CPSO

Meeting of Council

March 2 & 3, 2023

NOTICE

OF

MEETING OF COUNCIL

A meeting of the Council of the College of Physicians and Surgeons of Ontario (CPSO) will take place in person on March 2nd and 3rd, 2023 in the Council Chamber of the College, at 80 College Street, Toronto, Ontario.

Due to an increased number of serious threats and concern for the safety of College staff and Council members, CPSO has made the difficult decision to limit public access to our building, including our quarterly Council meetings. Accordingly, the public will not be able to attend this Council meeting in person.

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

The meeting will convene at 10:30 a.m. on March 2nd and at 9:00 a.m. on March 3rd.

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

February 15, 2023

Council Meeting Agenda
March 2 & 3, 2023

CPSO

Thursday, March 2, 2023

Item	Time	Topic and Objective(s)	Purpose	Page No.
1	**10:30 am** (10 mins)	**Call to Order and Welcoming Remarks** (R. Gratton) • Participate in roll call and declare any conflicts of interest • Review meeting norms for in-person meetings	Discussion	N/A
2	**10:40 am** (5 mins)	**Consent Agenda** (R. Gratton) 2.1 Approve Council meeting agenda 2.2 Approve minutes from Council meeting held December 8 and 9, 2022	Approval (with motion)	1-34
3	**10:45 am** (5 mins)	**Items for information:** 3.1 Executive Committee Report 3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases 3.3 Government Relations Report 3.4 Policy Report 3.5 Medical Learners Report 3.6 Update on Council Action Items	Information	 35 36-42 43-44 45-49 50-52 53-63
4	**10:50 am** (70 mins)	**CEO/Registrar's Report** (N. Whitmore)	Discussion	N/A
*	**12:00 pm** (60 mins)	**LUNCH** (Lunch available in the Dining Room)		
5	**1:00 pm** (15 mins)	**President's Report** (R. Gratton)	Discussion	N/A
6	**1:15 pm** (15 mins)	**Governance Committee Report** (J. van Vlymen) • Update from Governance Committee • Committee Appointment(s)	Information Decision	N/A 64-66
7	**1:30 pm** (20 mins)	**Alternative Pathways to Registration and Specialist Recognition – Draft Policies for Circulation** (S. Tulipano) • Council is asked to consider approving the draft policies for circulation	Decision (with motion)	67-77

Item	Time	Topic and Objective(s)	Purpose	Page No.
8	**1:50 pm** (20 mins)	**CFPC Certification without Examination – Draft Policy for Circulation** (S. Tulipano) • Council is asked to consider approving the draft policy for circulation	Decision (with motion)	78-82
9	**2:10 pm** (20 mins)	**Emergency Class of Registration – Draft Regulation for Consultation** (S. Tulipano, C. Roxborough) • Council is provided with an overview of the draft Emergency Class of Registration regulation approved for circulation by the Executive Committee on behalf of Council	Discussion	83-86
*	**2:30 pm** (30 mins)	**NUTRITION BREAK** (Refreshments available in the Members Lounge)		
10	**3:00 pm** (5 mins)	**College Performance Measurement Framework** (S. Klejman, C. Roxborough) • Council is provided an overview of the 2022 College Performance Measurement Framework report	Information	87-167
11	**3:05 pm** (75 mins)	**By-law Refresh Update and Proposed Register By-law Amendments** (M. Cooper, C. Silver) • Council receives an update on the By-law Refresh project • Council is asked to consider approving the proposed Register By-law amendments for circulation	Information Decision (with motion)	168-209
12	**4:20 pm**	**Adjournment Day 1** (R. Gratton)	N/A	N/A

Friday, March 3, 2023

Item	Time	Topic and Objective(s)	Purpose	Page No.
*	**8:30 am**	**INFORMAL NETWORKING** (Breakfast available in the Dining Room)		
13	**9:00 am** (10 mins)	**Call to Order** (R. Gratton) • Participate in roll call and declare any conflicts of interest	Discussion	N/A
14	**9:10 am** (90 mins)	**Council Education Presentation** (Guest Speaker. Imran Ahmed – CEO Center for Countering Digital Hate)	Information	N/A
*	**10:40 am** (30 mins)	**NUTRITION BREAK**		
15	**11:10 am** (25 mins)	**Decision Making for End-of-Life Care – Revised Policy for Final Approval** (L. Kirshin, R. Bernstein) • Council is asked to consider approving the Decision Making for End-of-Life Care policy as a policy of the College	Decision (with motion)	210-228
16	**11:35 am** (25 mins)	**Blood Borne Viruses – Proposal to Rescind** (C. Roxborough) • Council is asked to consider rescinding the Blood Borne Viruses policy	Decision (with Motion)	229-234
*	**12:00 pm** (60 mins)	**LUNCH** (Lunch available in the Dining Room)		
17	**1:00 pm** (40 mins)	**Image Guidance when Administering Nerve Blocks – Revised Standard for Approval** (C. Roxborough, L. Reid) • Council is asked to consider approving the revised standard regarding Image Guidance when Administering Nerve Blocks	Decision (with motion)	235-247
18	**1:40 pm**	**Motion to Go In-Camera** (R. Gratton)	Decision (with motion)	248
19	**1:40 pm** (30 mins)	**In-Camera Items**		In-Camera package provided under separate cover
20	**2:10 pm** (5 mins)	**Close Meeting - Day 2** (R. Gratton) • Reminder that the next meeting is scheduled on June 8-9, 2023	N/A	N/A
*	**2:15 pm**	**Meeting Reflection Session** (R. Gratton) • Share observations about the effectiveness of the meeting and engagement of Council members	Discussion	N/A

DRAFT PROCEEDINGS OF THE MEETING OF COUNCIL
December 8 and 9, 2022

Location: Council Chamber, 80 College Street, Toronto, Ontario

December 8, 2022

Attendees

Mr. Normand Allaire
Dr. Madhu Azad
Ms. Lucy Becker
Mr. Shahid Chaudhry
Dr. Brenda Copps
Ms. Joan Fisk
Mr. Murthy Ghandikota
Ms. Julia Goyal
Dr. Robert Gratton (Vice President)
Dr. Paul Hendry
Mr. Shahab Khan
Dr. Roy Kirkpatrick
Dr. Camille Lemieux
Mr. Paul Malette
Dr. Lionel Marks de Chabris
Dr. Lydia Miljan (PhD)
Dr. Rupa Patel
Mr. Rob Payne
Dr. Judith Plante
Dr. Ian Preyra
Dr. Sarah Reid
Ms. Linda Robbins
Dr. Deborah Robertson
Dr. Jerry Rosenblum
Dr. Patrick Safieh
Mr. Fred Sherman
Dr. Janet van Vlymen (Chair and President)
Dr. Anne Walsh
Ms. Shannon Weber

Non-Voting Academic Representatives on Council Present:

Dr. Mary Bell
Dr. Andrea Lum
Dr. Karen Saperson

Regrets:

Dr. Glen Bandiera
Mr. Jose Cordeiro
Mr. Peter Pielsticker

Guests:

Dr. Baraa Achtar
Dr. Marie-Pierre Carpentier
Dr. Carys Massarella
Dr. Andrea Steen
Ms. Jeeventh Kaur (OMSA) – *partial attendance*

1. Call to Order and Welcoming Remarks

J. van Vlymen, President of Council and Chair, called the meeting to order at 10:45am. J. van Vlymen welcomed members of Council, guests, staff, members of the public including new Public Member on Council, N. Allaire, to the Council meeting and those tuning into the Council meeting via livestream.

R. Kirkpatrick delivered the land acknowledgement as a demonstration of recognition and respect for Indigenous peoples of Canada.

J. van Vlymen conducted a roll call and noted regrets.

2. Consent Agenda

J. van Vlymen provided an overview of the items listed on the Consent Agenda for approval.

01-C-12-2022

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

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

- The Council meeting agenda for December 8 and 9, 2022; and
- The minutes from the Council meeting held on September 22 and 23, 2022, as distributed.

CARRIED

3. For Information

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

3.1 Executive Committee Report – No report
3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases
3.3 Government Relations Report
3.4 2022 Annual Committee Reports
3.5 Policy Report

3.6 Medical Learners Reports – Ontario Medical Students Association (OMSA) and Professional Association of Residents of Ontario (PARO)
3.7 Update on Council Action Items

The Chair acknowledged long standing Committee Members whose terms are ending and provided highlights from the Medical Learners Reports.

4. Chief Executive Officer / Registrar's Report

N. Whitmore, Chief Executive Officer and Registrar presented her report to Council highlighting the mission, vision, and values of the College. Work is underway to address physician supply and improve the mobility of Canadian physicians by implementing a temporary independent licensure which received government approval on October 27th. Practice Ready Assessments for family physicians will rollout in spring of 2023.

She provided an overview on the targets for the Key Performance Indicators for the 2022 year.

An overview was provided on the following departments and programs:

- Registration and Membership Services;
- Quality Improvement Program / Quality Assessment Program / Quality Improvement (QI) Partnership Program;
- Out of Hospital Premises Inspection Program;
- Independent Health Facilities;
- Patient & Public Help Centre;
- Legal;
- Ontario Physicians and Surgeons Discipline Tribunal (OPSDT).

Attendance statistics were provided on the seven QI webinars held in 2022 noting positive feedback on the sessions. An overview of the 2022 QI Enhanced Pilot was provided.

The following updates were provided on engagement, collaboration, and operations:

- CPSO named as a recipient in the inaugural 2022 CIO Awards Canada for the Solis / Vault project
- Staff Lunch and (Un)learn Sessions with special guests and health system experts who work in the EDI space continued through the fall with strong staff participation
- Staff Engagement –
    - Staff Appreciation and Milestones of Services event
    - Staff Raffle raising $22,205 for Seeds of Hope
    - 95 percent response rate on the recent employee engagement pulse survey
    - Launch of the new CPSO Lean Learning Centre

5. Key Performance Indicators

N. Whitmore, Registrar and Chief Executive Officer, presented the Key Performance Indicators (KPIs) for 2023 to Council for approval. A detailed overview was provided for each of the targets and rationale for selection. Council engaged in discussion around selected KPIs and targets. Following discussion, Council expressed their support regarding the KPIs for 2023. The Council motion was shared with Council Members at the meeting.

02-C-12-2022

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

The Council of the College of Physicians and Surgeons of Ontario adopts the following 2023 Key Performance Indicators (KPIs) to measure and report progress on the Strategic Plan:

1. Target of 5000 Physicians completing the QI Program
2. Target of 948 active physicians assessed who are:
    (a) turning 70; or
    (b) are 71 or older and have not had an assessment in the past five years
3. Target of 240 Independent Health Facilities (IHF) assessments
4. Target of 65 completed Out of Hospital Premises (OHP) facility assessments
5. Target to complete all complaint files within 150 days (80th percentile)
6. Target of 15 months for Time from Referral to Completion of the Discipline Process (80th percentile)
7. Respond to 80% of calls from Public and Physician members within one business day
8. Refresh College By-laws by September 2023
9. Complete the Implementation of a Data Lake by December 2023

CARRIED

6. President's Report and Emerging Issues

J. van Vlymen, President, presented her report to Council highlighting feedback received from the September Council meeting noting a 66 percent response rate. She highlighted common themes and noted the importance of having Council Members complete the meeting evaluations and encouraged all Council Members to take time to provide feedback. Feedback received from Council Members is used to inform planning for future Council meetings.

A number of enhancements have been made over the course of the year, including the use of storytelling specifically when bringing polices forward. A notable improvement was made at the last Council meeting with Council Members utilizing the microphones to optimize the sound quality for those tuning into the livestream.

Updates were provided on a number of meetings attended by the Chair included a recent meeting with members from the Ontario Medical Association. Common interests were discussed including ways to address physician supply and burnout issues, among others. The

College has been making strides to improve the membership experience by reducing burdensome work with forms as well as simplifying the Annual Renewal process.

Correspondence with new and returning MPPs is underway to educate and explain pressure points.

Other activities were highlighted including J. van Vlymen's podcast interview featuring Dr. Horton, attendance at the Chair and Vice-Chair Training session organized by the Governance Office as well as an update on the International Society for Quality in Health Care (ISQua) conference in Brisbane, Australia in October.

7. Ontario Physicians and Surgeons Discipline Tribunal's Mission Statement and Core Values

D. Wright, Chair of the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) presented the OPSDT's Mission Statement and Core Values. The OPSDT had a facilitated session at its last business meeting to reflect and select the mission statement and core values of the OPSDT. Council provided positive feedback on the mission statement and core values. The OPSDT will work with the Communications Team to refine the icons for each of the core values and once finalized, the Mission and Values statements will be posted on the OPSDT's website.

8. Equity, Diversity & Inclusion Presentation

S. Sharda, Medical Advisor and Equity, Diversity and Inclusion (EDI) lead presented on the EDI work completed in 2022 as well as the EDI plan for 2023. She recognized the work of the Communications Team for advancing the EDI work of the College. Copies of the 2022 CPSO EDI Report have been provided to Council Members. She noted that 2SLGBTQIA+ and Anti-Black racism were themes that were covered in 2022. Council and the Senior Management Team were recognized for supporting this important work and for supporting the release of the Human Rights in the Provision of Health Services draft policy for external consultation. An overview of the many EDI initiatives launched in 2022 was provided, including the Rainbow Health modules, the Chair and Vice Chair Training sessions and the Lunch and (Un) learn sessions with staff, among others. Dr. Natasha Johnson is scheduled to present to staff in February 2023.

EDI resources were highlighted including the EDI glossary and embedded definitions in E-dialogue as well as in-dialogue podcasts covering important EDI topics. Council Members were invited to pick up a pronoun pin.

The focus for the 2023 Council and Committee education sessions will cover the topics of Ableism, Disabilities and Unhoused Populations. As part of ongoing continuous improvement, EDI in Quality Improvement (QI) webinars continue to be at the forefront. T. Everson and the QI Team were recognized for their collaboration.

S. Sharda will be working with C. Roxborough and his team to bring an equity lens to the Practice Guide, an important document to help guide physicians. Council provided positive feedback on the EDI work taking place across the College including Council and Committees. S. Sharda's external outreach and engagement continues in forums such as grand rounds as well as collaborative EDI work with medical learners, residents and other colleges.

