontario, the Law Society of Ontario, the Ontario College of Social Workers and Social Services Workers, and the College of Teachers also have similar discretion as to whether a complaint requires investigation.

CPSO is seeking similar discretionary powers in line with these other regulators. Granting these temporary powers would enable the College to stay focused on issues that concern patient care and member professionalism and support our continued leadership role during the COVID -19 outbreak.

We would appreciate your willingness to work with us to address this urgent matter.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Whitmore". The signature is fluid and cursive.

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

C:

Hon. Prabmeet Singh Sarkaria, Associate Minister of Small Business and Red Tape Reduction
Sean Court, (Acting) Assistant Deputy Minister, Strategic Policy, Planning & French Language Services

Allison Henry, Director, Health Workforce Regulatory Oversight Branch

Council Briefing Note

May 2020

TOPIC: Policy Report

FOR INFORMATION

UPDATES:

1. Enhancing Council Engagement in the Policy Review and Development Process
 2. Policy Consultation Update:
 - I. *Advertising*
 - II. *Social Media – Appropriate Use by Physicians*
 3. Policy Status Table
-

1. Enhancing Council Engagement in the Policy Review and Development Process

- As a reminder, Council plays an essential role in overseeing the review and development of CPSO policies. As part of this role, Council has multiple opportunities to provide feedback and input into each policy review or development process and then ultimately determine whether the policies developed support CPSO's mandate to serve the public interest. For example:
 - Council's approval is required to release policies at the 'draft' stage for external consultation and all Council feedback received at this stage directly informs subsequent revisions that are made following the consultation. Council also has ultimate decision-making authority to determine whether a policy being brought forward for final approval should become a policy of CPSO and can direct revisions be made prior to approval.
 - At each stage, Council can, and it previously has, directed policies back to staff or working groups for additional work prior to reconsideration at a subsequent meeting.
 - Council members, in their roles as members of the profession or the public, can also provide feedback as part of any consultation that is held on an existing policy or on a policy at the 'draft' stage.

- Council members also serve as members of policy working groups, providing significant oversight and direction regarding the policy review and development process and sit on CPSO Committees which often have opportunities to provide feedback as part of the process and whose decisions regarding member specific issues directly inform the development of policy expectations.
- Feedback received from Council following recent Council meetings suggests there may be an interest in modifying the way policy items are presented at Council and for identifying additional strategies to increase Council engagement with the review and development process.
 - This includes, for example, increasing the amount of time spent discussing and deliberating policy items, reducing the amount of time spent introducing policy items, and exploring ways to involve Council earlier in the process.
- Over the next few meetings of Council, the Policy Department will begin piloting different ways of presenting policy items and facilitating Council engagement.
 - The strategies deployed will depend on the nature and complexity of the files, the stage of the review process, and the realities of working virtually.
 - As strategies are piloted, Council's continued feedback will help to evaluate the effectiveness of different approaches and further opportunities for improvement.

2. Policy Consultation Update:

I. Advertising

- In March 2020 Council approved the draft *Advertising* policy and advice document for release for public consultation.
- In light of the COVID-19 pandemic, the consultation was put on hold until further notice. The consultation will be launched when it is appropriate to do so and where physicians and stakeholders will be able to sufficiently consider the draft policy and provide feedback as part of the consultation.

II. Social Media – Appropriate Use by Physicians

- Following the March 2020 Council meeting, a preliminary consultation on CPSO's *Social Media – Appropriate Use by Physicians* statement was set to begin.

- In light of the COVID-19 pandemic, the consultation was put on hold until further notice. The consultation will be launched when it is appropriate to do so and where physicians and stakeholders will be able to sufficiently consider the current statement and provide feedback as part of the consultation.

3. Policy Status Table:

- The status of ongoing policy development and reviews, as well as target dates for completion, is presented for Council's information as **Appendix A**. This table will be updated at each Council meeting.
- For further information about the status of any policy issue, please contact Craig Roxborough, Manager, Policy, at extension 339.

DECISION FOR COUNCIL:

1. This item is for information only.

Contact: Craig Roxborough, Ext. 339

Date: May 8, 2020

Attachments:

Appendix A: Policy Status Table

Appendix A: Policy Status Report – May 2020 Council

Table 1: Current Reviews

Policy	Launch	Stage of Policy Review Cycle						Target Comp.	Notes
		Prelim. Consult	Drafting	Approval to Consult	Consult on Draft Policy	Revising Draft Policy	Final Approval		
<u><i>Professional Responsibilities in Postgraduate Medical Education & Undergraduate Medical Education</i></u>	Dec-19		✓					2021	A joint review is being undertaken to review and update each policy.
<u><i>Medical Expert & Third Party Reports</i></u>	Dec-19		✓					2021	A joint review is being undertaken to review and update each policy.
<i>Advertising</i>	May-19				✓			2020	A new draft policy has been developed to provide guidance on and set parameters within an existing legislative framework.
<u><i>Complementary / Alternative Medicine</i></u>	Mar-19		✓					2020	A review is being undertaken to review and update the policy.
<u><i>Delegation of Controlled Acts</i></u>	Mar-19		✓					2020	A review is being undertaken to review and update the policy.
<u><i>Statements & Positions Redesign</i></u>	Jan-20		✓					2020	All CPSO <i>Statements & Positions</i> are being evaluated for relevance, currency, and potential updates.
<u><i>Social Media: Appropriate Use by Physicians (Statement)</i></u>	Apr-20	✓						2021	A review is being undertaken to review and update the statement.

Appendix A: Policy Status Report – May 2020 Council

Table 2: Policy Review Schedule

Policy	Target Review	Policy	Target Review
<u><i>Female Genital Cutting (Mutilation)</i></u>	2016/17	<u><i>Ending the Physician-Patient Relationship</i></u>	2022/23
<u><i>Dispensing Drugs</i></u>	2016/17	<u><i>Uninsured Services: Billing and Block Fees</i></u>	2022/23
<u><i>Mandatory and Permissive Reporting</i></u>	2017/18 ¹	<u><i>Ensuring Competence: Changing Scope of Practice and Re-entering Practice</i></u>	2023/24
<u><i>Providing Physician Services During Job Actions</i></u>	2018/19	<u><i>Public Health Emergencies</i></u>	2023/24
<u><i>Physicians' Relationships with Industry: Practice, Education and Research</i></u>	2019/20	<u><i>Closing a Medical Practice</i></u>	2024/25
<u><i>Telemedicine</i></u>	2019/20	<u><i>Availability and Coverage</i></u>	2024/25
<u><i>Cannabis for Medical Purposes</i></u>	2020/21	<u><i>Managing Tests</i></u>	2024/25
<u><i>Professional Obligations and Human Rights</i></u>	2020/21	<u><i>Transitions in Care</i></u>	2024/25
<u><i>Consent to Treatment</i></u>	2020/21	<u><i>Walk-in Clinics</i></u>	2024/25
<u><i>Planning for and Providing Quality End-of-Life Care</i></u>	2020/21	<u><i>Disclosure of Harm</i></u>	2024/25
<u><i>Blood Borne Viruses</i></u>	2021/22	<u><i>Prescribing Drugs</i></u>	2024/25
<u><i>Physician Treatment of Self, Family Members, or Others Close to Them</i></u>	2021/22	<u><i>Boundary Violations</i></u>	2024/25
<u><i>Physician Behaviour in the Professional Environment</i></u>	2021/22	<u><i>Medical Records Management & Medical Records Documentation</i></u>	2025/26
<u><i>Medical Assistance in Dying</i></u>	2021/22	<u><i>Confidentiality of Personal Health Information</i></u>	2025/26
<u><i>Accepting New Patients</i></u>	2022/23		

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

Council Briefing Note

May 2020

TOPIC: COVID-19 – Update on Strategic Activities in Response to the Pandemic

FOR INFORMATION

ISSUE:

- The College has taken a leadership role in supporting physicians and the broader health system during the COVID-19 pandemic.
- Council is provided with an overview of key external facing strategic activities that have been undertaken since the pandemic began.

BACKGROUND:

- In December 2019, an outbreak of the virus causing COVID-19 began in China. The nature of the outbreak quickly began to take shape with the World Health Organization (WHO) declaring it a public health crisis of international concern at the end of January and a global outbreak of the pandemic in early March.
- By mid-March, the Ontario government had declared an emergency immediately closing many businesses and limiting organized public events, the Chief Medical Officer of Health directed health care providers to defer non-essential in-person care, and the Ministry of Health issued a temporary order permitting physicians to bill for virtual care to help support access to care during the pandemic.
- Immediate concerns arose regarding how to properly screen patients, where to redirect patients who could not be safely seen in the community, access to personal protective equipment (PPE), and about the health care system being overwhelmed by patients requiring acute and critical care resources.

CURRENT STATUS:

- The COVID-19 pandemic has necessitated extensive College activity to help support physicians and the broader health system. External facing activities undertaken to

date have cut across the organization, pulling in resources from Communications, Policy, Legal, the Executive Office, Registration, and more. While not exhaustive, the following provides an overview of key activities that have been undertaken.

Communication with the Profession

- Recognizing the significant stress physicians have been experiencing as a result of the pandemic, the College has implemented a thoughtful approach to communicating with members. This includes:
 - Communicating deliberately and purposefully to avoid email fatigue;
 - Being supportive of their work and acknowledging the sacrifices being made;
 - Focusing on our enabling activities and minimizing barriers to their work;
 - Being flexible regarding professional expectations, deadlines, or other interactions with the College as appropriate; and
- The College has sought to achieve each of these goals while maintaining strong oversight and managing risks to the public.

Physician Resources

- A dedicated webpage has been developed as a resource for physicians and includes a repository of [‘frequently asked questions’](#) which are updated in response to the evolving nature of the pandemic.
- The FAQs are developed in response to issues identified by the Physician and Public Advisory Services, the Medical Advisors, key stakeholders, as well as through the media and social media. Guidance is offered on several issues including:

Registration:

- Identifying different options and conditions of registration at this time (see below for more detail on the steps that have been taken).

Virtual Care:

- Encouraging the adoption of virtual care to facilitate access and minimize risk of exposure to the virus, with links to key resources.
- Recognition that it may be appropriate to provide more care virtually than would normally be the case, given the need to support access and minimize the risk of exposure.

Prescribing:

- Prohibitions on inappropriate prescribing/stockpiling of anti-malarial, anti-viral, and other drugs that might prove beneficial to treating COVID-19.
- Guidance regarding information sharing with pharmacists to prevent COVID-19 positive patients from visiting pharmacies.
- Supporting more flexible prescribing practices of controlled drugs and substances in line with Health Canada exemptions and new guidelines from CAMH in order to promote social distancing, isolation, etc.

Reducing System Burden:

- Endorsing the Chief Medical Officer of Health's directive by encouraging physicians to minimize non-essential care or shift to virtual care.
- Reminding physicians that during an emergency they can practice outside of their scope, provided certain conditions are met, to support the system response and help facilitate access to care.
- Supporting limited exceptions to the [Physician Treatment of Self, Family, or Others Close to Them](#) policy to help relieve pressure on the system if needed.

Physician Safety:

- Recognizing that physician safety is essential to supporting the pandemic response both now and in the future, we have set out parameters to support appropriate decision-making regarding the provision of care where there is not appropriate personal protective equipment (PPE). This includes guidance for instances where patients require potentially life-saving or life-sustaining treatment and there is insufficient PPE to provide that care safely.

Patient Resources

- A dedicated webpage has been developed as a resource for patients, directing them to authoritative sources of information (e.g., Ministry of Health, Health Canada, etc.) and answering '[frequently asked questions](#)' (FAQs) that patients have.
- The FAQs are developed on the basis of issues identified by the Physician and Public Advisory Services team, incoming complaints information, or issues that are emerging in the media or on social media.
 - The FAQs address the importance of screening practices, including the need to be truthful and patient as the same questions are repeatedly asked, how to

access prescriptions when in isolation, and information about prevention and self-care. They also aim to manage expectations regarding access to care during this time.

- The patient resources also help physicians understand what questions we're hearing from patients and how we're helping to manage patient expectations during this challenging time.
- Where appropriate, relationships with various patient and family advisor networks or councils were used to leverage distribution of the patient FAQs (e.g., Citizen Advisory Group newsletter).

Ventilator Procurement and Critical Care Triage

- To support expanding ICU capacity in the province, the College coordinated with all 'out of hospital premises' to help identify the availability of ventilators not currently in use and has been working closely with the Ministry of Health and the University of Toronto to develop a plan to rollout their use should they be needed.
- Early in the pandemic, work was underway to develop a triage protocol that would enable the system to allocate scarce critical care resources in a fair and just manner should the need for these resources exceed their availability.
 - On the basis of feedback and direction from the Executive Committee, the College adopted a supportive approach in our response to this work. In particular, recognizing a triage protocol of this nature as being an essential tool that would support physicians in making extraordinary decisions should the health care system get overwhelmed.
 - As part of our work on this issue, the College collaborated with key stakeholders¹ to share perspectives, align messaging and feedback where possible, and to plan for a coordinated and supportive response should the triage protocol be implemented.
- Fortunately, all of the steps taken to limit the spread of the virus have been effective in managing the first wave of the pandemic and the health care system dramatically increased hospital capacity to the point where the demand on the system did not come close to exceeding the availability of critical care resources. As a result, the triage protocol has not yet been implemented and current data and projections suggest that the province has been able to avoid the worst-case scenario for now.

¹ This includes the Ontario Medical Association, Ontario Hospital Association, and the Canadian Medical Protective Association.

Registration, Licensure and Health Human Resources

- The College has taken extraordinary measures to support health human resourcing in the province during the pandemic. This includes:
 - Implementing a path to licensure for final year residents who have completed their exams;
 - Developing a provisional license for final year residents who have had their exams delayed, including reduced supervision requirements and waiving fees for subsequent applications; and
 - Implementing Short Duration Certificates for International Medical Graduates, recently retired, or out-of-province physicians.
- While there has been significant political appetite and media attention paid to the issue of International Medical Graduates, the College has struck a balance that ensures the standards of licensure in the province continue to be met while enabling individuals to access short-duration licenses where local demand necessitates additional resources. However, to date very few institutions have been faced with an influx of need that could not be addressed by shifting existing health human resources.
- The College also supported provincial work to identify and reallocate physician resources by providing the Ministry of Health with information regarding the registration status of the volunteers they've identified or supporting the re-registration of recently retired individuals as appropriate. College resources and communications also directed physicians to both the Ministry of Health and Ontario Medical Association's (i.e., BookJane) tools that have been created to identify and re-allocate physician resources.

Broader System Engagement

- As part of supporting broader system engagement, the College:
 - Issued a call to all health regulatory Colleges in Ontario to encourage their members to donate PPE to support the provincial collection and distribution of this scarce resource.
 - Is regularly liaising with the Minister of Health's staff and Ministry staff on various issues including personal protective equipment, critical care resources, complaints management, etc.

- Is regularly holding virtual meetings with key stakeholders to support information sharing, identify and address emerging issues, and to align strategy and messaging where possible and appropriate. This includes the Ontario College of Pharmacists, College of Nurses of Ontario, Ontario College of Family Physicians, Ontario Medical Association, Ontario Hospital Association, Ministry of Health, and others.

NEXT STEPS:

- As the pandemic evolves, the College will continue to engage in external facing strategic activities to ensure we are providing the necessary support to physicians and the broader health system. Work is already underway to help manage the resumption of non-essential services and issues that may arise in that context.
 - More information about specific College activities can also be found in the Government Relations report included in the May 2020 Council materials.
-

DISCUSSION FOR COUNCIL:

This item is for information

Contact: Fiona Hill-Hinrichs
Craig Roxborough

Date: May 8, 2020

Registrar/CEO's Report

(no materials)



Council Briefing Note

May 2020

TOPIC: President's Report: Annual Renewal Fee Process (2020)

FOR INFORMATION

ISSUE:

- Changes were made to the annual renewal fee process this year in response to the Covid-19 pandemic

BACKGROUND:

- The annual renewal for 2020 was originally scheduled to open on **April 13th, 2020** and end on **June 1st, 2020**.
- In continuing support of physicians during the Covid-19 pandemic, the Senior Leadership Team made the decision to adjust the annual renewal timeline as detailed below:

Independent Practice and Restricted Certificates:

- Annual renewal will open as originally scheduled on **April 13th**
- Extend the due date for payment of the annual renewal fee **June 30th** (instead of June 1st).
- The pay period would normally close at the beginning of August when we suspend – this period will be extended to **Thursday, September 3rd at 5 p.m.**
- Notices of Intent to Suspend will be mailed the evening of June 30th dated, **Wednesday, July 1st** (normally June 3rd or 4th).
- Regulations require a minimum 65-day notification period for Notice of Intent to Suspend (NOI). In order to align with the closing of the pay period, the NOI period will end on **Thursday, September 3rd at 5 p.m.** (Normally this is at the beginning of August).
- Suspension begins on **Friday, September 4th** at 12:01 a.m.
- The 25% penalty for late payment of the annual fee for independent and restricted certificates will be waived for the 2020 annual renewal.