9. Amendments to the Fees and Remuneration By-law regarding Temporary Independent Practice Certificate of Registration

M. Cooper, Senior Corporate Counsel and Privacy Officer provided an overview of the proposed by-law amendments to the Fees and Remuneration By-law that establishes a fee for the new Temporary Independent Practice Certificate of Registration. It was noted that this By-law has been circulated to the profession, no feedback has been received and that the By-law is being brought forward to Council for final approval.

03-C-12-2022

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

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No.153:

By-law No. 153

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

Application Fees

1. A person who submits an application for a certificate of registration or authorization shall pay an application fee. The application fees are as follows:

(a) For a certificate of registration authorizing postgraduate education, 25% of the annual fee specified in section 4(a);

(b) For a certificate of registration authorizing supervised practice of a short duration, 20% of the annual fee specified in Section 4(a);

(b.1) For a certificate of registration authorizing temporary independent practice, 25% of the annual fee specified in section 4(a);

(c) For an application for reinstatement of a certificate of registration, 60% of the annual fee specified in s. 4(a);

(d) For any other certificate of registration, 60% of the annual fee specified in Section 4(a);

(e) *[repealed]: May 31, 2019]*

(f) For a certificate of authorization, $400.00;

(g) For an application to the Registration Committee for an order directing the Registrar to modify or remove terms, conditions or limitations imposed on the member's

certificate of registration by the Registration Committee, 25% of the annual fee specified in section 4(a);

(h) If the person:

(i) meets the registration requirements applicable to the class of certificate of registration applied for, as prescribed in the Registration Regulation, Ontario Regulation 865/93 under the *Medicine Act, 1991*; and

(ii) requests the College to conduct the initial assessment of the application within three weeks after receipt by the College of the application,

an additional fee equal to 50% of the application fee applicable to such person under subsection 1(a), (b), (b.1) or (d).

2. Section 3 of the Fees and Remuneration By-law (By-law No. 2) is revoked and substituted with the following:

Annual Fees

3. Every holder of a certificate of registration or authorization, other than a holder of a certificate of registration authorizing supervised practice of a short duration or authorizing postgraduate education for an elective appointment or authorizing temporary independent practice, shall pay an annual fee.

3. Subsection 4(a) of the Fees and Remuneration By-law (By-law No. 2) is revoked and substituted with the following:

(a) $1725 for holders of a certificate of registration other than a certificate of registration authorizing postgraduate education, a certificate of registration authorizing supervised practice of a short duration, or a certificate of registration authorizing temporary independent practice;

CARRIED

10. Acceptable Qualifying Examinations

S. Tulipano, Director of Registration and Membership Services, provided an overview of the proposed amendments to the Acceptable Qualifying Examinations policy. The revised policy is being brought forward to Council for approval to circulate for notice in accordance with Section 22.21 of the Code. Following questions and discussion, Council expressed support for the revised policy and gave the Executive Committee the authority to approve the policy as final (assuming no significant feedback received) instead of coming back to Council.

04-C-12-2022

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

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

CARRIED

11. Adjournment Day 1

J. van Vlymen adjourned day 1 of the Council meeting at 3:37 pm.

Draft Proceedings of Council – December 9, 2022

Attendees

Mr. Normand Allaire
Dr. Madhu Azad
Dr. Glen Bandiera
Ms. Lucy Becker
Mr. Shahid Chaudhry
Dr. Brenda Copps
Ms. Joan Fisk
Mr. Murthy Ghandikota
Ms. Julia Goyal
Dr. Robert Gratton (Vice President)
Dr. Paul Hendry
Mr. Shahab Khan
Dr. Roy Kirkpatrick
Dr. Camille Lemieux
Mr. Paul Malette
Dr. Lionel Marks de Chabris
Dr. Lydia Miljan (PhD)
Dr. Rupa Patel
Mr. Rob Payne
Dr. Judith Plante
Dr. Ian Preyra
Dr. Sarah Reid
Ms. Linda Robbins
Dr. Deborah Robertson
Dr. Jerry Rosenblum
Dr. Patrick Safieh
Mr. Fred Sherman
Dr. Janet van Vlymen (Chair and President)
Dr. Anne Walsh
Ms. Shannon Weber

Non-Voting Academic Representatives on Council Present:

Dr. Mary Bell
Dr. Andrea Lum
Dr. Karen Saperson

Regrets:

Mr. Jose Cordeiro
Mr. Peter Pielsticker

Guests:

Dr. Baraa Achtar
Dr. Marie-Pierre Carpentier
Dr. Carys Massarella
Ms. Jeeventh Kaur (OMSA) – *partial attendance*

12. Call to Order

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

13. Conflicts of Interest and Industry Relationships – Draft Policy for Consultation

K. Saperson, Member of Council and the Policy Working Group, and A. Wong, Policy Analyst provided an overview of the draft Conflicts of Interest and Industry Relationships policy. The draft policy is being brought forward to Council for approval to release for external consultation. The last review of the policy was conducted in 2014, when the policy was approved by Council.

The draft policy provides general expectations to guide physician interactions with industry and sets out requirements to promote transparency and proactive disclosure of conflicts of interest. Council discussed elements of the draft policy and provided feedback. There was discussion as to whether the Conflicts of Interest and Industry Relationships policy should have a companion document developed. Discussion ensued.

05-C-12-2022

The following motion was moved by S. Chaudhry, seconded by R. Payne and carried, that:

The Council of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft policy, "Conflicts of Interest and Industry Relationships," (a copy of which forms Appendix "B" to the minutes of this meeting).

CARRIED

14. By-law Amendment: Update Signing Authority Title

M. Cooper, Senior Corporate Counsel and Privacy Officer provided an overview of the proposed housekeeping by-law amendment to update the title of one of the signing authorities. It was noted that N. Novak's title has changed from Chief Transformation Officer to Chief Operating Officer and that the by-law should be updated to reflect the updated title.

06-C-12-2022

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

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 154:

By-law No. 154

Section 1a, subsections 4(1)(c) and (d), subsection 4(6) and subsection 4(7) of the General By-law are amended by deleting the reference in each to “chief transformation officer” and substituting it with “chief operating officer”.

CARRIED

15. District Elections for 2023 and By-law Amendment

C. Allan, Manager of Governance provided an overview of the proposed dates for the 2023 district elections and the By-law amendments to reflect the update to the district elections. It was noted that the 2023 District Elections will be held earlier in the year to allow more time between the district elections and the Executive Committee elections at June Council, as well as to facilitate planning and Council onboarding. The proposed district elections are occurring around the same time as the CMA and OMA elections. The Notice window has been moved up by one week to allow for sufficient notice for applicants to submit their nomination statement. Given that the timing of the District Elections is set out in by-laws, a by-law amendment extending this window is being brought forward to Council for consideration and approval.

07-C-12-2022

The following motions were moved by J. Goyal, seconded by D. Robertson and carried, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 155:

By-law No. 155

Subsection 12(1) General By-law is revoked and substituted with the following:

12. (1) A regular election shall be held in,

(a) April, May or June 2020, and in every third year after that for Districts 5 and 10;
(b) April, May or June 2021, and in every third year after that for Districts 6, 7, 8 and 9; and
(c) April, May or June 2022, and in every third year after that for Districts 1, 2, 3 and 4;

AND THAT the Council of the College of Physicians and Surgeons of Ontario approves the 2023 district election dates as set out below:

Month	Key Activity
January 27	Notice of Election Distributed
February 24	Election Nominations Due
March 21	Governance Committee to review Nomination statements
March 29	Voting begins
April 19	Election Day
April 24	Recount Deadline
April 26	Results released
December	Successful candidates begin their Council term at close of December Council meeting

CARRIED

Item 18 – Academic Advisory Committee Update and By-law Amendment moved up to facilitate timing.

18. Academic Advisory Committee Update and By-Law Amendment

L. Rinke-Vanderwoude, Governance Analyst provided an update on the Academic Advisory Committee (AAC) and By-law Amendment. As part of the ongoing efforts of the Governance modernization, the function of the AAC was reviewed. There is a statutory requirement for the College to have three Academic Representatives as voting members of Council. The Executive Committee is recommending to Council for consideration and approval, a by-law amendment to move the mandate of selecting these voting members from the AAC to the Governance Committee without affecting the continuity of the AAC. Given the Governance Committee is involved with assessing Committee needs, such as the need for voting members of Council to sit on the Ontario Physicians and Surgeons Discipline Tribunal, it was recommended that the AAC be maintained, and Terms of Reference have been drafted for AAC setting out the roles and responsibilities of the Academic Representatives.

Discussion ensued on the roles of the Academic Representatives on Council noting that Academic Representatives have an important role to play at the Council table. The Academic Representatives on Council had an opportunity to address Council and express their views on the proposed changes and mandate of the AAC.

08-C-12-2022

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

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 156:

By-law No. 156

1. Subsection 24(2) of the General By-law is revoked and substituted with the following:

Academic Advisory Committee

24. …

(2) Before the meeting of the council when the term of office of newly elected councillors starts, the dean of each faculty of medicine of a university in Ontario may appoint one member to the academic advisory committee.

2. Subsection 26(2) of the General By-law is revoked and substituted with the following:

Selection of Councillors

26. …

(2) At a meeting of the council before the meeting when the term of office of newly elected councillors starts, the council shall vote by a show of hands to select as councillors three members of the academic advisory committee for the following council year, starting upon the adjournment of the next annual general meeting until the following annual general meeting.

3. Subsections 26(3) and (4) of the General By-law are revoked.

4. Subsection 44(3)(d) of the General By-law is revoked and substituted with the following:

Governance Committee

44. …

(3) The Governance Committee shall, …

(d) make recommendations to the Council regarding the members and chairs of committees, and the selection of members of the academic advisory committee to serve as councillors; and

CARRIED

16. Governance Committee Report

J. Plante, Chair of Governance Committee provided the Governance Committee Report for the September 20, 2022, November 1, 2022, November 18, 2022 and December 8, 2022 meetings that included the following items: (i) Governance Committee Elections, (ii) Chair and Vice-Chair Appointments and Re-appointments, and (iii) Committee Appointments.

16.1 Governance Committee Elections

J. Plante provided an overview on the process for the Governance Committee Elections. J. van Vlymen, in her capacity as 2022-2023 Past President will serve as the Governance Committee Chair and R. Gratton, 2022-2023 President and I. Preyra 2022-2023 Vice President will be appointed to the Governance Committee in accordance with the CPSO General By-law. There is one physician member vacancy and two public member vacancies. The following nomination statements have been received:

Physician Members

Dr. Rupa Patel, Dr. Patrick Safieh and Dr. Anne Walsh

Public Members

Ms. Julia Goyal, Mr. Rob Payne and Ms. Shannon Weber

J. Plante called for nominations from the floor. As there were no nominations for the vacant positions from the floor, each of the nominees for the Governance Committee positions addressed Council prior to the election. Elections were held for the two Governance Committee

Public Member Representatives and the Physician Member Representative using an electronic voting software (ElectionBuddy). J. Plante announced the elected 2023 Governance Committee Public Member Representatives and the Physician Member Representative.

09-C-12-2022

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

The Council of the College of Physicians and Surgeons of Ontario appoints the following individuals to the 2022-2023 Governance Committee each for a one-year term commencing upon the adjournment of the Annual General Meeting of Council in December 2022:

Dr. Janet van Vlymen, Chair
Dr. Robert Gratton, Vice-Chair
Dr. Ian Preyra, Vice President
Dr. Patrick Safieh, Physician Member of Council
Mr. Rob Payne, Public Member of Council
Ms. Shannon Weber, Public Member of Council

CARRIED

16.2 2022-2023 Chair and Vice-Chair Appointments and Reappointments

J. Plante provided an overview on the Chair and Vice-Chair Appointments and Reappointments

10-C-12-2022

The following motion was moved by L. Becker, seconded by P. Malette and carried, that:

The Council of the College of Physicians and Surgeons of Ontario appoints the following Committee Members as Chairs and Vice-Chairs, as noted below, to the following Committees, for the terms indicated below, as of the close of the Annual General Meeting of Council in December 2022:

Committee	Role	Member Name	Term Length
Finance and Audit	Chair	Dr. Thomas Bertoia	1 year
	Vice-Chair	Mr. Rob Payne	1 year
OPSDT & FTP	Vice-Chair	Dr. James Watters	1 year
Premises Inspection	Chair	Dr. Ted Xenodemetropoulos	2 years
	Vice-Chair	Dr. Patrick Davison	2 years
Patient Relations	Chair	Ms. Sharon Rogers	1 year
Registration	Chair	Dr. Judith Plante	1 year
	Vice-Chair	Dr. Lynn Mikula	1 year

CARRIED

11-C-12-2022

The following motion was moved by F. Sherman, seconded by L. Miljan and carried, that:

The Council of the College of Physicians and Surgeons of Ontario appoints the following Committee Members as Inquiries, Complaints and Reports Committee Specialty Chairs and Vice-Chairs, as noted below, to the following Committees, for the terms indicated below, as of the close of the Annual General Meeting of Council in December 2022:

Committee	Role	Member Name	Term Length
ICRC Family Practice	Specialty Chair	Dr. Paula Cleiman	2 years
	Specialty Vice-Chair	Dr. Lara Kent	2 years
ICRC General	Specialty Chair	Ms. Joan Fisk	1 year
	Specialty Vice-Chair	Dr. Lydia Miljan (PhD)	1 year
ICRC Internal Medicine	Specialty Chair	Dr. Mary Bell	2 years
	Specialty Vice-Chair	Dr. Jane Lougheed	2 years
ICRC Mental Health & HIP	Specialty Chair	Dr. Lesley Wiesenfeld	1 year
	Specialty Vice-Chair	Dr. Daniel Greben	1 year
ICRC Obstetrics & Gynecology	Specialty Chair	Dr. Elaine Herer	2 years
	Specialty Vice-Chair	Dr. Anne Walsh	2 years
ICRC Settlement	Specialty Chair	Dr. Dori Seccareccia	2 years
	Specialty Vice-Chair	Dr. Thomas Faulds	2 years
ICRC Surgical	Specialty Chair	Dr. Mary Jean Duncan	2 years
	Specialty Vice-Chair	Dr. Thomas Bertoia	2 years

CARRIED

16.3 2022-2023 Committee Appointments

J. Plante provided an overview of the 2022-2023 Committee Appointments and Reappointments as noted in the briefing materials.