- The Finance and Audit Committee reviewed the details of the plan at its April 3rd meeting and committee members were supportive of the approach.
- The details of the plan were communicated to the membership on April 14th (Appendix A) and a reminder was sent to physicians who had not yet paid on April 23rd (Appendix B)
- The issue of the annual fees was also discussed by the Executive Committee at its April 28th meeting. The preliminary numbers were shared with committee members and initial feedback from the membership indicated that the CPSO's approach was being positively received.
- The data for completed renewals is trending in a similar fashion as the past five years with some variability from week to week.
- CPSO is aware that there are some physicians who may be experiencing financial challenges; we have encouraged those physicians to contact us and let us know so that we can work with them.

CONSIDERATIONS:

- It is unclear how long the Covid-19 pandemic will last; the current annual renewal system and payment balances will need to be closed down in order to successfully launch the new enterprise management system and complete the migration by September 5th.
- CPSO is aware that some organizations that require an annual fee from physician members have made some changes to their process for 2020 in light of Covid-19, while others have not:
 - Ontario Medical Association provided a 10% reduction
 - Royal College of Physicians and Surgeons of Canada extended the due date
 - Canadian Medical Protective Association did not change their fees
- Various scenarios were considered as part of the senior leadership's decision-making process and the cumulative benefits of: the extension of the deadline, development of the payment plan, waived penalty fees and no fee increase, were determined to be a compassionate and balanced approach.
- CPSO's membership fees are very competitive with other jurisdictions across Canada being the third lowest.

- 2020 will mark the second consecutive year that CPSO has not raised fees and have instead been able to accommodate inflationary increases through efficiencies.
 - CPSO will continue to monitor the number of physicians who have paid their annual fees and who choose to take advantage of the payment plan
 - The extension of the annual fee due date did not require amendments to the Fees and Remuneration By-Law; assuming normal circumstances next year, the Fees and Remuneration By-Law provisions will apply as usual going forward.
-

Contact: Nathalie Novak, Chief Transformation Officer

Date: May 13, 2020

Attachments:

Appendix A: Communication to Physicians about Annual Renewal

Appendix B: Reminder to Physicians about Annual Renewal



Annual Renewal

Good afternoon,

We would like to inform you that the Annual Renew Process for 2020 is now open. In acknowledgment of the difficult circumstances for all physicians in Ontario due to the COVID-19 pandemic, we have extended the 2020 Annual Renewal period by one month. The deadline for renewing your membership is normally June 1, however we have pushed that deadline to June 30th at 5:00 PM EDT. We ask that all members please complete their renewal by then (*Prior invoices that display a June 1st due date may be disregarded*).

You may now access the [Member Portal](#) at any time to complete your application, for more details please check out the [Annual Membership Renewal page on our website](#).

Our team is ready to support you at any point for any reason throughout this process. If you have any questions, you can contact Physician Advisory Services at 416-967-2603 or 1-800-268-7096 ext. 603. You can also email your questions to feedback@cpso.on.ca.

The College of Physicians and Surgeons of Ontario is the licensing and regulatory body governing the practice of medicine in Ontario. The College is responsible for setting and maintaining standards, licensing physicians, investigating complaints about physicians on behalf of the public, and disciplining doctors found to have committed act(s) of professional misconduct.

For more information please visit the [CPSO website](#).



our emails. It is the responsibility of each member to make sure CPSO has your current contact information, updated within 30 days of a change, and to ensure that the organization you work for does not block CPSO emails.

College of Physicians and Surgeons of Ontario
80 College Street, Toronto, Ontario M5G 2E2



Annual Renewal

This is a friendly reminder that as of Thursday, April 23, 2020, you have not yet completed your annual renewal. To see what is outstanding, log in to the secure [Member Portal](#) and access your online information.

Once you log in, click on **Complete My Member Renewal** and you will see what information is not yet complete. There are direct links to those items. If you are unable to log in, please contact Physician Advisory Services at the number below, and we will be happy to help.

Late Fees Waived and New Payment Plan:

The College has a couple of options for those in financial hardship as a result of COVID-19. You have the option to defer your payment portion until July 30th without a late fee. However, you must complete your questionnaire portion of your renewal by **June 30th**. Your other option is to participate in the College's payment plan.

The College's payment plan was created to assist physicians who are experiencing financial hardship due to the impact COVID-19 has had on their practice.

After you have completed the questionnaire portion of the annual renewal process, [please email the Physician Advisory Service](#) to confirm that you would like to take advantage of the COVID-19 payment plan process. Once we receive your confirmation, you will be signed up to receive the email on July 1st, which will contain further information. If you do not receive the July 1st email, please let us know. Should you have any additional questions, please do not hesitate to contact the Physician Advisory Service.

The online form outlines your payment options (the first payment occurring in September). You will receive notification once your renewal has been processed, after which you will be able to print your receipt and membership card from our secure website.

Please note that once you have chosen the payment plan you wish to undertake; you cannot later make changes to this plan. You must provide valid credit card information at that time. There are no other payment options available (i.e. we cannot accept debit or cheque).

Need Help?

Please don't hesitate to call the Physician Advisory Service at 416-967-2603, Toll-Free (Canada only): 1-800-268-7096 ext. 603 or email us at feedback@cpso.on.ca.

Thank you for taking the time out of your busy schedules to renew your license. We value your dedication to providing safe, quality care for the public we serve and look forward to working together in the upcoming year.

The College of Physicians and Surgeons of Ontario is the licensing and regulatory body governing the practice of medicine in Ontario. The College is responsible for setting and maintaining standards, licensing physicians, investigating complaints about physicians on behalf of the public, and disciplining doctors found to have committed act(s) of professional misconduct.

For more information please visit the [CPSO website](#).



CPSO uses email to communicate with members about important membership and regulatory updates and works on the assumption that our members receive all of our emails. It is the responsibility of each member to make sure CPSO has your current contact information, updated within 30 days of a change, and to ensure that the organization you work for does not block CPSO emails.

College of Physicians and Surgeons of Ontario
80 College Street, Toronto, Ontario M5G 2E2

Council Motion

Motion Title: Appointment of the Auditors for 2020

Date of Meeting: May 28, 2020

It is moved by _____,

and seconded by _____, that:

The Council appoints Tinkham LLP, Chartered Accountants, as auditors to hold office until the next financial meeting of the Council.

Council Motion

Motion Title: Approval of the Audited Financial Statements for 2019

Date of Meeting: May 28, 2020

It is moved by _____,

and seconded by _____, that:

The Council approves the financial statements for the fiscal year ended December 31, 2019 as presented (a copy of which form Appendix “...” to the minutes of this meeting).

Council Briefing Note

May 2020

**TOPIC: 2019 AUDITED FINANCIAL STATEMENT &
APPOINTMENT OF THE AUDITOR FOR 2020
FOR DECISION**

ISSUE:

- Annual audited and audited financial statements for 2019
- Appointment of the Auditor for the 2020 fiscal year

BACKGROUND:

The spring meeting of Council is the Annual Financial Meeting of the College. At this meeting the external auditors present the audit report along with the audited financial statements.

As well, at this meeting, Council appoints the external auditors for the next year.

At the March 26, 2020 meeting of the Finance and Audit Committee, Mr. Mike Rooke, of Tinkham LLP Chartered Professional Accountants, reviewed the audited financial statements for the year ended December 31, 2019 for the Finance and Audit Committee.

Mr. Rooke reported that the financial statements are represented fairly and in accordance with Canadian accounting standards for not-for-profit organizations. The reports states:

“In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.”

In keeping with the direction of Council, the surplus was transferred to the Building Reserve.

The Finance and Audit Committee made the following motions:

The Finance and Audit Committee recommends to Council that the Audited Financial Statements for the year ended December 31, 2019, as presented by Tinkham LLP Chartered Professional Accountants be accepted as amended.

The Finance and Audit Committee recommends to Council that the firm of Tinkham LLP Chartered Professional Accountants be appointed as the College's auditors for the fiscal year 2020.

The auditor also stated that the College has excellent internal controls and they did not have any recommendations to improve internal controls or accounting procedures as a result of the application of their audit procedures. As well, the auditor told the Committee that the College's books were in immaculate shape.

DECISION FOR COUNCIL:

1. Does Council approve the audited financial statements for the year ended December 31, 2019 as presented?
2. Does Council approve the recommendation that the firm of Tinkham LLP Chartered Professional Accountants be reappointed as the College's auditors for the year 2020?

Contact: Mr. Peter Pielsticker, Chair, Finance and Audit Committee
Ms. Nathalie Novak, Chief Transformation Officer ext. 432
Mr. Douglas Anderson, Corporate Services Officer ext. 607
Ms. Leslee Frampton, Manager, Finance ext. 311

Date: April 22, 2020

Attachments:

Draft Audited Financial Statements for the year ended December 31, 2019

Financial statements of the

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

December 31, 2019

COUNCIL DRAFT

D C Tinkham FCPA FCA CMC LPA
P J Brocklesby CPA CA LPA
M Y Tkachenko CPA CA
M W G Rooke CPA CA LPA
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INDEPENDENT AUDITOR'S REPORT

To the Members of the
College of Physicians and Surgeons of Ontario

We have audited the accompanying financial statements of the College of Physicians and Surgeons of Ontario ("College"), which comprise the statement of financial position as at December 31, 2019 and the statements of operations and changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide basis for our opinion.