12-C-12-2022

The following motion was moved by L. Miljan, seconded by S. Weber and carried, that:

The Council of the College of Physicians and Surgeons of Ontario appoints the following individuals to the following committees for the terms indicated below, as of the close of the Annual General Meeting of Council in December 2022:

Premises Inspection Committee

Mr. Peter Pielsticker, public Council member – 1 year
Dr. Bryan Chung, non-Council physician – 3 years

Ontario Physicians and Surgeons Discipline Tribunal

Dr. Marie-Pierre Carpentier, physician Council member – 1 year
Mr. Normand Allaire, public Council member – 1 year

Fitness to Practice Committee

Dr. Marie-Pierre Carpentier, physician Council member – 1 year
Mr. Normand Allaire, public Council member – 1 year

Inquiries Complaints and Reports Committee

Dr. P. Gareth Seaward, non-Council physician – 3 years
Dr. Anna Rozenberg, non-Council physician – 3 years
Dr. Diane Meschino, non-Council physician – 3 years
Dr. Susan Lieff, non-Council physician – 3 years
Dr. Paul Miron, non-Council physician – 3 years

CARRIED

17. Dispensing Drugs Policy – Final Approval

K. Saperson, Academic Representative and C. Roxborough, Director, Policy and A. Wong, Policy Analyst, presented the revised draft Dispensing Drugs policy to Council. An overview of the minor revisions made in response to consultation feedback was provided. It was noted that the policy was developed in collaboration with the Ontario College of Pharmacists to ensure that the requirements were aligned. Most respondents agreed that the draft is clearly written and easy to understand.

13-C-12-2022

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

The Council of the College of Physicians and Surgeons of Ontario approves the revised policy "Dispensing Drugs", as a policy of the College (a copy of which forms Appendix "C" to the minutes of this meeting).

CARRIED

Item 21 – In-camera items moved up to facilitate timing.

21. Motion to Go in Camera

14-C-12-2022

The following motion was moved by S. Weber, seconded by L. Becker and carried, that:

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

Exclusion of public

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

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

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

CARRIED

22. In-Camera Session #1

The Council of the College of Physicians and Surgeons of Ontario entered into an in-camera session at approximately 11:15 am and returned to the open session at 11:45 am.

19. Council Award Presentation

R. Patel, Council Member presented the Council Award to Dr. Christopher Smith of Kingston, Ontario for his leadership and excellence in providing clinical care. Dr. Smith was recognized for his leadership at Kingston Health Sciences Centre and his remarkable contributions to the General Internal Medicine (GIM) consult service and GIM ambulatory clinics including the perioperative clinic. Dr. Smith expressed appreciation to the CPSO for recognition of his outstanding contributions to the profession.

20. 2023 Budget

T. Bertoia, Chair of the Finance and Audit Committee provided an overview of the Finance and Audit Committee Report including the 2023 Budget and By-law Amendment to the Fees and Remuneration By-law - Council and Committee remuneration. It was noted that $3.1M in savings was realized across the board resulting from a number of factors including changes to holding meetings virtually. An overview was provided on new initiatives including Physician per diem, staff COLA rate increase, software licenses for Solis, Finance & Operations and Vault among others. The Finance and Audit Committee is also recommending that the Annual Membership Fee remain at $1725, noting that the College has the lowest fees in the country. It was noted that Public Members of Council are not included in the per diems as they are reimbursed by the Health Board Secretariat. A high-level overview was provided on the budget

process noting that the Finance and Audit Committee has a robust process in place to review each line item in the budget. As there is no change to membership fees, a motion is not required to approve the fees. Council was asked to approve the Budget for 2023 and a by-law amendment to increase the rate for remuneration of Council and Committee physician members. Discussion ensued.

15-C-12-2022

The following motion was moved by B. Copps, seconded by S. Chaudhry and carried, that:

The Council of the College of Physicians and Surgeons of Ontario approves the Budget for 2023 (a copy of which forms Appendix "D" to the minutes of this meeting) authorizing expenditures for the benefit of the College during the year 2023.

CARRIED

16-C-12-2022

The following motion was moved by P. Malette, seconded by C. Lemieux and carried, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 157:

By-law No. 157

Subsection 20(3) of By-law No. 2 (the Fees and Remuneration By-law) is amended by deleting the reference to "$178" and substituting it with "$184".

Explanatory Note: This proposed by-law does not need to be circulated to the profession.

CARRIED

21. Motion to Go in Camera

17-C-12-2022

The following motion was moved by P. Hendry, seconded by S. Reid and carried, that:

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

Exclusion of public

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

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

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

CARRIED

22. In-Camera Session #2

The Council of the College of Physicians and Surgeons of Ontario entered into an in-camera session at 1:20 pm and returned to the open session at 2:40 pm.

23. President's Items

The following President's items were presented to Council:

1. Acknowledge Outgoing Council Members
2. Presidential Address
3. Induction of New President
4. Welcome Incoming Council Members

J. van Vlymen recognized the remarkable contributions of B. Copps, D. Hellyer (1952-2022), P. Hendry, J. Rosenblum, and P. Giroux (not present). Each of the outgoing Council members in attendance addressed Council and reflected on their Council terms.

J. van Vlymen addressed Council and reflected on the past year. J. van Vlymen welcomed R. Gratton to his role as CPSO President for the 2023 year. J. van Vlymen also welcomed incoming Council Members: B. Achtar, M. Carpentier, C. Massarella and A. Steen (regrets). The new members were invited to receive their Council pins and take a seat at the Council table as new members of Council. A Council pin will be presented to A. Steen at the March Council meeting.

R. Gratton was inducted as the new CPSO President. R. Gratton addressed members of Council and provided an overview of accomplishments for the 2022 year.

24. Adjournment Day 2

R. Gratton adjourned day 2 of the meeting at 3:28 pm. The next Council meeting is scheduled on March 2 and 3, 2023.

Chair

Recording Secretary

Appendix A: Proposed Acceptable Qualifying Examinations Policy

ACCEPTABLE QUALIFYING EXAMINATIONS

This Policy provides an alternative to the requirement for the successful completion of the Licentiate of the Medical Council of Canada (LMCC) Qualification.

Even if you are not a licentiate of the Medical Council of Canada, you may be eligible for a certificate of registration if you have successfully completed one of the following exams:

1. **USMLE Steps 1, 2 and 3**.
2. **ECFMG certification plus USMLE Step 3**. This applies to international medical graduates (IMGs) who passed USMLE Step 2 Clinical Skills Assessment (CSA) between July 1, 1998 and June 14, 2004.
3. **FLEX component 1 and component 2,** successfully completed (score of 75 on each component) between January 1, 1992 and December 31, 1994.
4. **NBME Part 1, 2 and 3**, successfully completed between January 1, 1992 and December 31, 1994.
5. **The Comprehensive Osteopathic Licensing Examination (COMLEX-USA) Levels 1, 2 and 3**. We require the COMLEX-USA Level 2 Performance Evaluation (PE) component if you completed Level 2 **after September 2004**. (This applies to graduates of osteopathic schools accredited by the American Osteopathic Association.)
6. **Examen Clinique Objectif Structuré (ECOS) of the Collège des Médecins du Québec** passed between January 1, 1992 and December 31, 2000.

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

Conflicts of Interest and Industry Relationships

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

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

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

Definitions

Conflict of interest: A conflict of interest is created any time a reasonable person could perceive that a physician's judgments or decisions about a primary interest (e.g., the patient's best interests, unbiased medical research) are compromised by a secondary interest (e.g., direct financial gain, professional advancement). A conflict of interest can exist even if the physician is confident that their professional judgment is not actually being influenced by the conflicting interest or relationship.

Industry: The full range of commercial enterprises associated with health care. These include, but are not limited to, the pharmaceutical industry, the biotechnology industry, the medical device industry, and commercial providers of services related to clinical practice, research, and/or education.

Policy

General

Interactions between physicians and industry have the potential to benefit both physicians and patients by advancing medical knowledge and improving patient care. While industry has a valuable and legitimate role to play in the practice of medicine, sometimes the goals and interests of industry may be at odds with a physician's professional and legal obligations. This policy sets out expectations to help physicians navigate their interactions with industry and manage conflicts of interest which impact patient and public trust in physicians and the medical profession.

1. Physicians **must** maintain their clinical objectivity and professional independence when interacting with industry.

2. Physicians **must** identify situations or circumstances that are, may reasonably be perceived to be, or may lead to, a conflict of interest and avoid or appropriately manage them.

3. Physicians **must** fulfil their fiduciary duties to their patients by acting in good faith and in the patient's best interest when resolving conflicts of interest.[1]

4. Physicians **must** be transparent and proactively disclose conflicts of interest and details of their interactions with industry to the relevant parties (e.g., patients, research participants, institutions) where they may be reasonably perceived to influence the physician's judgment.

Conflicts of Interest under the *Medicine Act, 1991*

5. Physicians **must** avoid and appropriately manage conflicts of interests as set out in Part IV (ss. 15-17) of Ontario Regulation 114/94 ("the General regulation") under the *Medicine Act, 1991*.[2]

6. In addition to complying with the requirements set out in the General regulation when physicians are when ordering a diagnostic or therapeutic service to be performed by a facility in which the physician or a member of their family[3] has a proprietary interest, they **must** communicate to the patient that:
    a. the patient has the option to obtain the diagnostic or therapeutic service elsewhere; and
    b. the patient's choice will not affect the physician-patient relationship, or the quality of health services provided by the physician.

[1] The physician-patient relationship is a fiduciary relationship from which fiduciary duties arise. In this relationship, the balance of knowledge and information favours the physician, so that patients are reliant on their physicians and may be vulnerable. Patients rely on and must be confident that the physician has put the needs of the patient first.

[2] O. Reg. 114/94: GENERAL under Medicine Act, 1991, S.O. 1991, c. 30. The General regulation sets out when it is a conflict of interest for physicians to receive benefits from a supplier for patient referrals or of medical goods or services to patients; to rent premises; to sell or otherwise supply drugs, medical appliances, medical products, or biological preparations to patients at a profit; and to order a diagnostic or therapeutic service to be performed by a facility in which the physician or a member of their family has a proprietary interest. A physician is required to disclose the details of the proprietary interest to the College. The College's Conflict of Interest Declaration Form is available online.

[3] A "member of his or her family" is defined under s. 15 of the *General* regulation.

Industry Relationships in Clinical Practice

7. Physicians **must not** request or accept fees or equivalent compensation, personal gifts, or inducements of any value from industry in exchange for seeing industry representatives in a promotional or similar capacity.
    a. Where industry representatives are providing information about products or services, physicians are permitted to accept meals for themselves and appropriate staff but **must** only accept meals that are of modest value.

8. Physicians **must** critically evaluate any information provided by industry representatives and **must not** solely rely on this information when making clinical decisions regarding patient care.

9. Physicians **must** only distribute patient teaching aids provided by industry that:
    a. primarily entail a benefit to patients (i.e., have more educational than promotional value);[4,5]
    b. they are satisfied are accurate, balanced, and complete; and
    c. do not have value to the physician outside of their professional responsibilities.

Samples

10. Physicians who accept samples of drugs or devices from industry **must** comply with the expectations set out in relevant College policies.[6]

11. Physicians **must** consider the potential influence of samples on their prescribing choices and use clinical evidence to determine the appropriate choice of drug or device in alignment with the patient's best interests.

12. Physicians **must not** obtain any form of material gain for themselves or for the practice with which they are associated (including from selling or trading) when distributing samples.

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[4] It is preferable that patient teaching aids include at most the logo of the donor company and not refer to specific therapeutic agents, services, or other products.
[5] Section 33 of the *Personal Health Information Protection Act, 2004* (*PHIPA*) prohibits the collection, use, or disclosure of personal health information (PHI) for the purpose of marketing or market research unless the patient expressly consents. For example, physicians would not be permitted to use the PHI of their patients to determine which patients would benefit from receiving marketing information in respect of particular goods, service, products, equipment and devices without their express consent.
[6] Including the *Prescribing Drugs*, *Physician Treatment of Self, Family Members, or Others Close to Them*, and *Medical Records Documentation* policies.

Continuing medical education/Continuing professional development (CME/CPD)

Accredited CME/CPD

13. Physicians participating in industry-sponsored accredited CME/CPD activities and events **must** comply with guidelines outlined by relevant accrediting bodies, including the *National standard for support of accredited CPD activities*.

Unaccredited CME/CPD

14. Physicians who organize and/or present at industry-sponsored unaccredited CPD/CME activities and events **must** only accept reasonable honoraria and reimbursement for hospitality (i.e., travel, lodging, and/or meal expenses).

15. Physicians who attend industry-sponsored unaccredited CPD/CME activities and events **must not** accept reimbursement or subsidies for hospitality, outside of modest meals or social events that are held as part of the activity or event.

Consultation or advisory boards

16. Physicians who sit on advisory or consultation boards or who serve as individual advisors or consultants to industry organizations **must**:
    a. enter into a written agreement setting out the details of the arrangement;
    b. only agree to impart specialized medical knowledge that could not otherwise be acquired by the organization;
    c. not engage in promotional activities on behalf of the organization while in this position;
    d. ensure that all information presented is accurate, balanced, and complete where relevant in the course of their practice, research, or teaching, and when providing educational activities on behalf of the company; and
    e. only accept compensation that is reasonable and commensurate with the services provided.[7]

[7] Reasonable compensation can be at fair market value. Parameters such as time, expenditure, and complexity of the work required may be relevant considerations in determining compensation amount.

Industry-sponsored research

17. Physicians **must** only participate in industry-sponsored research that is ethically defensible, scientifically valid, and that complies with relevant national guidelines, including the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS-2), regardless of the source of funding.
    a. Physicians **must** have the approval of a research ethics board when participating in research involving human participants, including post-marketing surveillance studies (phase IV clinical research) and research that only involves the use of personal health information.

18. Physicians **must** ensure that patients are provided full disclosure of all information necessary to make an informed and voluntary decision to consent to participate in a research project,[8] including, but not limited to:
    a. the relative probability of harms and benefits of participating and all risks, including those which are rare or remote, especially if they entail serious consequences;[9]
    b. the nature of the benefit (i.e., the type of benefit and amount of any compensation) the physician will receive for recruiting the patient for participation in the research study; and
    c. that they have the right to decline to participate or to withdraw from the study at any time, without prejudice to their ongoing care.

19. Physicians **must** comply with their legal obligations under the *Personal Health Information Protection Act, 2004* (*PHIPA*) when collecting, using, or disclosing personal health information in relation to all research initiatives.[10]

Compensation

20. Physicians **must** only accept compensation for participation in industry-sponsored research, including attending Investigator Meetings, that is reasonable and commensurate with services provided.