Information Other than the Financial Statements and Auditor's Report thereon

Management is responsible for the other information. The other information comprises the information included in the Annual Report of the College but does not include the financial statements and our auditor's report thereon. The Annual Report is expected to be made available to us after the date of this auditor's report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information, and in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
May 29, 2020

Licensed Public Accountants

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
Statement of Financial Position

As at December 31	2019	2018
Assets		
Current		
Cash (note 2(a))	\$ 50,087,897	\$ 40,373,089
Accounts receivable	1,260,091	402,932
Prepaid expenses	1,832,420	965,631
	53,180,408	41,741,652
Investments (note 3)	51,375,478	51,021,465
Capital assets (note 4)	9,206,810	9,603,955
	\$113,762,696	\$102,367,072
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 10,473,824	\$ 7,527,592
Current portion of obligations under capital leases (note 7)	572,095	473,926
	11,045,919	8,001,518
Deferred revenue (note 5)	32,858,647	31,281,172
	43,904,566	39,282,690
Accrued pension cost (note 6)	4,976,768	5,474,878
Obligations under capital leases (note 7)	664,349	504,542
	49,545,683	45,262,110
Net assets (note 8)		
Invested in capital assets	7,970,366	8,625,487
Building fund	56,246,647	48,479,475
Unrestricted	689,281	509,379
Pension remeasurements (note 6)	(689,281)	(509,379)
	64,217,013	57,104,962
	\$113,762,696	\$102,367,072

Commitments, contingencies and subsequent event (notes 9, 10 and 11, respectively)

Approved on behalf of the Council

See accompanying notes to the financial statements.

2

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Statement of Operations and Changes in Net Assets

Year ended December 31	2019	2018 (note 13)
Revenue		
Membership fees		
General and educational (note 5)	\$ 65,695,176	\$ 62,520,587
Penalty fee	178,723	336,705
	65,873,899	62,857,292
Application fees	8,699,775	8,407,339
OHPIP annual and assessment fees (note 5)	808,331	1,454,792
IHF annual and assessment fees (note 5)	891,207	1,033,582
OHPIP, IHF application fees and penalties	53,985	65,131
Cost recoveries and other income	2,529,529	2,342,916
Interest income	1,219,884	892,534
	80,076,610	77,053,586
Expenses		
Committee costs (schedule I)	11,900,411	14,528,149
Staffing costs (schedule II)	49,427,463	46,235,432
Department costs (schedule III)	10,197,032	7,554,364
Depreciation of capital assets	1,224,169	1,216,936
Occupancy (schedule IV)	2,832,618	2,258,569
	75,581,693	71,793,450
Excess of revenue over expenses before undernoted items	4,494,917	5,260,136
Investment income	2,797,036	732,493
Excess of revenue over expenses for the year	7,291,953	5,992,629
Net assets, beginning of year	57,104,962	51,004,350
Actuarial remeasurement for pension (note 6)	(179,902)	107,983
Net assets, end of year	\$ 64,217,013	\$ 57,104,962

See accompanying notes to the financial statements.

3

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Statement of Cash Flows

Year ended December 31	2019	2018
Cash flows from operating activities:		
Excess of revenue over expenses for the year	\$ 7,291,953	\$ 5,992,629
Depreciation of capital assets	1,224,169	1,216,936
	8,516,122	7,209,565
Net change in non-cash working capital items:		
Accounts receivable	(857,159)	32,303
Prepaid expenses	(866,789)	(188,171)
Accrued interest receivable	(354,013)	(134,977)
Accounts payable and accrued liabilities	2,946,232	1,229,967
Administered programme	-	65,729
Deferred revenue	1,577,475	2,347,200
Pension cost	(678,012)	(104,804)
Cash provided by operating activities	10,283,856	10,456,812
Cash flows used by investing activities:		
Purchase of capital assets	(7,806)	(163,077)
Cash flows used by financing activities:		
Payment of capital lease obligations	(561,242)	(508,293)
Net increase in cash	9,714,808	9,785,442
Cash, beginning of year	40,373,089	30,587,647
Cash, end of year	\$ 50,087,897	\$ 40,373,089

See accompanying notes to the financial statements.

4

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2019

1 Organization

College of Physicians and Surgeons of Ontario ("College") was incorporated without share capital as a not-for-profit organization under the laws of Ontario for the purpose of regulating the practice of medicine to protect and serve the public interest. Its authority under provincial law is set out in the Regulated Health Professions Act (RHPA), the Health Professions Procedural Code under RHPA and the Medicine Act.

The College is exempt from income taxes.

2 Significant accounting policies

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

(a) Cash

Cash includes cash deposits held in an interest bearing account at a major financial institution.

(b) Investments

Guaranteed investment certificates are carried at amortized cost.

(c) Capital assets

The cost of a capital asset includes its purchase price and any directly attributable cost of preparing the asset for its intended use.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. As at December 31, 2019, no such impairment exists.

Amortization is provided for on a straight-line basis over their estimated lives as follows:

Building	10 - 25 years	Computer and other equipment	3 - 5 years
Furniture and fixtures	10 years	Computer equipment under capital lease	2 - 4 years

(d) Pension plan

The College recognizes its defined benefit obligations as the employees render services giving them right to earn the pension benefit. The defined benefit obligation at the statement of financial position date is determined using the most recent actuarial valuation report prepared for funding purposes. The measurement date of the plan assets and the defined benefit obligation is the College's statement of financial position date.

In its year-end statement of financial position, the College recognizes the defined benefit obligation, less the fair value of plan assets, adjusted for any valuation allowance in the case of a net defined benefit asset. The plan cost for the year is recognized in the excess of revenues over expenses for the year. Past service costs resulting from changes in the plan are recognized immediately in the excess of revenue over expenses for the year at the date of the changes.

Remeasurements and other items comprise the aggregate of the following: the difference between the actual return on plan assets and the return calculated using the discount rate; actuarial gains and losses; the effect of any valuation allowance in the case of a net defined pension asset; past service costs; and gains and losses arising from settlements or curtailments. Remeasurements are recognized as a direct charge (credit) to net assets.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2019

2 Significant accounting policies continued

(e) Revenue recognition

(i) Members' fees and application fees

These fees are set annually by Council and are recognized as revenue proportionately over the fiscal year to which they relate. Fees received in advance are recorded as deferred revenue.

(ii) Independent Health Facility (IHF) and Out of Hospital Premises Inspection Program (OHPIP) fees

IHF and OHPIP annual and assessment fees are recognized at the same rate as the related costs are expensed.

(iii) Cost recoveries

Cost recoveries are recognized at the same rate as the related costs are expensed.

(iv) Other income

Other income is recognized as the services are provided, the amount is known and collection is reasonably assured.

(v) Interest and investment income

Interest income is comprised of interest on cash deposits held in an interest bearing account at a major financial institution. Investment income is comprised of income on guaranteed investment certificates.

Interest and investment income are recognized when earned. Income on guaranteed growth investment certificates is determined at maturity based on the percentage change in price of an equally weighted portfolio of five Canadian bank's shares. Interest is accrued at the minimum guaranteed rates.

(f) Financial instruments

(i) Measurement

The College initially measures its financial assets and financial liabilities at fair value, adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

The College subsequently measures its financial assets and liabilities at amortized cost. Transaction costs are recognized in income in the period incurred.

(ii) Impairment

At the end of each reporting period, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset.