21. Physicians **must** only accept compensation for recruiting patients into a research study if the physician was required to undertake activities beyond their normal

[8] For more on the consent process and information generally required for informed consent see Chapter 3 of the TCPS-2 and the *Advice to the Profession*.
[9] *Halushka v. University of Saskatchewan* (1965), 53 D.L.R. (2d) 436 (Sask. C.A.); *Weiss v. Solomon* (1989), 48 C.C.L.T. 280 (Qc. Sup. Ct.).
[10] For the definition of "personal health information", see section 4 of *PHIPA*. For more information about the legislative and regulatory requirements under *PHIPA*, see the *Advice to the Profession*.

practice (e.g., meeting with patients, discussing the study, and obtaining knowledgeable consent for the disclosure of personal health information).[11]

a. Physicians **must not** accept finder's fees (i.e., payments for identifying or recruiting a patient into a trial, whereby the sole activity performed by the physician is to disclose the names of potential research participants).

Dissemination of research results

22. Physicians **must** only be included as an author of a published article reporting the results of industry-sponsored research if they meet the authorship criteria set out by the International Committee of Medical Journal Editors (ICMJE).[12]

    a. Physicians **must** only agree to be published as author if all contributors are identified as authors, if applicable, or acknowledged as contributors.

23. Physicians **must** make reasonable efforts to disseminate the analysis of data and interpretation of research results in the spirit of good science and in the interest of contributing to the existing body of knowledge, including by **not** knowingly being involved in concealing research results or presenting them in a misleading fashion.[13]

[11] Consent is considered knowledgeable if it is reasonable to believe that the individual knows the purpose of the disclosure and knows that they can give or withhold consent.

[12] Specifically, the criteria found in the ICMJE Recommendation *Defining the Role of Authors and Contributors*.

[13] For more on dissemination of research results, see Article 4.8 of the TCPS-2.

Dispensing Drugs

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

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

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

Definitions

Dispensing: refers to the process of preparing and providing a prescription drug to a patient for subsequent administration or use. Dispensing involves both technical and cognitive components.[1] For the purposes of this policy, dispensing does not include the distribution of drug samples.[2]

Policy

1. Physicians who dispense drugs **must** meet the same dispensing standards as pharmacists[3] and comply with the requirements set out in this policy, in any other relevant College policies,[4] and provincial and federal legislation.[5]

2. Physicians **must** dispense drugs only for their own patients.

[1] Technical components may include drug selection, verification, and quantity determination, applying appropriate labelling, and documentation. Cognitive components may include assessing the appropriateness of drug therapy, considering drug interactions and contraindications, providing patient communication and counselling, and offering follow-up advice. For more information see the *Advice to the Profession.*

[2] Relevant expectations relating to drug samples can be found in other College policies, including *Medical Records Documentation*, *Prescribing Drugs*, and *Physicians Relationships' with Industry: Practice, Education and Research*. For more information, see the *Advice to the Profession.*

[3] For example, see the Ontario College of Pharmacists' (OCP) Standards of Practice.

[4] Including, but not limited to, the *Prescribing Drugs* policy and the *Medical Records Documentation* policy.

[5] Including, but not limited to, the *Controlled Drugs and Substances Act*, *Narcotics Safety and Awareness Act, 2010*, *Drug and Pharmacies Regulation Act* (*DPRA*), *Drug Interchangeability and Dispensing Fee Act*, and *Food and Drugs Act*. These acts and their regulations set out requirements for the sale and dispensing of drugs, including labelling, record keeping, and record retention.

3. Physicians **must:**
    a. provide appropriate packaging and labelling for the drugs dispensed;[6] and
    b. provide patient counselling, including discussing instructions for proper drug use.

4. Physicians **must not** sell drugs to a patient at a profit, except when permitted by legislation.[7]

5. Physicians **must not** charge fees associated with dispensing that are excessive.[8]

6. Physicians **must not** dispense drugs that are past their expiry date or that will expire before the patient completes their normal course of therapy.[9]

7. Physicians **must**:
    a. use proper methods of procurement in order to confirm the origin and chain of custody of drugs being dispensed;
    b. have an audit system in place in order to identify possible drug loss;
    c. store drugs securely;
    d. store drugs appropriately to prevent spoilage (for example, temperature control where necessary);
    e. monitor recalled drugs[10] and have a process for contacting patients whose dispensed drugs are affected; and
    f. dispose of drugs that are unfit to be dispensed (for example, expired, damaged, or recalled) safely and securely and in accordance with any environmental requirements.[11]

8. Physicians **must** keep records:
    a. of the purchase and sale of drugs; and
    b. which allow for the retrieval and/or inspection of prescriptions.

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[6] Subsection 156(3) of the *DPRA* sets out the information to be recorded on the container of a dispensed drug. The *Food and Drug Regulations* sets out specific requirements for physicians dispensing Class A opioids. For more information, see the *Advice to the Profession*.

[7] Under O. Reg. 114/94 of the *Medicine Act, 1991*, it is a conflict of interest to sell or otherwise supply a drug to a patient at a profit except where the drug is necessary for the immediate treatment of the patient, in an emergency, or where the services of a pharmacist are not reasonably readily available (s. 16 (d)).

[8] Under O. Reg. 856/93 of the *Medicine Act, 1991*, it is an act of professional misconduct to charge a fee that is excessive in relation to the services provided (ss. 1(1) 21.), and to charge a fee for a service that exceeds the fee set out in the then current schedule of fees published by the Ontario Medical Association without informing the patient, before the service is performed, of the excess amount that will be charged. (ss. 1(1) 22.) For more information on charging a dispensing fee, see the *Advice to the Profession.*

[9] This requirement does not apply to *pro re nata* (PRN) medications when physicians may not know whether patients will finish the medication before their expiry date.

[10] For instance, through Health Canada's Recalls and Safety Alerts Database or subscribing to MedEffect Canada notices of recalls.

[11] For more information about the safe disposal of drugs, please see the College's *Advice to the Profession: Prescribing Drugs*.

Statement of Operations

College of Physicians and Surgeons of Ontario

	ACTUALS			BUDGET			
	ACTUALS 2019	ACTUALS 2020	ACTUALS 2021	BUDGET 2022	BUDGET 2023	% CHANGE OVER 2022 BUDGET	
REVENUE							
MEMBERSHIP FEES							
Independent Practice	63,368,956	64,354,783	65,029,592	64,998,000	68,430,750	5.28%	
Post Graduate	2,326,220	2,322,055	2,413,734	2,415,000	2,365,000	-2.07%	
Penalty Fees	178,723	1,026	563,126	404,478	431,250	6.62%	
Credit Card Service Charges	(1,521,195)	(1,540,401)	(1,628,051)	(1,519,241)	(1,668,196)	9.80%	
TOTAL MEMBERSHIP FEES	**64,352,704**	**65,137,462**	**66,378,401**	**66,298,237**	**69,558,804**	**4.92%**	
APPLICATION FEES							
New Independent Practice	2,353,910	2,458,901	2,827,847	2,742,750	2,797,220	1.99%	
New Post Graduate Educational	1,382,384	1,254,861	1,318,240	1,326,094	1,422,815	7.29%	
IP & SD - Expedited Review Fees	125,408	79,824	135,240	-	164,333	100.00%	In 2022, all IP Application fees were budgetted on the IP line.
PG - Expedited Review Fee	123,224	67,452	108,828	-	121,497	100.00%	In 2022, all IP Application fees were budgetted on the IP line.
Certificates of Professional Conduct	662,175	146,740	-	-	-	0.00%	
Certificates of Incorporation	4,052,675	3,925,495	4,447,325	4,075,750	4,377,050	7.39%	
TOTAL APPLICATION FEES	**8,699,775**	**7,933,273**	**8,837,479**	**8,144,594**	**8,882,915**	**9.07%**	
OTHER							
Investment Income	4,016,920	2,740,013	895,820	825,000	1,407,500	70.61%	Increase in interest rates.
Miscellaneous Services	70,992	19,763	(4,927)	(15,000)	(857)	94.29%	
OPSDT Costs Recovered	610,458	367,616	674,015	500,000	430,403	-13.92%	
Court Costs Awarded	32,500	15,000	19,000	15,000	35,020	133.47%	
Prior Year Items	145,266	53,111	104,549	-	-	0.00%	
TOTAL OTHER	**4,876,136**	**3,195,503**	**1,688,457**	**1,325,000**	**1,872,066**	**41.29%**	
TOTAL REVENUE	**77,928,615**	**76,266,237**	**76,904,337**	**75,767,830**	**80,313,785**	**6.00%**	
EXPENDITURES							
REGISTRAR	(2,908,039)	(1,380,461)	(1,699,156)	(1,882,863)	(2,923,710)	-55.28%	Approved salary adjustments and New Position - Lean Sensei.
CHIEF MEDICAL ADVISOR	(2,757,832)	(3,349,480)	-	-	-	0.00%	
QUALITY MANAGEMENT	(6,582,175)	(4,252,194)	(5,799,834)	(7,123,064)	(6,681,071)	6.21%	
REGISTRATION & MEMBERSHIP SERVICES	(4,816,222)	(5,078,722)	(5,487,375)	(4,343,387)	(6,363,292)	-46.51%	12 Positions were excluded from the 2022 Budget.
COMMUNICATIONS & MEDIA	(1,921,124)	(1,526,751)	(1,916,526)	(2,204,870)	(2,512,415)	-13.95%	1 position moved into the department (Engagement Specialist) and 2 new contracts.
TRANSFORMATION OFFICE	(20,053,911)	(19,471,645)	(26,770,749)	(27,047,322)	(26,868,765)	0.66%	
LEGAL OFFICE	(4,909,346)	(5,450,469)	(5,793,840)	(6,192,546)	(6,503,928)	-5.03%	
COMPLAINTS	(19,943,676)	(17,230,316)	(17,493,263)	(20,414,057)	(21,358,909)	-4.63%	
OPSDT	(3,134,584)	(2,797,033)	(3,118,188)	(3,387,246)	(2,351,192)	30.59%	Expected continued reduced volume and time for hearings and writing under new Tribunal model.
GOVERNANCE	(1,421,270)	(2,051,854)	(2,399,790)	(3,200,816)	(2,666,424)	16.70%	Budget for PA regulation moved to Policy.
POLICY	(1,947,412)	(1,377,120)	(1,689,532)	(1,658,026)	(1,918,574)	-15.71%	Gov't Relations Advisor moved from Governance to Policy in 2023.
TOTAL EXPENDITURES	**(70,395,591)**	**(63,966,045)**	**(72,168,253)**	**(77,454,197)**	**(80,148,281)**	**-3.48%**	
EXCESS REVENUE OVER EXPENDITURES	**$7,533,024**	**$12,300,192**	**$4,736,083**	**($1,686,367)**	**$165,504**		