(g) Management estimates

In preparing the College's financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the period. Actual results may differ from these estimates, the impact of which would be recorded in future periods. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

(h) Net assets invested in capital assets

Net assets invested in capital assets comprises the net book value of the capital assets less the related obligations under capital leases.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2019

3 Investments

As at December 31	2019	2018
Guaranteed Investment Certificates (GIC)		
National Bank, 2.01%, due December 22, 2020	\$ 10,000,000	\$ 10,000,000
Manulife Bank, 2.20%, due November 16, 2020	10,000,000	10,000,000
BMO, 3.17%, due November 16, 2020	10,000,000	10,000,000
CIBC, 2.40%, due November 16, 2020	10,000,000	-
CIBC, guaranteed growth, minimum 0.60% annual return, due November 13, 2020	10,000,000	10,000,000
CIBC, guaranteed growth, minimum 0.50% annual return, due November 13, 2019	-	10,000,000
Accrued interest	1,375,478	1,021,465
	\$ 51,375,478	\$ 51,021,465

4 Capital assets

As at December 31	2019		2018	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 2,142,903	\$ -	\$ 2,142,903	\$ -
Building and building improvements	20,834,320	15,639,748	20,834,320	15,140,020
Furniture and fixtures	4,483,078	3,861,951	4,483,078	3,702,872
Computer and other equipment	1,282,395	1,270,631	1,274,589	1,266,510
Computer equipment under capital lease	3,410,753	2,174,309	2,591,536	1,613,069
	\$ 32,153,449	\$ 22,946,639	\$ 31,326,426	\$ 21,722,471
Net book value		\$ 9,206,810		\$ 9,603,955

5 Deferred revenue

Deferred revenue consists of membership fees received in advance for the next year as well as unearned fees related to the Independent Health Facility program (IHF) and Out of Hospital Premises Inspection Program (OHPIP). The change in the deferred revenue accounts for the year is as follows:

	Membership Fees	IHF	OHPIP	2019 Total	2018 Total
Balance, beginning of year	\$ 27,742,335	\$ 2,726,331	\$ 812,506	\$ 31,281,172	\$ 28,933,972
Amounts billed during the year	66,324,953	1,421,251	1,225,985	68,972,189	67,356,161
Less: Recognized as revenue	(65,695,176)	(891,207)	(808,331)	(67,394,714)	(65,008,961)
Balance, end of year	\$ 28,372,112	\$ 3,256,375	\$ 1,230,160	\$ 32,858,647	\$ 31,281,172

The IHF and OHPIP Programs are budgeted and billed on a cost recovery basis.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2019

6 Employee future benefits

(a) Pension plan

(i) Plan description

The College maintains a defined contribution pension plan for the benefit of its employees.

On September 30, 2019 the Employees' Retirement Savings Plan for the College of Physicians and Surgeons of Ontario was terminated. Effective October 1, 2019 the College established the CPSO Retirement Savings Plan 2019, a new defined contribution pension plan.

Employees who were eligible to participate in the Employees' Retirement Savings Plan for the College of Physicians and Surgeons of Ontario had the option to join the CPSO Retirement Savings Plan 2019 or join the Healthcare of Ontario Pension Plan ("HOOPP"). Employees of the College hired after August 30, 2019 are required to join HOOPP.

The College also sponsors a supplementary defined contribution retirement plan for employees of the College in order to supplement the pension benefits payable to employees which are subject to the maximum contribution limitations under the Income Tax Act (Canada).

In addition, the College maintains a closed (1998) defined benefit pension plan for certain designated former employees. The retirement benefits of these designated employees are provided firstly through a funded plan and secondly through an unfunded supplementary plan.

(ii) Reconciliation of funded status of the defined benefit pension plan to the amount recorded in the statement of financial position

Defined Benefit Plan	Funded Plan	Unfunded Plan	2019 Total	2018 Total
Plan assets at fair value	\$ 2,951,102	\$ -	\$ 2,951,102	\$ 2,417,973
Accrued pension obligations	(3,708,356)	(4,219,514)	(7,927,870)	(7,892,851)
Funded status - deficit	\$ (757,254)	\$ (4,219,514)	\$ (4,976,768)	\$ (5,474,878)

(iii) Pension plan assets

Defined Benefit Plan	Funded Plan	Unfunded Plan	2019 Total	2018 Total
Fair value, beginning of year	\$ 2,417,973	\$ -	\$ 2,417,973	\$ 2,742,860
Interest income	90,674	-	90,674	90,514
Return on plan assets (excluding interest)	164,438	-	164,438	(90,707)
Employer contributions	595,331	287,989	883,320	292,498
Benefits paid	(317,314)	(287,989)	(605,303)	(617,192)
Fair value, end of year	\$ 2,951,102	\$ -	\$ 2,951,102	\$ 2,417,973

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2019

6 Employee future benefits (continued)

(a) Pension plan (continued)

(iv) Accrued pension obligations

Defined Benefit Plan	Funded Plan	Unfunded Plan	2019 Total	2018 Total
Balance, beginning of year	\$ 3,724,765	\$ 4,168,086	\$ 7,892,851	\$ 8,430,525
Interest cost on accrued pension obligations	139,679	156,303	295,982	278,208
Benefits paid	(317,314)	(287,989)	(605,303)	(617,192)
Actuarial (gains) losses	161,226	183,114	344,340	(198,690)
	\$ 3,708,356	\$ 4,219,514	\$ 7,927,870	\$ 7,892,851

The most recent actuarial valuation of the pension plan for funding purposes was made effective December 31, 2018. The next required actuarial valuation for funding purposes must be as of a date no later than December 31, 2021.

(v) The net expense for the College's pension plans is as follows:

	2019	2018
Funded defined benefit plan	\$ 49,005	\$ 40,840
Unfunded supplementary defined benefit plan	156,303	146,854
Defined contribution plan	2,857,903	3,224,756
Healthcare of Ontario Pension Plan	854,500	-
	\$ 3,917,711	\$ 3,412,450

(vi) The elements of the defined benefit pension expense recognized in the year are as follows:

Defined Benefit Plan	Funded Plan	Unfunded Plan	2019 Total	2018 Total
Interest cost on accrued pension obligations	\$ 139,679	\$ 156,303	\$ 295,982	\$ 278,208
Interest income on pension assets	(90,674)	-	(90,674)	(90,514)
Pension expense recognized	\$ 49,005	\$ 156,303	\$ 205,308	\$ 187,694

(vii) Remeasurements and other items recognized as a direct charge (credit) to net assets are as follows:

Defined Benefit Plan	Funded Plan	Unfunded Plan	2019 Total	2018 Total
Actuarial (gain) losses	\$ 161,226	\$ 183,114	\$ 344,340	\$ (198,690)
Return on plan assets (excluding interest)	(164,438)	-	(164,438)	90,707
Charge (credit) to net assets	\$ (3,212)	\$ 183,114	\$ 179,902	\$ (107,983)

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2019

6 Employee future benefits (continued)

(a) Pension plan (continued)

(viii) Actuarial assumptions

The significant actuarial assumptions adopted in measuring the accrued pension obligations as at December 31 are as follows:

	2019	2018
Discount rate	3.00 %	3.75 %

(b) Restructuring benefits

The College restructured its affairs during the year for the purpose of achieving long-term savings, which resulted in severance benefits to employees in the amount of \$4,195,252 (2018 - \$856,073), which has been included in staffing costs.

7 Obligations under capital leases

The College has entered into capital leases for computer equipment. The following is a schedule of the future minimum lease payments over the term of the leases:

2020	\$ 572,095
2021	416,629
2022	227,706
2023	20,014
	<u>1,236,444</u>
Less: current portion	<u>572,095</u>
	<u>\$ 664,349</u>

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2019

8 Net assets

2019	Invested in Capital Assets	Building Fund	Unrestricted	Pension Re- measurement	Total
Balance, January 1	\$ 8,625,487	\$ 48,479,475	\$ 509,379	\$ (509,379)	\$ 57,104,962
Excess (deficiency) of revenue over expenses for the year	(655,121)	2,797,036	5,150,038	-	7,291,953
Actuarial remeasurement for pensions	-	-	-	(179,902)	(179,902)
Transfers	-	4,970,136	(4,970,136)	-	-
Balance, December 31	\$ 7,970,366	\$ 56,246,647	\$ 689,281	\$ (689,281)	\$ 64,217,013
2018	Invested in Capital Assets	Building Fund	Unrestricted Net Assets	Pension Re- measurement	Total
Balance, January 1	\$ 9,171,053	\$ 41,833,297	\$ 617,362	\$ (617,362)	\$ 51,004,350
Excess (deficiency) of revenue over expenses for the year	(545,566)	732,493	5,805,702	-	5,992,629
Actuarial remeasurement for pensions	-	-	-	107,983	107,983
Transfers	-	5,913,685	(5,913,685)	-	-
Balance, December 31	\$ 8,625,487	\$ 48,479,475	\$ 509,379	\$ (509,379)	\$ 57,104,962

The College has transferred \$4,970,136 (2018 - \$5,913,685) to the building fund from unrestricted net assets.

Net assets invested in capital assets is calculated as follows:

As at December 31	2019	2018
Net book value of capital assets	\$ 9,206,810	\$ 9,603,955
Less: obligations under capital leases	(1,236,444)	(978,468)
	\$ 7,970,366	\$ 8,625,487

9 Commitments

The College has a lease for additional office space which extends to December 31, 2021 with two options to renew for additional five year terms subsequent. Minimum payments for base rent and estimated maintenance, taxes and insurance in aggregate and for each year of the current term are estimated as follows:

2020	\$ 737,061
2021	<u>745,555</u>
Total	<u>\$ 1,482,616</u>

10 Contingencies

The College has been named as a defendant in lawsuits with respect to certain of its members or former members. The College denies any liability with respect to these actions and no amounts have been accrued in the financial statements. Should the College be unsuccessful in defending these claims, it is not anticipated that they will exceed the limits of the College's liability insurance coverage.

11 Subsequent event

Governments have enacted emergency legislation in response to declaration that COVID-19 is a pandemic causing business disruption and economic slowdown. The duration and impact of the COVID-19 outbreak is unknown at this time. It is not possible to reliably estimate the financial impact of the COVID-19 pandemic on the results of operations and financial condition of the College in future periods. College management has implemented a plan to maintain operations and has adequate liquidity to continue to discharge its mandate.

12 Financial instruments

General objectives, policies and processes

Council has overall responsibility for the determination of the College's risk management objectives and policies.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash, accounts receivable and investments.

Accounts receivable are generally unsecured. This risk is mitigated by the College's requirement for members to pay their fees in order to renew their annual license to practice medicine. The College also has collection policies in place.

Credit risk associated with cash and investments is mitigated by ensuring that these assets are invested in financial obligations of major financial institutions.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows and holding assets that can be readily converted into cash, so as to meet all cash outflow obligations as they fall due.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and equity risk.

(i) Currency risk

Currency risk reflects the risk that the College's earnings will vary due to the fluctuations in foreign currency exchange rates. The College is not exposed to foreign exchange risk.

(ii) Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the College to interest rate risk arises from its interest bearing investments and cash. The primary objective of the College with respect to its fixed income investments ensures the security of principal amounts invested, provides for a high degree of liquidity, and achieves a satisfactory investment return giving consideration to risk. The College has mitigated exposure to interest rate risk.

(iii) Equity risk

Equity risk is the uncertainty associated with the valuation of assets arising from changes in equity markets. The College is not exposed to this risk.

Changes in risk

There have been no significant changes in risk exposures from the prior year.

13 Comparative figures

Certain comparative figures have been reclassified to conform to the presentation adopted in the current year.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**Schedule I****Committee Costs**

Year ended December 31	2019	2018
Attendance	\$ 3,041,776	\$ 3,659,301
Preparation time	2,724,868	2,916,341
Decision writing	816,482	1,049,257
Expert opinions	847,425	1,293,652
Assessors	540,090	481,861
Travel time	1,149,135	1,717,261
HST on per diems	532,614	663,676
Legal costs	981,253	1,083,157
Audit fees	62,498	55,597
Sustenance	227,118	368,398
Accommodations	311,956	439,965
Travel expenses	619,754	774,788
Witness expenses	45,442	24,895
	\$ 11,900,411	\$ 14,528,149

Schedule II**Staffing Costs**

Year ended December 31	2019	2018
Salaries	\$ 38,762,403	\$ 36,796,000
Employee benefits	5,498,703	4,909,647
Pension (note 6)	3,917,711	3,412,450
Training, conferences and employee engagement	864,169	760,356
Personnel, placement and pension consultants	384,477	356,979
	\$ 49,427,463	\$ 46,235,432

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**Schedule III****Department Costs**

Year ended December 31	2019	2018
Consultant fees	\$ 3,909,288	\$ 1,166,055
Credit card service charges	1,521,195	1,513,182
Software	875,862	366,598
Equipment leasing	65,674	28,664
Equipment maintenance	15,089	36,431
Miscellaneous	493,799	439,768
Photocopying	285,769	362,798
Printing	8,537	4,492
Postage	206,983	257,853
Members dialogue	388,540	340,363
Courier	31,978	41,293
Telephone	273,750	320,172
Office supplies	246,693	292,339
Reporting and transcripts	312,036	326,489
Professional fees - staff	139,961	107,170
FMRAC membership fee	445,616	433,900
Publications and subscriptions	206,111	181,367
Travel	238,765	328,594
Survivors' Fund	391,089	952,836
Grants	140,297	54,000
	\$ 10,197,032	\$ 7,554,364

**Schedule IV
Occupancy**

Year ended December 31	2019	2018
Building maintenance and repairs	\$ 1,243,562	\$ 760,937
Insurance	545,263	514,556
Realty taxes	102,593	94,302
Utilities	213,845	208,657
Rent	727,355	680,117
	\$ 2,832,618	\$ 2,258,569

Council Motion

**Motion Title: By-law Amendments to Reflect New CPSO System Processes
(By-law No. 136)**

Date of Meeting: May 28, 2020

It is moved by _____,

and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 136:

By-law No. 136

(1) Subsection 51(3.1) of the General By-law is revoked and the following is substituted:

- 3.1** (a) In this section “premises” and “procedure” have the definitions that are set out in s.44(1) of Ontario Regulation 114/94 made under the *Medicine Act 1991*;
- (b) Every member who performs a procedure in a premises subject to inspection under Part XI of Ontario Regulation 114/94 shall report to the College, in writing or electronically as specified by the College, within 24 hours of learning of any of the following events:
- (i) Death within the premises;
 - (ii) Death within 10 (ten) days of a procedure performed at the

- premises;
- (iii) Any procedure performed on wrong patient, site, or side; or
- (iv) Transfer of a patient from the premises directly to a hospital for care.

- (c) In addition to reporting the event, the member shall provide all information underlying the event to the College in writing or electronically as specified by the College and in an Adverse Events Reporting form approved by the College.

(2) Section 51b of the General By-law is revoked and the following is substituted:

51b. Every health profession corporation that holds a certificate of authorization from the College shall provide the Registrar with notice, in writing or electronically as specified by the College, of any change in the shareholders of such corporation, who are members of the College, within fifteen (15) days following the occurrence of such change. The notification shall include the identity of the shareholder who has ceased to be a shareholder, and the identity of any new shareholder(s), and the date upon which such a change occurred. The notification shall be signed by a director of the health profession corporation. The notification may be sent (i) electronically as specified by the College, or (ii) in printed form by regular mail, courier or personal delivery addressed to the Registrar, in care of the Registration Department of the College, re: Notice of Shareholder Change. The Registrar may from time to time approve one or more standard forms (printed and/or electronic) for the purposes of providing the notice required by this section and where any such form has been approved, the notice shall be submitted in the applicable approved form.

(3) Subsection 53(1) of the General By-law is revoked and the following is substituted:

Expiry and Renewal of Emeritus Status

53. (1) The registrar shall provide an application for renewal to each person with emeritus status and each life member at the person's last known address or e-mail address before April 15 in each year, together with notification that the

person's emeritus status or life membership will expire unless the completed application for renewal is received by the registrar by the following May 31.

Council Motion

**Motion Title: By-law Amendments to Reflect New CPSO System Processes
(By-law No. 137)**

Date of Meeting: May 28, 2020

It is moved by _____,

and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 137, after circulation to stakeholders:

By-law No. 137

(1) Subsection 51(3) of By-law No. 1 (the General By-law) is revoked and the following is substituted:

(3) The College may from time to time request information from its members. In response to each such request, each member shall accurately and fully provide the College with the information requested using the Member Portal (as defined in subsection 51(8)), or such other form or method specified by the College, by the due date set by the College. A request for member information may include (but is not limited to) the following:

- (a) his or her home address;
- (b) an e-mail address for communications from the College and the address of all locations at which the member practices medicine;

- (c) a description or confirmation of the services and clinical activities provided at all locations at which the member engages in medical practice;
- (d) the names, business addresses and telephone numbers of the member's associates and partners;
- (e) information required to be maintained on the register of the College;
- (f) information respecting the member's participation in continuing professional development and other professional training;
- (g) the types of privileges held at each hospital at which a member holds privileges;
- (h) information that relates to the professional characteristics and activities of the member that may assist the College in carrying out its objects, including but not limited to:
 - (i) information that relates to the member's health;
 - (ii) information about actions taken by other regulatory authorities and hospitals in respect of the member;
 - (iii) information related to civil lawsuits involving the member;
 - (iv) information relating to criminal arrest(s) and charge(s); and
 - (v) information relating to offences.
- (i) information for the purposes of compiling statistical information to assist the College in fulfilling its objects.

(2) Subsection 51(7) of By-law No. 1 (the General By-law) is revoked and the following is substituted:

(7) Upon request of the College, a member shall provide to the College, in writing or electronically as specified by the College, acceptable documentation confirming completion of continuing professional development programs in which the member has participated during a specified period of time.

(3) The following is added as Subsection 51(8) of By-law No. 1 (the General By-law):

(8) Where the College specifies, or these By-laws require or permit, that a member provide or submit to the College a notice, information, declaration or other documentation electronically, the term “electronically” includes (but is not limited to, unless the College specifies otherwise) the College’s electronic member portal system (the “**Member Portal**”).