EXPENDITURES BY DEPARTMENT

College of Physicians and Surgeons of Ontario
Cost Centre

	ACTUALS			BUDGET					
	ACTUALS 2019	ACTUALS 2020	ACTUALS 2021	BUDGET 2022	BUDGET 2023	FORECAST FOR 2022	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET $	CHANGE FROM PY BUDGET %
REGISTRAR DIVISION									
Executive Department	($2,908,039)	($1,380,461)	($1,699,156)	($1,882,863)	($2,923,710)	($2,800,798)	($122,913)	($1,040,847)	-55.28%
TOTAL REGISTRAR DIVISION	**($2,908,039)**	**($1,380,461)**	**($1,699,156)**	**($1,882,863)**	**($2,923,710)**	**($2,800,798)**	**($122,913)**	**($1,040,847)**	**-55.28%**
CHIEF MEDICAL ADVISOR DIVISION									
CHIEF MEDICAL ADVISOR	($2,757,832)	($3,349,480)	$0	$0	$0	$0	$0	$0	0.00%
TOTAL MEDICAL ADVISOR DIVISION	**($2,757,832)**	**($3,349,480)**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**0.00%**
QUALITY MANAGEMENT DIVISION									
Assessor Bi-Annual Meeting	($35)	($36,573)	$0	$0	$0	$0	$0	$0	0.00%
Assessor Networks	($30,093)	($5,317)	($3,181)	$0	$0	$0	$0	$0	0.00%
Changing Scope Working Group	($3,081)	$0	$0	$0	$0	$0	$0	$0	0.00%
Education Advisory Group	($15,621)	($10,669)	($24,628)	($26,160)	$0	($32,932)	$32,932	$26,160	100.00%
Peer Assessment Program	($752,669)	($394,098)	($1,042,952)	($1,330,207)	($1,346,249)	($1,224,016)	($122,233)	($16,042)	-1.21%
QA/QI Department	($3,012,173)	($2,593,904)	($3,845,580)	($3,881,548)	($3,817,937)	($3,221,492)	($596,445)	$63,612	1.64%
Quality Assurance Committee	($598,769)	($170,555)	($173,159)	($376,615)	($346,165)	($238,516)	($107,649)	$30,450	8.09%
Quality Improvement Program	($1,179,592)	($436,554)	($692,507)	($1,493,858)	($1,125,457)	($1,467,649)	$342,192	$368,401	24.66%
Quality Management Department	($857,556)	($569,595)	$0	$0	$0	$0	$0	$0	0.00%
Assessor Training	($47,933)	($34,928)	($17,827)	($14,676)	($45,263)	($127,872)	$82,609	($30,587)	-208.41%
Registration Pathways Evaluation	($84,652)	$0	$0	$0	$0	$0	$0	$0	0.00%
TOTAL QUALITY MANAGEMENT DIVISION	**($6,582,175)**	**($4,252,194)**	**($5,799,834)**	**($7,123,064)**	**($6,681,071)**	**($6,312,477)**	**($368,593)**	**$441,994**	**6.21%**
REGISTRATION & MEMBERSHIP SERVICES DIVISION									
Annual Membership Survey	($11,330)	($207)	$0	$0	$0	$0	$0	$0	0.00%
Applications and Credentials	($2,958,205)	($3,366,171)	($5,222,113)	($4,090,086)	($5,364,700)	($5,198,482)	($166,217)	($1,274,614)	-31.16%
Change of Scope/Re-Entry	$0	$0	$0	$0	($675,730)	($105,396)	($570,334)	($675,730)	-100.00%
Corporations Department	($928,961)	($680,133)	$0	$0	$0	$0	$0	$0	0.00%
Membership Department	($762,744)	($905,235)	$0	$0	$0	$0	$0	$0	0.00%
Registration Committee	($154,981)	($126,975)	($265,261)	($253,301)	($322,862)	($344,948)	$22,086	($69,561)	-27.46%
TOTAL REGISTRATION & MEMBERSHIP SERVICES DIVISION	**($4,816,222)**	**($5,078,722)**	**($5,487,375)**	**($4,343,387)**	**($6,363,292)**	**($5,648,827)**	**($714,466)**	**($2,019,905)**	**-46.51%**
COMMUNICATIONS & MEDIA DIVISION									
Communications Department	($1,909,833)	($1,524,609)	($1,913,568)	($2,063,033)	($2,425,415)	($2,401,824)	($23,591)	($362,382)	-17.57%
Outreach Program	($11,291)	($2,142)	($2,958)	($19,837)	($17,000)	($17,190)	$190	$2,837	14.30%
Equity, Diversity, and Inclusion	$0	$0	$0	($122,000)	($70,000)	($122,000)	$52,000	$52,000	42.62%
TOTAL COMMUNICATIONS AND MEDIA DIVISION	**($1,921,124)**	**($1,526,751)**	**($1,916,526)**	**($2,204,870)**	**($2,512,415)**	**($2,541,013)**	**$28,599**	**($307,545)**	**-13.95%**
TRANSFORMATION DIVISION									
Enterprise Systems	$0	($432,566)	($3,492,186)	($4,195,946)	($3,056,811)	($4,912,824)	$1,856,013	$1,139,135	27.15%
Infrastructure	($4,069,669)	($2,756,544)	($3,826,370)	($3,475,859)	($5,688,185)	($4,410,133)	($1,278,052)	($2,212,326)	-63.65%
IT Support	($4,539,285)	($3,373,973)	($3,678,410)	($3,179,537)	($5,018,767)	($4,405,516)	($613,251)	($1,839,231)	-57.85%
800 Bay Street	($717,978)	($641,952)	($754,114)	($750,000)	($750,000)	($750,000)	$0	$0	0.00%
Facility Services	($1,039,424)	($980,169)	($928,491)	($995,419)	($1,033,653)	($1,158,099)	$124,446	($38,235)	-3.84%
Finance Committee	($77,593)	($68,849)	($94,575)	($74,537)	($85,101)	($67,374)	($17,727)	($10,564)	-14.17%
Finance Department	($2,583,762)	($2,071,084)	($2,401,642)	($1,916,487)	($1,991,052)	($2,165,856)	$174,804	($74,565)	-3.89%
Occupancy	($2,603,259)	($2,292,704)	($2,454,060)	($2,767,213)	($2,603,798)	($2,800,345)	$196,547	$163,415	5.91%
Continuous Improvement	$0	($2,045,465)	($2,892,033)	($3,377,637)	($1,039,580)	($1,826,685)	$787,106	$2,338,058	69.22%
Human Resources Department	($1,417,604)	($1,545,880)	($1,599,977)	($1,873,992)	($1,457,881)	($1,495,035)	$37,154	$416,111	22.20%
Training & Documentation	$0	($504,751)	($1,421,326)	($1,544,880)	($1,148,947)	($1,598,529)	$449,582	$395,933	25.63%
AD&D Support Department	($1,853,906)	($1,179,880)	($1,688,881)	($1,343,646)	($1,559,003)	($1,518,609)	($40,394)	($215,357)	-16.03%
AD&D Support Projects	($67,628)	($11,265)	$0	$0	$0	$0	$0	$0	0.00%
Education Program Development	($950)	($11,741)	($5,049)	($17,100)	($25,916)	($7,768)	($18,148)	($8,816)	-51.56%
Business Services	($199,696)	($101,947)	$0	$0	$0	$0	$0	$0	0.00%
Records Management	($883,158)	($1,452,875)	($1,533,634)	($1,535,070)	($1,410,072)	($1,437,598)	$27,526	$124,999	8.14%
TOTAL TRANSFORMATION DIVISION	**($20,053,911)**	**($19,471,645)**	**($26,770,749)**	**($27,047,322)**	**($26,868,765)**	**($28,554,371)**	**$1,685,605**	**$178,557**	**0.66%**
LEGAL OFFICE DIVISION									
Legal Services	($4,909,346)	($5,450,469)	($5,793,840)	($6,192,546)	($6,503,928)	($5,362,006)	($1,141,922)	($311,382)	-5.03%

	ACTUALS			BUDGET					
	ACTUALS 2019	ACTUALS 2020	ACTUALS 2021	BUDGET 2022	BUDGET 2023	FORECAST FOR 2022	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET $	CHANGE FROM PY BUDGET %
TOTAL LEGAL OFFICE DIVISION	**($4,909,346)**	**($5,450,469)**	**($5,793,840)**	**($6,192,546)**	**($6,503,928)**	**($5,362,006)**	**($1,141,922)**	**($311,382)**	**-5.03%**
COMPLAINTS DIVISION									
I&R Administration	($592,266)	($775,676)	($1,784,262)	($1,846,491)	($1,167,020)	($1,414,405)	$247,386	$679,471	36.80%
OHPIP Assessors	$0	$0	$0	($75,000)	$0	($75,000)	$75,000	$75,000	100.00%
Health Assessments	($128,747)	($73,047)	($27,433)	($151,716)	$0	($91,183)	$91,183	$151,716	100.00%
Incapacity Investigations	($426,689)	($6,117)	$0	$0	$0	$0	$0	$0	0.00%
Medical Assessors (MIs)	($690,739)	($401,529)	($250,853)	($586,063)	($818,471)	($130,105)	($688,366)	($232,408)	-39.66%
PC Investigations	($3,641,255)	($75,729)	$0	$0	$0	$0	$0	$0	0.00%
PC Resolutions	($2,994,558)	($8,599,546)	($8,417,441)	($9,623,393)	($11,216,375)	($9,013,194)	($2,203,181)	($1,592,981)	-16.55%
Peer Opinions (IOs)	($231,893)	($122,444)	($199,126)	($275,855)	$0	($185,706)	$185,706	$275,855	100.00%
Registrar's Investigations	($1,924,565)	($102,704)	$0	$0	$0	$0	$0	$0	0.00%
Sexual Impropriety Investigation	($1,035,826)	($96,708)	$0	$0	$0	$0	$0	$0	0.00%
Spec Panel - Family Practice	$0	$0	($112,944)	($361,473)	$0	($358,340)	$358,340	$361,473	100.00%
Spec Panel - Internal Medicine	$0	$0	($45,258)	($148,695)	$0	($134,591)	$134,591	$148,695	100.00%
Spec Panel - Obstetrics	$0	$0	($30,305)	($143,517)	$0	($143,517)	$143,517	$143,517	100.00%
Spec Panel - Mental Health	$0	$0	($93,760)	($148,695)	$0	($148,468)	$148,468	$148,695	100.00%
Business, Leadership, Training	($228,022)	($110,426)	($97,722)	($189,483)	($180,806)	($121,360)	($59,447)	$8,677	4.58%
Caution Panels	($95,473)	($42,793)	($32,425)	($86,876)	$0	($7,025)	$7,025	$86,876	100.00%
Gen,Hybrid,Teleconfs,Ad-Hocs	($1,172,348)	($758,346)	($804,734)	($1,011,603)	($2,220,286)	($884,368)	($1,335,917)	($1,208,683)	-119.48%
Spec Panel - Surgical	$0	$0	($137,159)	($322,354)	$0	($318,771)	$318,771	$322,354	100.00%
ICR Committee Support	($2,287,726)	($1,968,114)	($1,906,123)	($2,257,933)	($1,110,388)	($1,994,206)	$883,818	$1,147,545	50.82%
ICRC - Health Inquiry Panels	($21,839)	($30,125)	($22,522)	($46,406)	$0	($30,565)	$30,565	$46,406	100.00%
ICRC - Specialty Panels	($911,923)	($825,539)	($553,030)	($45,543)	$0	($27,162)	$27,162	$45,543	100.00%
Compliance Monitoring	($2,082,242)	($1,965,871)	($1,867,512)	($1,886,722)	($3,282,575)	($1,954,218)	($1,328,357)	($1,395,853)	-73.98%
Training - Non-Staff	($29,241)	($2,632)	($11,452)	($42,000)	($42,090)	($42,000)	($90)	($90)	-0.21%
Advisory Services Department	($1,448,322)	($1,272,969)	($1,099,203)	($1,164,237)	($1,320,899)	($1,150,118)	($170,781)	($156,662)	-13.46%
TOTAL COMPLAINTS DIVISION	**($19,943,676)**	**($17,230,316)**	**($17,493,263)**	**($20,414,057)**	**($21,358,909)**	**($18,224,302)**	**($3,134,606)**	**($944,852)**	**-4.63%**
OPSDT									
Fitness to Practice Committee	($856)	($204)	$0	$0	$0	$0	$0	$0	0.00%
OPSDT - Case Management	($200,047)	($190,591)	($28,384)	($70,612)	($80,487)	($20,938)	($59,549)	($9,874)	-13.98%
OPSDT - Hearings	($1,727,728)	($1,851,850)	($1,830,238)	($1,506,322)	($1,116,074)	($666,750)	($449,324)	$390,248	25.91%
OPSDT - Policy/Training	($300,575)	($184,111)	($132,523)	($324,172)	($163,963)	($191,730)	$27,767	$160,209	49.42%
Tribunal Office	($905,379)	($570,276)	($1,127,043)	($1,486,139)	($990,668)	($1,047,458)	$56,789	$495,471	33.34%
TOTAL OPSDT DIVISION	**($3,134,584)**	**($2,797,033)**	**($3,118,188)**	**($3,387,246)**	**($2,351,192)**	**($1,926,876)**	**($424,316)**	**$1,036,054**	**30.59%**
GOVERNANCE									
Committee Education	$0	$0	($82,092)	($445,071)	($314,620)	($453,659)	$139,039	$130,451	29.31%
Council	($487,344)	($379,781)	($406,467)	($575,228)	($508,938)	($577,557)	$68,620	$66,290	11.52%
Council Elections	($4,508)	($5,600)	($3,340)	($5,000)	($13,000)	($3,850)	($9,150)	($8,000)	-160.00%
Executive Committee	($81,084)	($51,032)	($47,364)	($103,127)	($131,190)	($93,901)	($37,289)	($28,062)	-27.21%
FMRAC	($445,616)	($454,528)	($454,528)	($465,000)	($465,000)	($454,528)	($10,472)	$0	0.00%
GOVERNANCE	$0	($977,214)	($1,281,466)	($1,082,255)	($871,871)	($744,349)	($127,522)	$210,384	19.44%
Governance Committee	($42,472)	($91,493)	($71,248)	($82,423)	($64,656)	($91,866)	$27,210	$17,768	21.56%
Government Relations	$0	$0	($100)	($270,932)	$0	($10,732)	$10,732	$270,932	100.00%
President's Expenses	($89,803)	($87,197)	($53,186)	($171,779)	($297,150)	($172,503)	($124,647)	($125,371)	-72.98%
Strategic Planning Project	($270,443)	($5,009)	$0	$0	$0	$0	$0	$0	0.00%
TOTAL GOVERNANCE DIVISION	**($1,421,270)**	**($2,051,854)**	**($2,399,790)**	**($3,200,816)**	**($2,666,424)**	**($2,602,945)**	**($63,479)**	**$534,392**	**16.70%**
POLICY									
Patient Relations Program	($424,110)	($327,629)	($285,976)	($118,655)	($113,218)	($113,630)	$412	$5,438	4.58%
POLICY	($1,443,285)	($979,751)	($1,343,492)	($1,434,369)	($1,682,537)	($1,613,103)	($69,434)	($248,168)	-17.30%
Policy Working Group	($80,017)	($69,740)	($60,064)	($105,002)	($122,820)	($341,867)	$219,047	($17,818)	-16.97%
TOTAL POLICY DIVISION	**($1,947,412)**	**($1,377,120)**	**($1,689,532)**	**($1,658,026)**	**($1,918,574)**	**($2,068,600)**	**$150,025**	**($260,549)**	**-15.71%**
TOTAL EXPENDITURES	**($70,395,591)**	**($63,966,045)**	**($72,168,253)**	**($77,454,197)**	**($80,148,281)**	**($76,042,214)**	**($4,106,067)**	**($2,694,084)**	**-3.48%**