Explanatory Note: This proposed by-law needs to be circulated to the profession.

Council Motion

**Motion Title: By-law Amendments to Reflect New CPSO System Processes
(By-law No. 138)**

Date of Meeting: May 28, 2020

It is moved by _____,

and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 138, after circulation to stakeholders:

By-law No. 138

(1) Section 13 of By-law No. 2 (the Fees and Remuneration By-law) is revoked and the following is substituted:

FAILURE TO PROVIDE INFORMATION

13. The College may charge a member a fee of \$50 for each notice it sends to the member for his or her failure to provide by the due date or, where there is no due date specified, within 30 days of a College written or electronic request in a form approved by the Registrar, any information that the College is required or authorized to request and receive from the member.

Explanatory Note: This proposed by-law needs to be circulated to the profession.

Council Briefing Note

May 2020

TOPIC: By-Law Amendments to Reflect New System Processes

FOR DECISION

ISSUE:

- By-law amendments are needed to reflect new processes to be implemented in CPSO's new enterprise system (SOLIS) for certain communications with members.

BACKGROUND:

- SOLIS, the CPSO enterprise system, is being designed to direct more communications (including some notices) between CPSO and members via the member portal that to date have been communicated via other means, such as email and regular mail. The first phase of SOLIS will be implemented in early September 2020.
- The new portal will be a secure channel for communication with the College. It will enable the College to track the following:
 - all communications to/from the applicant or member (including any attachments);
 - date/time that communications are sent; and
 - when the applicant/member has read the portal message via time stamp.
- The By-laws permit certain communications to be conducted electronically. However, the By-laws do not permit electronic communications for certain processes.

CONSIDERATIONS:

- By-law amendments are required to allow electronic communications for certain processes under SOLIS, in particular: notices by members to CPSO of change of

shareholders of health profession corporations, and notices to members by CPSO of emeritus status renewal.

- By-law amendments are suggested to clarify the use of the member portal for communications more generally.
- All of the proposed by-law amendments are shown, with the amendments tracked, in Appendix A.

NEXT STEPS:

- The By-law amendments in the proposed By-law No. 136 do not need to be circulated to the profession prior to final approval by Council.
- The By-law amendments in the proposed By-law No. 137 and By-law No. 138 have to be circulated to the profession for at least 60 days, and returned to Council in September for final approval.

DECISION FOR COUNCIL:

1. Does Council approve the amendments to the General By-law in By-law No. 136?
2. Does Council recommend that the proposed amendments to the General By-law in By-law No. 137 and the proposed amendments to the Fees and Remuneration By-law No. 2 in By-law No. 138 be circulated to the profession?

Contact: Nathalie Novak, Ext. 432
Marcia Cooper, Ext. 546

Date: May 6, 2020

Attachments:

Appendix A: Proposed Amendments to the By-laws

Appendix A

General By-Law

Notification Required by Members

51. (1) A member shall notify the College in writing or electronically as specified by the College of,

- (a) the member's preferred addresses (both mailing and e-mail) for communications from the College;
- (b) the address and telephone number of the member's principal place of practice;
- (c) the identity of each hospital and health facility in Ontario where the member has professional privileges;
- (d) *[repealed: December 2018]*; and
- (e) any changes in the member's name since his or her undergraduate medical training that is used or will be used in the member's practice.

(2) If there is a change in the information provided under subsection (1), the member shall notify the College in writing or electronically as specified by the College of the change within thirty days of the effective date of the change.

(3) The College may ~~forward to its members~~ from time to time request ~~s for~~ information from its members in a printed or electronic form approved by the Registrar. In response to each such request, each member shall accurately and fully provide the College with the information requested using the Member Portal (as defined in subsection 51(8)), or such other form or method specified by the College complete and return such form, electronically or otherwise as specified by the College, by the due date set by the College. A request for member information may include (but is not limited to) the following:

- (a) his or her home address;
- (b) an e-mail address for communications from the College and the address of all locations at which the member practises medicine;
- (c) a description or confirmation of the services and clinical activities provided at all locations at which the member engages in medical practice;
- (d) the names, business addresses and telephone numbers of the member's associates and partners.
- (e) information required to be maintained on the register of the College;
- (f) information respecting the member's participation in continuing professional development and other professional training;
- (g) the types of privileges held at each hospital at which a member holds privileges;

- (h) information that relates to the professional characteristics and activities of the member that may assist the College in carrying out its objects, including but not limited to:
 - (i) information that relates to the member's health;
 - (ii) information about actions taken by other regulatory authorities and hospitals in respect of the member;
 - (iii) information related to civil lawsuits involving the member;
 - (iv) information relating to criminal arrest(s) and charge(s); and
 - (v) information relating to offences.
 - (i) information for the purposes of compiling statistical information to assist the College in fulfilling its objects.
- (3.1) (a) In this section "premises" and "procedure" have the definitions that are set out in s.44(1) of Ontario Regulation 114/94 made under the *Medicine Act 1991*;
- (b) Every member who performs a procedure in a premises subject to inspection under Part XI of Ontario Regulation 114/94 shall report to the College, in writing or electronically as specified by the College, within 24 hours of learning of any of the following events:
- (i) Death within the premises;
 - (ii) Death within 10 (ten) days of a procedure performed at the premises;
 - (iii) Any procedure performed on wrong patient, site, or side; or
 - (iv) Transfer of a patient from the premises directly to a hospital for care.
- (c) In addition to reporting the event, the member shall provide all information underlying the event to the College in writing or electronically as specified by the College and in an Adverse Events Reporting form approved by the College.
- (4) When applying for a certificate of registration or a renewal of a certificate of registration, an applicant must sign a declaration that he or she complies with section 50.2 of the by-law.
- (5) A member must have available at his or her office, in written or electronic form, for inspection by the College, evidence that he or she complies with section 50.2, or may have the provider of the protection under s. 50.2 provide regular updates to the College confirming compliance with s. 50.2.
- (6) Section 50.2 and subsection (4) do not apply to:
- (a) a member who provides written evidence, satisfactory to the College, that s/he is not providing any medical service in Ontario to any person;

- (b) a person who holds emeritus status or who is designated as a life member under s. 43 of O. Reg. 577/75; or
- (c) a member who provides written evidence, satisfactory to the College, from his or her employer that:
 - (i) the licensed member is only providing medical service to other employees of the employer, and not to any members of the public, and
 - (ii) any professional liability claim made against the licensed member will be covered by the employer or the employer's insurer.

(7) Upon request of the College, a member shall provide to the College, in writing or electronically as specified by the College, acceptable documentation confirming completion of continuing professional development programs in which the member has participated during a specified period of time.

(8) Where the College specifies, or these By-laws require or permit, that a member provide or submit to the College a notice, information, declaration or other documentation electronically, the term "electronically" includes (but is not limited to, unless the College specifies otherwise) the College's electronic member portal system (the "Member Portal").

51b. Every health profession corporation that holds a certificate of authorization from the College shall provide the Registrar with notice, in writing or electronically as specified by the College, of any change in the shareholders of such corporation, who are members of the College, within fifteen (15) days following the occurrence of such change. The notification shall include the identity of the shareholder who has ceased to be a shareholder, and the identity of any new shareholder(s), and the date upon which such a change occurred. ~~The notice shall be addressed to the Registrar, in care of the Registration Department of the College, re: Notice of Shareholder Change.~~ The notification shall be signed by a director of the health profession corporation. The notification may be sent (i) electronically as specified by the College, or (ii) in printed form by regular mail, ~~fax,~~ courier or personal delivery, addressed to the Registrar, in care of the Registration Department of the College, re: Notice of Shareholder Change., but may not be sent by electronic mail. The Registrar may from time to time approve one or more standard forms (printed and/or electronic) for the purposes of providing the notice required by this section and where any such form has been approved, the notice shall be submitted in the applicable approved form.

Expiry and Renewal of Emeritus Status

53. (1) The registrar shall provide mail an application for renewal to each person with emeritus status and each life member at the person's last known address or e-mail address before April 15 in each year, together with notification that the person's emeritus status or life membership will expire unless the completed application for renewal is received by the registrar by the following May 31.

(2) An emeritus status and a life membership expire unless the member's completed application for renewal is received by May 31 of each year.

(3) The registrar shall, and the registration committee may, renew the emeritus status of a person whose emeritus status has expired on the same basis as the registrar or the registration committee may grant emeritus status under section 52.

(4) A life membership which expires may not be renewed, but a life member whose membership has expired is entitled to emeritus status.

Fee and Remuneration By-Law

FAILURE TO PROVIDE INFORMATION

13. The College may charge a member a fee of \$50 for each notice it sends to the member for his or her failure to provide by the due date or, where there is no due date specified, within 30 days of a College written or electronic request in a form approved by the Registrar, any information that the College is required or authorized to request and receive from the member.

Council Motion

Motion Title: **In-Camera Motion**

Date of Meeting: **May 28, 2020**

It is moved by _____

and seconded by _____ that:

The Council exclude the public from the part of the meeting immediately after this motion is passed, under clause 7(2)(d) of the Health Professions Procedural Code.

Council Motion

Motion Title: Committee Requests for Exceptional Circumstances

Date of Meeting: May 28, 2020

It is moved by _____,

and seconded by _____, that:

Council approves, in principle, that the exceptional circumstances clause in Section 37(8) of the General By-law be applied in respect of the following members of the Committees listed below when their appointments expire at the Annual General Meeting of Council in December 2020:

Inquiries, Complaints and Reports Committee:

- Dr. Stephen Whittaker
- Dr. Anil Chopra
- Dr. Haig Basmajian
- Dr. Robert Hollenberg

Registration Committee:

- Dr. Bob Byrick
- Dr. Barbara Lent

Discipline Committee:

- Dr. Pamela Chart
- Dr. Melinda Davie
- Dr. Robert Sheppard
- Dr. Eric Stanton
- Dr. Dennis Pitt
- Dr. Steven Bodley

Fitness to Practise Committee:

- Dr. Steven Bodley

Council Briefing Note

May 2020

TOPIC: Committee Requests for Exceptional Circumstances

FOR DECISION

ISSUE:

- Council is asked to approve, in principle, that the exceptional circumstances clause in Section 37(8) of the General By-Law be applied to 13 Committee members when their appointment term ends at the Annual General Meeting of Council in December 2020.

BACKGROUND:

- In September 2019, Council approved the introduction of term limits to Committees to reflect good governance practices.
- The General By-Law specifies that a person is not eligible for appointment to a Committee if the person has been a member of that Committee for a total of nine years or more, whether consecutively or non-consecutively.
- Furthermore, a person is not eligible for appointment to a Committee if the member has been a Council member or a member of any one or more Committees for a total of 18 years or more, whether consecutively or non-consecutively.
- To ensure that Committees and Council are not destabilized by the changes, Council approved a provision to allow a particular member's appointment to exceed applicable term limits.
- Reasons where a Committee may request to use the provision include but are not limited to:

- a member is very experienced compared to other Committee members and is critical to maintaining stability and promoting effective functioning of the Committee;
- a member's expertise is proving difficult to replace; and
- a member requires leave for a sudden illness or very unexpected personal reasons.

CURRENT STATUS:

- Committee Chairs/Co-Chairs submitted 13 requests for Exceptional Circumstances to the Governance Committee.
- Both the Governance and Executive Committees have extensively reviewed each request considering the rationale that Chairs have provided for each Committee member.
- The predominant rationale has been to maintain stability and promoting effective functioning of the Committee through training and mentorship of existing and newer Committee members.
- As this is the first year of using the Exceptional Circumstances provision, the Governance Committee recommends that any requests that are approved be for one year at a time (i.e. until December 2021).

DECISION FOR COUNCIL:

Does Council approve, in principle, that the exceptional circumstances clause in Section 37(8) of the General By-law be applied in respect of the following members of the Committees listed below when their appointments expire at the Annual General Meeting of Council in December 2020?

Inquiries, Complaints and Reports Committee:

- Dr. Stephen Whittaker
- Dr. Anil Chopra
- Dr. Haig Basmajian
- Dr. Robert Hollenberg

Registration Committee:

- Dr. Bob Byrick
- Dr. Barbara Lent

Discipline Committee:

- Dr. Pamela Chart
- Dr. Melinda Davie
- Dr. Robert Sheppard
- Dr. Eric Stanton
- Dr. Dennis Pitt
- Dr. Steven Bodley

Fitness to Practise Committee:

- Dr. Steven Bodley

Contact: Dr. Peeter Poldre, Chair, Governance Committee
Laurie Cabanas, ext. 503
Suzanne Mascarenhas, ext. 843

Date: May 5, 2020

Council Motion

Motion Title: Council Election Dates for September 2020

Date of Meeting: May 28, 2020

It is moved by _____,

and seconded by _____, that:

the Council approves the 2020 district election date set out below:

Districts 5 and 10: September 29, 2020

Council Briefing Note

May 2020

TOPIC: Council Elections

FOR DECISION

ISSUE:

- Following Executive Committee's decision to postpone the Council Elections for Districts 5 and 10 due to the pandemic emergency, Council is being asked to establish new dates in September for the 2020 Council Elections.

BACKGROUND:

- Council had originally set June 9, 2020 as the date for 2020 Council Elections for Districts 5 and 10 in accordance with the General By-law (voting period May 19 to June 9, 2020).
- Recognizing that physicians across the province would be focusing their efforts on managing the pandemic, the Executive Committee made a decision to postpone the Council Elections for Districts 5 and 10 until September 2020.
- Council is not being asked to amend the General By-law in this regard, but rather postpone the date for 2020 due to the pandemic situation. There would be no change at this time to the dates set for Council elections in subsequent years.

CONSIDERATIONS:

- This is the first time that the dates for Council Elections have been moved. Staff considered potential dates and recommends setting the election date as September 29, 2020, meaning that voting would begin on September 8, 2020.

- The nomination deadline has been extended from April 21, 2020 to August to enable additional time for physicians to consider running and submit their documentation. With the proposed dates, the nomination deadline would be August 11, 2020.
- The September election date allows the successful candidates sufficient time to make arrangements to be available for Council meetings in 2021 and offers some time for onboarding in advance of the commencement of their term in December 2020.
- It is not clear how long the pandemic emergency situation will last and how it may evolve over the next few months; staff will continue to monitor the Covid-19 pandemic and recommend necessary adjustments if appropriate.

DECISION FOR COUNCIL:

- Does Council approve September 29, 2020 as the date for Council Elections in Districts 5 and 10?
-

Contact: Laurie Cabanas, ext. 503
Marcia Cooper, ext. 546

Date: May 11, 2020

Purpose:

The purpose of the Council Meeting Reflection Session is to provide a forum for Council members to promote a positive culture of self-reflection after the Council meeting has ended.

Attendees:

While certain members of Management may be invited to attend the Council Meeting Reflection Session, at the Chair's discretion, on occasion and when appropriate for the topic, the time allocated to the Council Meeting Reflection Session is primarily intended for Council members: (i) to foster a culture of constructive, open discussion about participation in Council; (ii) to reflect on Council's relationship with Management; and (iii) to reinforce good practices.

Scope:

No Council business is conducted during the Council Meeting Reflection Session; no formal action can be taken; and no minutes are recorded. Any substantive Council business must be conducted during the formal meeting, either as part of the public meeting, or part of the Council In-camera Session as outlined in the *Health Professions Procedural Code (Section 7)*. The foregoing means that discussion of matters that were before Council cannot be continued or reopened, and new substantive Council business may not be raised. Recognizing the legislative parameters that govern CPSO, the Council needs to be rigorous with respect to what is discussed during the Council Meeting Reflection Session.

Example questions that may be used to facilitate the discussion under the leadership and in the discretion of the Chair include but are not limited to:

- What is one thing we accomplished today that we should be proud of?
- Where did we use our time well? Where could we use our time better?
- Was there a decision item that seemed to gather consensus quite easily (without getting into the merits or substance of the topic itself)? If so, what factors helped us accomplish that and how can we leverage that in future meetings?
- What is one thing that Council members learned during the meeting? Are there any topics that we feel would benefit from an education session?
- Highlight one area where you felt we improved from the last meeting. If we could select one improvement for the next meeting, what would it be?

If Council members wish to raise issues that are broader than self-reflection, it should be included as an item at the next Council meeting or referred to an applicable CPSO Committee for further discussion.

Process:

The Chair shall lead the Council Meeting Reflection Session. The duration of the Council Meeting Reflection Session, normally, is brief in nature, e.g., approximately fifteen minutes. Council members should be cognizant of being succinct in their remarks and not repeating what other Council members have said.

Reporting:

No minutes are recorded during the Council Meeting Reflection Session. If actions (i.e. process improvements) are required as a result of the discussions, the action items shall be communicated by the Chair to the Director of Governance and Policy or the Registrar/CEO. The Chair speaks on behalf of Council. It is not the prerogative of any Council member other than the Chair to speak to the Director of Governance, the Registrar and CEO or any other member of staff about these action items or anything discussed at the Council Meeting Reflection Session.

Respect and Confidentiality:

To promote a positive culture of self-reflection and facilitate constructive, open and honest discussion, Council members are expected to respect the ideas and contributions shared during the Council Meeting Reflection Session and maintain confidentiality (except by the Chair as contemplated under Reporting above) as per the CPSO Code of Conduct and the Declaration of Adherence signed by each Council member.