EXPENDITURES BY ACCOUNT

College of Physicians and Surgeons of Ontario
Cost Centre

	ACTUALS			BUDGET					
	ACTUALS 2019	ACTUALS 2020	ACTUALS 2021	BUDGET 2022	BUDGET 2023	FORECAST FOR 2022	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET $	CHANGE FROM PY BUDGET %
PER DIEMS									
Attendance	($2,273,658)	($1,884,096)	($2,208,584)	($3,950,595)	($3,563,783)	($3,769,601)	$205,818	$386,812	9.79%
Preparation Time	($2,299,417)	($2,021,977)	($2,323,597)	($2,963,342)	($2,801,187)	($2,282,127)	($519,060)	$162,155	5.47%
Decision Writing	($611,481)	($601,551)	($804,586)	($1,289,027)	($832,512)	($833,153)	$641	$456,515	35.42%
HST on Per Diems	($426,810)	($278,115)	($335,456)	($391,534)	($373,687)	($350,538)	($23,150)	$17,846	4.56%
Travel Time	($871,275)	($254,163)	($247,730)	($525,094)	($548,321)	($501,669)	($46,651)	($23,227)	-4.42%
Teleconference	($994)	$0	$0	$0	$0	$0	$0	$0	0.00%
Expert/Peer Opinions	($774,158)	$0	$0	$0	$0	$0	$0	$0	0.00%
TOTAL PER DIEMS	**($7,257,794)**	**($5,039,903)**	**($5,919,954)**	**($9,119,592)**	**($8,119,490)**	**($7,737,087)**	**($382,403)**	**$1,000,102**	**10.97%**
STAFFING COSTS									
Salaries	($38,002,208)	($36,963,166)	($39,732,440)	($39,372,964)	($42,444,768)	($38,220,475)	($4,224,293)	($3,071,804)	-7.80%
Benefits	($5,406,604)	($5,043,510)	($4,529,777)	($5,570,215)	($6,308,651)	($5,346,723)	($961,928)	($738,436)	-13.26%
Pension	($4,044,850)	($3,558,382)	($3,712,062)	($3,922,313)	($4,054,919)	($3,845,837)	($209,082)	($132,606)	-3.38%
Part Time Help	($237,241)	($185,003)	($397,864)	($507,000)	($491,872)	($768,708)	$276,836	$15,128	2.98%
Professional Fees - Staff	($139,656)	($153,466)	($142,105)	($192,085)	($186,270)	($137,244)	($49,026)	$5,815	3.03%
Employee Engagement	($285,935)	($223,957)	($239,754)	($315,426)	($270,800)	($399,950)	$129,150	$44,626	14.15%
Training and Conferences	($572,149)	($246,379)	($1,050,240)	($982,312)	($851,998)	($1,048,764)	$196,766	$130,314	13.27%
Vacation Accrual	$4,172	$0	$0	$0	$0	$0	$0	$0	0.00%
TOTAL STAFFING COSTS	**($48,684,470)**	**($46,373,862)**	**($49,804,241)**	**($50,862,315)**	**($54,609,278)**	**($49,767,700)**	**($4,841,578)**	**($3,746,963)**	**-7.37%**
PROFESSIONAL/CONSULTING FEES									
Audit Fees	($62,498)	($53,901)	($77,061)	($50,000)	($50,000)	($50,000)	$0	$0	0.00%
Recruiting	($24,380)	($14,780)	($169,530)	($55,000)	($55,000)	($55,000)	$0	($0)	-0.00%
Consulting Fees	($4,193,348)	($2,103,068)	($3,719,762)	($4,598,954)	($3,346,578)	($4,491,710)	$1,145,132	$1,252,376	27.23%
Legal Fees	($981,253)	($1,471,356)	($916,475)	($410,000)	($485,000)	($373,955)	($111,045)	($75,000)	-18.29%
TOTAL PROFESSIONAL/CONSULTING COSTS	**($5,261,479)**	**($3,643,106)**	**($4,882,827)**	**($5,113,954)**	**($3,936,578)**	**($4,970,666)**	**$1,034,088**	**$1,177,376**	**23.02%**
OTHER COSTS									
Grants	($140,297)	($38,244)	($74,000)	($50,000)	($50,000)	($50,000)	$0	$0	0.00%
Members' Dialogue	($388,540)	($296,598)	($360,445)	($390,000)	($380,000)	($390,000)	$10,000	$10,000	2.56%
Equipment Leasing	($65,674)	($89,030)	($103,780)	($100,960)	($240,000)	($163,923)	($76,077)	($139,040)	-137.72%
Printing	($8,537)	($2,962)	($6,641)	($1,000)	($1,300)	($500)	($800)	($300)	-29.99%
Equipment Maintenance	($15,089)	($5,378)	($33,104)	($100,210)	($39,570)	($183,078)	$143,508	$60,640	60.51%
Software Costs	($875,862)	($1,445,372)	($2,382,005)	($2,193,300)	($3,308,680)	($2,578,273)	($730,407)	($1,115,380)	-50.85%
Internal Charges	$570,480	$454,432	$618,652	$1,265,492	$1,193,704	$1,265,484	($71,780)	($71,788)	5.67%
Kilometer Expense	($1,352)	$0	$0	$0	$0	$0	$0	$0	0.00%
Telephone	($271,337)	($256,965)	($403,943)	($311,805)	($373,126)	($390,193)	$17,066	($61,321)	-19.67%
Teleconference	($10,890)	$0	$0	$0	$0	$0	$0	$0	0.00%
Bad Debt Expense	($280,206)	($106,655)	($459,164)	$0	($2,500)	$647	($3,147)	($2,500)	-100.00%
Postage	($201,715)	($96,248)	($85,806)	($103,350)	($53,181)	($153,779)	$100,598	$50,169	48.54%
Photocopying	($279,907)	($218,532)	($158,609)	($217,459)	($227,450)	($207,321)	($20,129)	($9,991)	-4.59%
Miscellaneous	($90,502)	($201,731)	($58,623)	($245,022)	($154,800)	($239,997)	$85,197	$90,222	36.82%
Office Supplies	($242,016)	($501,879)	($114,175)	($156,690)	($206,040)	($163,821)	($42,219)	($49,350)	-31.50%
Courier	($31,430)	($24,346)	($26,200)	($31,050)	($33,500)	($77,821)	$44,321	($2,450)	-7.89%

EXPENDITURES BY ACCOUNT

College of Physicians and Surgeons of Ontario
Cost Centre

	ACTUALS			BUDGET					
	ACTUALS 2019	ACTUALS 2020	ACTUALS 2021	BUDGET 2022	BUDGET 2023	FORECAST FOR 2022	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET $	CHANGE FROM PY BUDGET %
Meals	($461,483)	($237,426)	($134,553)	($335,175)	($407,246)	($311,652)	($95,594)	($72,071)	-21.50%
Accommodations	($255,041)	($76,105)	($22,714)	($217,738)	($235,578)	($220,451)	($15,127)	($17,839)	-8.19%
Travel Expenses	($479,699)	($132,019)	($89,141)	($358,874)	($516,329)	($466,307)	($50,022)	($157,455)	-43.87%
Publications and Subscriptions	($206,111)	($185,454)	($164,497)	($173,917)	($132,097)	($427,918)	$295,821	$41,820	24.05%
Reporting and Transcripts	($311,878)	($263,056)	($461,531)	($747,670)	($641,850)	($471,178)	($170,672)	$105,820	14.15%
Offsite Storage Fees	($205,831)	($180,690)	($192,813)	($202,600)	($210,000)	($200,816)	($9,184)	($7,400)	-3.65%
Witness Expenses	($45,442)	($8,403)	($18,364)	($50,700)	($40,700)	($27,400)	($13,300)	$10,000	19.72%
Therapy Costs	($391,089)	($293,966)	($241,476)	($65,000)	($50,000)	($65,000)	$15,000	$15,000	23.08%
FMRAC Fees	($445,616)	($454,528)	($454,528)	($465,000)	($465,000)	($454,528)	($10,472)	$0	0.00%
TOTAL OTHER COSTS	**($5,135,061)**	**($4,661,154)**	**($5,427,462)**	**($5,252,029)**	**($6,575,243)**	**($5,977,825)**	**($597,418)**	**($1,323,214)**	**-25.19%**
OCCUPANCY COSTS									
Electrical	($235,418)	($260,815)	($47,326)	($31,300)	($60,000)	($75,578)	$15,578	($28,700)	-91.69%
Mechanical	($143,040)	($146,835)	($183,942)	($115,100)	($155,000)	($115,100)	($39,900)	($39,900)	-34.67%
Plumbing	($52,579)	($48,760)	($30,638)	($32,500)	($60,000)	($35,015)	($24,985)	($27,500)	-84.62%
Building Consultants	($486,143)	($48,091)	($59,201)	($335,900)	($200,000)	($335,900)	$135,900	$135,900	40.46%
Building Maintenance	$0	$0	($1,176)	$0	$0	$0	$0	$0	0.00%
Other Building Costs	($94,594)	($144,877)	($324,336)	($87,900)	($100,000)	($87,900)	($12,100)	($12,100)	-13.77%
Housekeeping	($231,790)	($222,194)	($231,745)	($254,750)	($240,000)	($240,918)	$918	$14,750	5.79%
Realty Taxes	($102,593)	($108,101)	($112,793)	($115,000)	($120,000)	($114,920)	($5,080)	($5,000)	-4.35%
Hydro	($180,394)	($134,042)	($141,720)	($141,000)	($150,000)	($145,706)	($4,294)	($9,000)	-6.38%
Natural Gas	($15,093)	($14,799)	($19,215)	($20,000)	($25,000)	($24,316)	($684)	($5,000)	-25.00%
Water and Other Utilities	($18,358)	($11,095)	($6,580)	($12,000)	($12,000)	($3,225)	($8,775)	$0	0.00%
Offsite Leasing	($727,355)	($641,587)	($748,012)	($1,150,000)	($750,000)	($750,000)	$0	$400,000	34.78%
Insurance	($545,263)	($592,234)	($723,127)	($800,000)	($725,000)	($800,000)	$75,000	$75,000	9.38%
TOTAL OCCUPANCY COSTS	**($2,832,618)**	**($2,373,430)**	**($2,629,810)**	**($3,095,450)**	**($2,597,000)**	**($2,728,578)**	**$131,578**	**$498,450**	**16.10%**
DEPRECIATION AND AMORTIZATION									
Depreciation	($1,224,169)	($1,529,317)	($1,496,623)	($1,735,414)	($1,162,548)	($1,868,034)	$705,486	$572,866	33.01%
Depreciation - Non Building	$0	($345,273)	($2,007,336)	($2,275,443)	($3,148,144)	($2,992,324)	($155,820)	($872,701)	-38.35%
TOTAL DEPRECIATION AND AMORTIZATION	**($1,224,169)**	**($1,874,590)**	**($3,503,959)**	**($4,010,857)**	**($4,310,692)**	**($4,860,358)**	**$549,666**	**($299,835)**	**-7.48%**
TOTAL EXPENDITURES	**($70,395,591)**	**($63,966,045)**	**($72,168,253)**	**($77,454,197)**	**($80,148,281)**	**($76,042,214)**	**($4,106,067)**	**($2,694,084)**	**-3.48%**

Council Motion

Motion Title	Council Meeting Consent Agenda
Date of Meeting	March 2, 2023

It is moved by_____, and seconded by_____, that:

The Council of the College of Physicians and Surgeons of Ontario approves the items outlined in the consent agenda, which include in their entirety:

- The Council meeting agenda for March 2 and 3, 2023; and
- The minutes from the meeting of Council held December 8 and 9, 2022

Council Briefing Note

March 2023

Topic:	Executive Committee Report
Purpose:	For Information
Main Contact:	Carolyn Silver, Chief Legal Officer
Attachment:	N/A

Joint Governance Committee / Executive Committee ad-hoc meeting – January 12, 2023

01-EX-January-2023 **Retroactive Re-appointments to the Inquiries Complaints and Reports Committee**

On a motion moved by J. Fisk, seconded by J. van Vlymen and carried that the Executive Committee approves the retroactive re-appointments of Dr. Thomas Bertoia, Dr. Lara Kent and Dr. Brian Watada as members of the Inquiries Complaints and Reports Committee as of the close of the Annual General Meeting of Council in December 2022 until the Annual General Meeting of Council in December 2025.

Contact: Robert Gratton, President
Carolyn Silver, Chief Legal Officer

Date: February 15, 2023

Council Briefing Note

March 2023

Topic:	Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases | November 24, 2022 – February 9, 2023
Purpose:	For Information
Relevance to Strategic Plan:	Right-Touch Regulation
Public Interest Rationale:	**Accountability:** Holding physicians accountable to their patients/clients, the public, and their regulatory body. **Protection:** Fulfilling the College's mandate to ensure public protection.
Main Contacts:	Dionne Woodward, Tribunal Counsel
Attachments:	None

Issue

- This report summarizes reasons for decision released between November 24, 2022 and February 9, 2023 by the Ontario Physicians and Surgeons Discipline Tribunal.
- It includes reasons on discipline hearings (liability and/or penalty), costs hearings, motions and case management issues brought before the Tribunal.
- This report is for information.

Current Status and Analysis

In the period reported, the Tribunal released 9 reasons for decision:

- 6 reasons on findings (liability) and penalty
- 2 reasons on motions/case management
- 1 set of reasons on costs

Findings

Liability findings included:

- 6 findings of disgraceful, dishonorable or unprofessional conduct
- 5 findings of failure to maintain the standard of practice of the profession

- 2 findings of contravening a term, condition or limitation on a certificate of registration
- 1 finding of guilty of an offence relevant to suitability to practice
- 1 finding of incompetence

Penalty

Penalty orders included:

- 5 reprimands
- 3 suspensions
- 1 revocation
- 2 imposition of terms, conditions or limitations on the physician's Certificate of Registration

Costs

The Tribunal imposed a costs order on the physician in all penalty reasons. The maximum costs ordered were $10,370 and the minimum costs ordered were $6000.

Motions and case management decisions

For the period reported, the Tribunal released one order and reasons for decision on a motion, one case management decision and one set of reasons on costs.

TABLE 1: TRIBUNAL DECISIONS – FINDINGS (November 24, 2022 to February 9, 2023)

Citation and hyperlink to published reasons	Physician	Date of Reasons	Sexual Abuse	Disgraceful, Dishonourable, Unprofessional	Failed to maintain standard of practice	Incompetence	Other
2022 ONPSDT 45	Rona	Dec. 6, 2022		X	X		
2022 ONPSDT 46	Hassell	Dec. 15, 2022		X	X	X	- Contravened a term, condition or limitation on certificate of registration - Failed to respond to written inquiries from the College
2023 ONPSDT 1	Otto	Jan. 11, 2023		X			- Guilty of an offence relevant to suitability to practise
2023 ONPSDT 3	Assad	Jan. 24, 2023		X	X		- Contravened a term, condition or limitation on certificate of registration
2023 ONPSDT 4	Bélanger	Jan 25, 2023		X	X		

2023 ONPSDT 5	O'Brien	Jan 25, 2023		X	X		

TABLE 2: TRIBUNAL DECISIONS - PENALTIES (November 24, 2022 to February 9, 2023)

Citation and hyperlink to published reasons	Physician	Date of reasons	Penalty (TCL = Terms, Conditions or Limitations)	Length of suspension in months	Costs
2022 ONPSDT 45	Rona	Dec. 6, 2022	Reprimand (*Note: Member signed undertaking to resign from College and not to apply or re-apply for registration in Ontario or any other jurisdiction.)		$6000
2022 ONPSDT 46	Hassell	Dec. 15, 2022	Reprimand (*Note: Member signed undertaking to resign from College and not to apply or re-apply for registration in Ontario or any other jurisdiction.)		$6000
2023 ONPSDT 1	Otto	Jan. 11, 2023	Revocation		$6000
2023 ONPSDT 3	Assad	Jan. 24, 2023	Reprimand, suspension, TCL	4	$6000
2023 ONPSDT 4	Bélanger	Jan 25, 2023	Reprimand, suspension, TCL	6	$6000
2023 ONPSDT 5	O'Brien	Jan 25, 2023	Reprimand, suspension	8	$6000

TABLE 3: TRIBUNAL DECISIONS - MOTIONS AND CASE MANAGEMENT (November 24, 2022 to February 9, 2023)

Citation and hyperlink to published reasons	Physician(s)	Date of reasons	Motion/Case management outcome	Nature of motion/case management issue
2022 ONPSDT 44	Kadri	Dec. 1, 2022	Case Management – Order made to proceed with hearing on scheduled date.	A witness the physician had summonsed indicated that testifying would cause them harm and that documentation of this would be forthcoming. On that basis, the physician asked for an adjournment. The panel determined that the balancing of interests favored proceeding on the scheduled date, particularly given the matter had already been adjourned for five months. The panel indicated that it would be open to various means to accommodate the witness. This included them testifying at a later date, if appropriate, and/or other modifications to the hearing process to ensure procedural fairness.
2022 ONPSDT 47	Khan	Dec. 22, 2022	Reasons on Costs - Physician ordered to pay $10,370 in costs for last-minute motions brought prior to discipline hearing.	The motion panel found it appropriate to issue a costs order because: - Dr. Khan was unsuccessful on the motions; and - the motions, which could have been brought much sooner, were a deliberate attempt to delay the discipline hearing.
2023 ONPSDT 2	Phillips/Trozzi/Luchkiw	Jan. 19, 2023	The physicians' motion that the case against them be dismissed on jurisdictional grounds was unsuccessful.	The physicians asked that the case be dismissed because: (1) the College's various COVID-19 statements were improper based on administrative law because the College could not establish a standard of practice in

				this way; (2) the Registrar exceeded her jurisdiction and engaged in a "fishing expedition" in authorizing the investigations; and (3) the Statements violated the physicians' Charter rights. The Tribunal concluded: (1) The Statements were non-binding and the College was not arguing that the statements established a standard of practice or defined professional misconduct. There was no reason to dismiss the referrals merely because the College may rely on the Statements at the merits hearing. These issues had been decided by the courts in Dr. Luchkiw's and other cases. (2) The Registrar's referrals were proper and the Superior Court had already made this determination. (3) As had already been decided by the courts, the Statements were not subject to Charter scrutiny in the abstract. The members could raise *Charter* issues as part of their defence at the merits hearings.

Council Briefing Note

March 2023

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

Update on the Ontario Legislature

- The House rose for its winter break on December 8th last year and is scheduled to return on February 21st for the winter/spring legislative session for what is anticipated to be a busy session.

- MPP Marit Stiles (Davenport) has been confirmed as the new provincial NDP leader. Meanwhile, at the time this note was written, no one has officially put their name forward for the Ontario Liberal leadership race, though MPP Ted Hsu (Kingston and the Islands), MPP Mitzie Hunter (Scarborough-Guildwood), and Ontario Green Party leader Mike Schreiner (Guelph), among others, have been reported as potential candidates.

Issues of Interest

a) Recent Government Announcements

- Government recently unveiled plans to address the surgical backlog, including the proposed expansion of diagnostic and surgical procedures into independent health facilities (IHF).
    - It is anticipated that legislation will be introduced in February, that would, if passed, enable more diagnostic and surgical procedures to take place in community clinics. Details regarding both the legislative and regulatory changes needed are not yet available, but CPSO staff are meeting with relevant Ministry staff to further understand both the legislative and implementation objectives.

- Government also announced plans to introduce legislation, that would, if passed, speed up the ability of already-registered health workers from other provinces to practice in Ontario without being registered with the relevant College. The announcement also signaled an interest in allowing for additional overlapping scopes of practice to enable professionals to work beyond their regular responsibilities.
    - Staff are in communication with relevant Ministry staff to understand government's policy intent and to get clarity on the oversight and integration framework being developed.

b) Registration Requirements

- On October 27, 2022, the Lieutenant Governor in Council approved O. Reg. 508/22: *Registration Requirements*, under the *Regulated Health Professions Act*. These regulations implement legislative changes passed in the previous parliament that are intended to reduce barriers to registration at health regulatory colleges.

- Three changes have come into effect, including: establishing timelines for some elements of the registration process; identifying narrow exceptions to the prohibition of Canadian work experience; and standardizing language proficiency requirements.

- Staff are also currently consulting on the new Emergency Circumstances Practice Class of Registration which comes into force on August 31st, 2023. A separate briefing note detailing the work underway is included in the materials.

c) Physician Assistant Regulation

- Staff have continued to develop the regulatory framework needed to support the regulation of Physician Assistants (PAs). Pending further feedback from key stakeholders including government, draft regulations will be considered by Council later in 2023. Government has signaled that PAs will be regulated in 2024.

Interactions with Government

- In addition to the above, staff continue to engage with government staff on registration, public members, and other emergent issues.

- CPSO's president along with staff have also met with newly elected MPPs between December 2022 and January 2023 to introduce MPPs to CPSO and help facilitate communication and relationship building.

Council Briefing Note

March 2023

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

Issue

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

Current Status

1. Consultation Update

- Two consultations launched following December 2022 Council. Notice of the consultation was sent to the membership and external stakeholders and was promoted through CPSO's website and social media platforms.

- An overview of the key themes that have emerged in the feedback to date is provided below. Further updates will be provided at future meetings after the consultations close.

General Consultation: *Conflicts of Interest and Industry Relationships ("Industry")*

- Council approved the draft *Industry* policy for external consultation in December 2022.

- As of the consultation deadline, this consultation has received 103 responses: nine through written feedback and 94 via the online survey.[1]

- A majority of survey respondents agreed that the policy was easy to understand and clearly written, comprehensive, and sets reasonable expectations.

- A majority of survey respondents preferred the new draft definition of "conflict of interest" and agreed with the importance of proposed new expectations in the draft policy, including that physicians fulfil their fiduciary duties to patients when resolving conflicts of interest and be transparent and proactively disclose conflicts of interest.

- Some respondents expressed that the draft policy expectations were too permissive, and that interactions with industry should be minimized further, while others, by contrast, expressed that the draft policy may be too onerous, such as around disclosure.

- In general, respondents recognized risks and benefits to the involvement of industry. For example, that physicians should not accept gifts at continuing medical education or continuing professional development (CME/CPD) activities, but that these events could present important opportunities for physicians in learning and discussion with colleagues.

- Constructive suggestions to refine the draft policy and draft *Advice* included providing specific definitions of "modest meal" or "reasonable;" resolving the contradictory advice around not accepting gifts and permitting modest meals; and providing more literature around industry relationships and prescribing, research outcomes, and disclosure.

Preliminary Consultation: *Practice Guide*

- As of the consultation deadline, this consultation has received 48 responses: 13 through written feedback and 35 via the online survey. The vast majority of respondents were physicians and feedback was also received from four organizational respondents.[2]

- A majority of survey respondents agreed that the *Practice Guide* provides useful guidance for the medical profession's values, responsibilities, and obligations. However, much of the written feedback focused on suggestions to improve the *Practice Guide*, which included:

    - Condensing the *Practice Guide* and identifying key values and duties throughout;
    - Re-evaluating which values, responsibilities, and duties are highlighted to ensure that guidance reflects contemporary challenges for the profession and the health care system (e.g., burnout, resource constraints, and the rise of for-profit medicine); and

[1] Organizational respondents included: Professional Association of Residents of Ontario (PARO).

[2] Organizational respondents included: Canadian Medical Protective Association (CMPA); College of Nurses of Ontario (CNO); Ontario Association of Interval and Transition Houses (OAITH); and PARO.

  - Integrating principles of equity, diversity, and inclusion into the *Practice Guide*.

- In addition to the usual consultation activities and as part of CPSO's commitment to meaningful engagement, a virtual "Medical Professionalism Roundtable" held in late January 2023 brought together Ontario physicians, patients, and caregivers to explore what the concept of medical professionalism means today.

- Participants explored key concepts related to the values, responsibilities, and duties of individual physicians and the profession as a whole. The discussion prompted significant perspective sharing and there was general consensus on several key issues that included:

  - The fundamental importance of physician and patient safety in conceptions of medical professionalism;
  - The usefulness of social accountability as a way of capturing physicians' obligations to patients, communities, colleagues, and themselves; and
  - The pressures on physicians and on ideas of "professionalism" brought on by imperfect and strained health care systems.

- Overall, feedback was very positive and a strong majority agreed that bringing physicians and patients together to discuss medical professionalism was valuable and productive.

2. Policy Status Table

- The status of ongoing policy development and reviews, as well as target dates for completion, is presented for Council's information for each meeting as **Appendix A**.

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		
Practice Guide	Dec-22		✓					**2024**	
Blood Borne Viruses	Jun-22						✓	**2024**	Council is asked for approval to rescind this policy.
Mandatory and Permissive Reporting	Jun-22		✓					**2024**	
Physicians' Relationships with Industry: Practice, Education and Research	Dec-21					✓		**2023**	The draft policy has been retitled to *Conflicts of Interest and Industry Relationships*.
Professional Obligations and Human Rights	Dec-20					✓		**2023**	The draft policy has been retitled to *Human Rights in the Provision of Health Services*.
Medical Assistance in Dying	Dec-20					✓		**2023**	
Planning for and Providing Quality End-of-Life Care	Dec-20						✓	**2023**	The draft policy has been retitled to *Decision-Making for End-of-Life Care*.

Table 2: Policy Review Schedule

Policy	Target Review	Policy	Target Review
Providing Physician Services During Job Actions	2018/19	*Disclosure of Harm*	2024/25
Cannabis for Medical Purposes	2020/21	*Prescribing Drugs*	2024/25
Consent to Treatment	2020/21	*Boundary Violations*	2024/25
Physician Treatment of Self, Family Members, or Others Close to Them	2021/22	*Medical Records Documentation*	2025/26
Physician Behaviour in the Professional Environment	2021/22	*Medical Records Management*	2025/26
Accepting New Patients	2022/23	*Protecting Personal Health Information*	2025/26
Ending the Physician-Patient Relationship	2022/23	*Advertising*	2025/26
Uninsured Services: Billing and Block Fees	2022/23	*Delegation of Controlled Acts*	2025/26
Ensuring Competence: Changing Scope of Practice and Re-entering Practice	2023/24	*Professional Responsibilities in Medical Education*	2025/26
Public Health Emergencies	2023/24	*Third Party Medical Reports*	2025/26
Closing a Medical Practice	2024/25	*Complementary and Alternative Medicine*	2026
Availability and Coverage	2024/25	*Virtual Care*	2027
Managing Tests	2024/25	*Social Media*	2027
Transitions in Care	2024/25	*Dispensing Drugs*	2027
Walk-in Clinics	2024/25		

Ontario Medical Students' Association
CPSO Council Update
March 2-3, 2023

Presented by:
Angie Salomon, President
Jeeventh Kaur, President-Elect

OMSA Ontario Medical Students Association
AÉMO Association des étudiant·e·s de médecine de l'Ontario

Thank you once again to the CPSO for inviting representatives from the Ontario Medical Students Association (OMSA) to observe and participate in your Council meeting. As you may know, OMSA represents the interests and concerns of Ontario's 4000+ medical students, and is entrusted with advocating for changes in education, health policy, and care delivery that will benefit the future physicians of Canada and the communities that we serve.

Operations across OMSA's 22 committees are in full swing, spanning initiatives in our advocacy, education, student affairs, EDI, finance, and communications portfolios. **Here's some of what we're working on:**

1. **Preparations for OMSA's flagship events and conferences:** our annual Equity, Diversity, Inclusion, and Decolonization (EDID) Conference, Ontario Student Medical Research Conference (OSMERC), Wellness Retreat, Day of Action, and Leadership Summit and Annual General Meeting, will be held at various points across March, April, and May. Primarily in-person, these events provide an opportunity for students from across the province to engage in the aspects of medical education that matter to them most.
2. **Internal analysis of demographic hiring data:** in efforts to improve representation across our organization, OMSA is undertaking a detailed analysis of hiring data from our Fall 2022 recruitment cycle, under the leadership of our Internal EDID team.
3. **Dissemination of grants and awards:** OMSA distributed its first round of research conference grants in the Fall. Applications for other funding opportunities and awards, including the Medical Student Research Education Grants (MSERG), the Abeera Shahid Student Recognition Award, and second-round research conference grants, are or will be open during the upcoming term.
4. **Financial literacy series:** in partnership with TD Bank, OMSA will be hosting a series of seminars on topics related to financial literacy in March.

While the second term is a busy time for OMSA, we are excited and enthusiastic to continue working to see the above and other initiatives to completion.

Thank you as always for welcoming medical students to the table. We look forward to continuing to work with the CPSO.

Sincerely,

Angie Salomon
President, OMSA
president@omsa.ca

Jeeventh Kaur
President-Elect, OMSA
president_elect@omsa.ca

PARO

Inspired by our love of medicine

RDOC Board February 2023

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

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

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

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

We are pleased to submit this update on some strategic initiatives at PARO.

PARO-OTH Collective Agreement

There are two issues related to our Collective Agreement with the Ontario Teaching Hospitals, which expires on June 30, 2023.

Bill 124 Contract Re-opener

Our current contract was negotiated while Bill 124 was in effect. This Bill essentially restricted salary increases to one percent per year for three consecutive years for many parts of the public sector, including us. On November 29, 2022, the Ontario Superior Court ruled that **Bill 124 is unconstitutional**. We are very fortunate that our legal team played a lead role in this determination.

Of paramount importance is the fact that in our last round of negotiations, **we obtained a Bill 124 reopener**, which states that the Arbitration Panel from the last round of bargaining remained "seized to reopen compensation issues should the outstanding constitutional challenges prove successful, or should Bill 124 be otherwise modified or repealed".

As a result, we have **notified our Employer** that we have written to the Kaplan Arbitration Panel requesting that they set dates to determine the outstanding reopener compensation issues. We indicated that we are prepared to meet to reach a negotiated settlement while we are waiting for the Panel to convene.

2023 Negotiations Preparation

As mentioned, our **current Collective Agreement expires on June 30, 2023**. The existing contract will remain in effect until a new one is settled. A number of factors will determine when we initiate the negotiations process, including the outcome of our Bill 124 Re-opener action. Nevertheless, we have started our preparations and **have launched our membership survey** that we will use to help our Negotiations Team determine our priorities in the next round of bargaining.

As part of our process, we also rely heavily on our PARO Senior Staff and Legal Counsel to provide us with an analysis of the bargaining climate together with knowledge of what other bargaining units are achieving through collective bargaining, mediation or arbitrated settlements.

Residents on Extended Long-term Disability Leave from Training

PARO manages a Long-term Disability Program to ensure all our members are protected should they become ill longer than the paid medical time off provided under our Collective Agreement with the Employer. PARO and the Universities have been in discussion to optimally support the small number of residents who have been on Long-term Disability leave beyond a few years to reduce administrative burden on them when a return to work and training is unlikely but still ensuring that there is no negative impact on their return to training should it become possible medically.

Government MRRP (Medical Resident Redeployment Program)

After significant work by PARO last year, we were very pleased when the Government announced the MRRP. This program enables residents to provide much-needed additional service resulting from the impact of COVID, and to receive payment at a rate of $50 per hour. Our priority was to ensure that all residents could be eligible to participate in providing service on a voluntary basis, and to ensure that they would receive extra pay for doing so as a tangible way of recognizing their contribution. The Program has been extended several times - most recently through to the end of March 2023. In addition, with the significant stress to the **pediatric** healthcare system we experienced these past months, the MOH was agreeable to apply the MRRP to that particular surge.

Our PG Deans have identified that it has been a critical factor in meeting the resource challenges these past few months. It has also enabled sites to decrease use of university rotation-redeployment. Therefore, whether residents have personally participated in the program, it has improved morale broadly amongst members.

If you want more details on the Program, which save for the extension is unchanged, PARO's FAQ remains on the PARO COVID Webpage.

Kind Regards,

Zainab Mohamed, MD
PARO Board of Directors

Ariel Gershon, MD
PARO Board of Directors

Council Briefing Note

March 2023

Topic:	Update on Council Action Items
Purpose:	For Information
Relevance to Strategic Plan:	Right Touch Regulation, Quality Care, Meaningful Engagement, System Collaboration, Continuous Improvement
Public Interest Rationale:	Accountability: Holding Council and the College accountable for the decisions made during the Council meetings
Main Contacts:	Carolyn Silver, Chief Legal Officer Cameo Allan, Manager of Governance Adrianna Bogris, Council Administrator

Issue

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

Current Status

- Council held a meeting on December 8 and 9, 2022. The motions carried and the implementation status of those decisions are outlined in Table 1.

Table 1: Council Decisions from December Meeting

Reference	Motions Carried	Status
01-C-12-2022	**Consent Agenda** The Council approves the items outlined in the consent agenda, which include in their entirety: • The Council meeting agenda for December 8 and 9, 2022; and • The minutes from Council held September 22 and 23, 2022	Completed.

Reference	Motions Carried	Status
02-C-12-2022	**Key Performance Indicators** The Council of the College of Physicians and Surgeons of Ontario adopts the following 2023 Key Performance Indicators (KPIs) to measure and report progress on the Strategic Plan: 1. Target of 5000 Physicians completing the QI Program 2. Target of 948 active physicians assessed who are: (a) turning 70; or (b) are 71 or older and have not had an assessment in the past five years 3. Target of 240 Independent Health Facilities (IHF) assessments 4. Target of 65 completed Out of Hospital Premises (OHP) facility assessments 5. Target to complete all complaint files within 150 days (80th percentile) 6. Target of 15 months for Time from Referral to Completion of the Discipline Process (80th percentile) 7. Respond to 80% of calls from Public and Physician members within one business day 8. Refresh College By-laws by September 2023 9. Complete the Implementation of a Data Lake by December 2023	2023 KPIs adopted
03-C-12-2022	**Amendments to the Fees and Remuneration By-law regarding Temporary Independent Practice Certificate of Registration** The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No.153: **By-law No. 153** 1. Section 1 of the Fees and Remuneration By-law (By-law No. 2) is revoked and substituted with the following: **Application Fees**	Completed.

Reference	Motions Carried	Status
	1. A person who submits an application for a certificate of registration or authorization shall pay an application fee. The application fees are as follows: (a) For a certificate of registration authorizing postgraduate education, 25% of the annual fee specified in section 4(a); (b) For a certificate of registration authorizing supervised practice of a short duration, 20% of the annual fee specified in Section 4(a); (b.1) For a certificate of registration authorizing temporary independent practice, 25% of the annual fee specified in section 4(a); (c) For an application for reinstatement of a certificate of registration, 60% of the annual fee specified in s. 4(a); (d) For any other certificate of registration, 60% of the annual fee specified in Section 4(a); (e) *[repealed]: May 31, 2019]* (f) For a certificate of authorization, $400.00; (g) For an application to the Registration Committee for an order directing the Registrar to modify or remove terms, conditions or limitations imposed on the member's certificate of registration by the Registration Committee, 25% of the annual fee specified in section 4(a); (h) If the person: (i) meets the registration requirements applicable to the class of certificate of registration applied for, as prescribed in the Registration Regulation, Ontario Regulation 865/93 under the *Medicine Act, 1991*; and	

Reference	Motions Carried	Status
	(ii) requests the College to conduct the initial assessment of the application within three weeks after receipt by the College of the application, an additional fee equal to 50% of the application fee applicable to such person under subsection 1(a), (b), (b.1) or (d). 2. Section 3 of the Fees and Remuneration By-law (By-law No. 2) is revoked and substituted with the following: **Annual Fees** **3.** Every holder of a certificate of registration or authorization, other than a holder of a certificate of registration authorizing supervised practice of a short duration or authorizing postgraduate education for an elective appointment or authorizing temporary independent practice, shall pay an annual fee. 3. Subsection 4(a) of the Fees and Remuneration By-law (By-law No. 2) is revoked and substituted with the following: (a) $1725 for holders of a certificate of registration other than a certificate of registration authorizing postgraduate education, a certificate of registration authorizing supervised practice of a short duration, or a certificate of registration authorizing temporary independent practice;	
04-C-12-2022	**Acceptable Qualifying Examinations** The Council of the College of Physicians and Surgeons of Ontario engage in the notice and consultation process in accordance with Section 22.21 of the Health Professions Procedural Code in respect of the draft revised Acceptable Qualifying Examinations policy (a copy of which forms Appendix "A" to the minutes of this meeting).	Engaged in Notice and Consultation process. Approved final policy on February 7, 2023 by the Executive Committee

Reference	Motions Carried	Status
05-C-12-2022	**Conflicts of Interest and Industry Relationships – Draft Policy for Consultation** The Council of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft policy, "Conflicts of Interest and Industry Relationships," (a copy of which forms Appendix "B" to the minutes of this meeting).	Consultation complete. The draft policy is being revised.
06-C-12-2022	**By-law Amendment: Update Signing Authority Title** The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 154: **By-law No. 154** Section 1a, subsections 4(1)(c) and (d), subsection 4(6) and subsection 4(7) of the General By-law are amended by deleting the reference in each to "chief transformation officer" and substituting it with "chief operating officer".	Completed.
07-C-12-2022	**District Elections for 2023 and By-law Amendment** The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 155: **By-law No. 155** Subsection 12(1) General By-law is revoked and substituted with the following: **12.** (1) A regular election shall be held in, (a) April, May or June 2020, and in every third year after that for Districts 5 and 10; (b) April, May or June 2021, and in every third year after that for Districts 6, 7, 8 and 9; and (c) April, May or June 2022, and in every third year after that for Districts 1, 2, 3 and 4; **AND THAT** the Council of the College of Physicians and Surgeons of Ontario approves the 2023 district election dates as set out below:	Completed.

<table>
<tr><th>Reference</th><th>Motions Carried</th><th>Status</th></tr>
<tr><td></td><td>
<table>
<tr><th>Month</th><th>Key Activity</th></tr>
<tr><td>January 27</td><td>Notice of Election Distributed</td></tr>
<tr><td>February 24</td><td>Election Nominations Due</td></tr>
<tr><td>March 21</td><td>Governance Committee to review Nomination statements</td></tr>
<tr><td>March 29</td><td>Voting begins</td></tr>
<tr><td>April 19</td><td>Election Day</td></tr>
<tr><td>April 24</td><td>Recount Deadline</td></tr>
<tr><td>April 26</td><td>Results released</td></tr>
<tr><td>December</td><td>Successful candidates begin their Council term at close of December Council meeting</td></tr>
</table>
</td><td></td></tr>
<tr><td><u>08-C-12-2022</u></td><td><u>Academic Advisory Committee Update and By-law Amendment</u>

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 156:

By-law No. 156

1. Subsection 24(2) of the General By-law is revoked and substituted with the following:

Academic Advisory Committee
24. …
(2) Before the meeting of the council when the term of office of newly elected councillors starts, the dean of each faculty of medicine of a university in Ontario may appoint one member to the academic advisory committee.
2. Subsection 26(2) of the General By-law is revoked and substituted with the following:

Selection of Councillors

26. …
(2) At a meeting of the council before the meeting when the term of office of newly elected councillors starts, the council shall vote by a show of hands to select as councillors three members of the academic advisory committee for the following council year, starting upon the adjournment of the next annual general meeting until the following annual general meeting.</td><td>Completed.</td></tr>
</table>

Reference	Motions Carried	Status
	3. Subsections 26(3) and (4) of the General By-law are revoked. 4. Subsection 44(3)(d) of the General By-law is revoked and substituted with the following: **Governance Committee** **44. …** (3) The Governance Committee shall, … (d) make recommendations to the Council regarding the members and chairs of committees, and the selection of members of the academic advisory committee to serve as councillors; and	
09-C-12-2022	**Governance Committee Elections** The Council of the College of Physicians and Surgeons of Ontario appoints the following individuals to the 2022-2023 Governance Committee each for a one-year term commencing upon the adjournment of the Annual General Meeting of Council in December 2022: Dr. Janet van Vlymen, Chair Dr. Robert Gratton, Vice-Chair Dr. Ian Preyra, Vice President Dr. Patrick Safieh, Physician Member of Council Mr. Rob Payne, Public Member of Council Ms. Shannon Weber, Public Member of Council	Completed.
10-C-12-2022	**2022-2023 Chair and Vice-Chair Appointments and Reappointments** The Council of the College of Physicians and Surgeons of Ontario appoints the following Committee Members as Chairs and Vice-Chairs, as noted below, to the following Committees, for the terms indicated below, as of the close of the Annual General Meeting of Council in December 2022:	Completed.

Committee	Role	Member Name	Term Length
Finance and Audit	Chair	Dr. Thomas Bertoia	1 year
	Vice-Chair	Mr. Rob Payne	1 year
OPSDT & FTP	Vice-Chair	Dr. James Watters	1 year
Premises Inspection	Chair	Dr. Ted Xenodemetropoulos	2 years
	Vice-Chair	Dr. Patrick Davison	2 years
Patient Relations	Chair	Ms. Sharon Rogers	1 year
Registration	Chair	Dr. Judith Plante	1 year
	Vice-Chair	Dr. Lynn Mikula	1 year

11-C-12-2022	The Council of the College of Physicians and Surgeons of Ontario appoints the following Committee Members as Inquiries, Complaints and Reports Committee Specialty Chairs and Vice-Chairs, as noted below, to the following Committees, for the terms indicated below, as of the close of the Annual General Meeting of Council in December 2022:	Completed.

Committee	Role	Member Name	Term Length
ICRC Family Practice	Specialty Chair	Dr. Paula Cleiman	2 years
	Specialty Vice-Chair	Dr. Lara Kent	2 years
ICRC General	Specialty Chair	Ms. Joan Fisk	1 year
	Specialty Vice-Chair	Dr. Lydia Miljan (PhD)	1 year
ICRC Internal Medicine	Specialty Chair	Dr. Mary Bell	2 years
	Specialty Vice-Chair	Dr. Jane Lougheed	2 years
ICRC Mental Health & HIP	Specialty Chair	Dr. Lesley Wiesenfeld	1 year
	Specialty Vice-Chair	Dr. Daniel Greben	1 year
ICRC Obstetrics & Gynecology	Specialty Chair	Dr. Elaine Herer	2 years
	Specialty Vice-Chair	Dr. Anne Walsh	2 years
ICRC Settlement	Specialty Chair	Dr. Dori Seccareccia	2 years
	Specialty Vice-Chair	Dr. Thomas Faulds	2 years
ICRC Surgical	Specialty Chair	Dr. Mary Jean Duncan	2 years
	Specialty Vice-Chair	Dr. Thomas Bertoia	2 years

12-C-12-2022	**2022-2023 Committee Appointments** The Council of the College of Physicians and Surgeons of Ontario appoints the following individuals to the following committees for the terms indicated below, as of the close of the Annual General Meeting of Council in December 2022: **Premises Inspection Committee** Mr. Peter Pielsticker, public Council member – 1 year Dr. Bryan Chung, non-Council physician – 3 years **Ontario Physicians and Surgeons Discipline Tribunal** Dr. Marie-Pierre Carpentier, physician Council member – 1 year Mr. Normand Allaire, public Council member – 1 year **Fitness to Practice Committee** Dr. Marie-Pierre Carpentier, physician Council member – 1 year Mr. Normand Allaire, public Council member – 1 year **Inquiries Complaints and Reports Committee** Dr. P. Gareth Seaward, non-Council physician – 3 years Dr. Anna Rozenberg, non-Council physician – 3 years Dr. Diane Meschino, non-Council physician – 3 years Dr. Susan Lieff, non-Council physician – 3 years Dr. Paul Miron, non-Council physician – 3 years	Completed.
13-C-12-2022	**Dispensing Drugs Policy – Final Approval** The Council of the College of Physicians and Surgeons of Ontario approves the revised policy "Dispensing Drugs", as a policy of the College (a copy of which forms Appendix "C" to the minutes of this meeting).	Completed.
14-C-12-2022	**Motion to Go In-camera** The Council of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b) and (d) of the Health Professions Procedural Code (set out below). ***Exclusion of public***	Completed.

	7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that, (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public; (d) personnel matters or property acquisitions will be discussed.	
15-C-12-2022	**2023 Budget** The Council of the College of Physicians and Surgeons of Ontario approves the Budget for 2023 (a copy of which forms Appendix "D" to the minutes of this meeting) authorizing expenditures for the benefit of the College during the year 2023.	Completed.
16-C-12-2022	**By-law Amendment** The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 157: **By-law No. 157** Subsection 20(3) of By-law No. 2 (the Fees and Remuneration By-law) is amended by deleting the reference to "$178" and substituting it with "$184". Explanatory Note: This proposed by-law does not need to be circulated to the profession.	Completed.
17-C-12-2022	**Motion to Go In-camera** The Council of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b) and (d) of the Health Professions Procedural Code (set out below). ***Exclusion of public***	Completed.

	7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that, (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public; (d) personnel matters or property acquisitions will be discussed.	

Council Briefing Note

March 2023

Topic:	Committee Appointment
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation System Collaboration
Public Interest Rationale:	Accountability: Ensuring that CPSO committees have qualified and diverse members will enable the College to carry out its strategic objectives and fulfill its mandate to serve in the public interest.
Main Contacts:	Caitlin Ferguson, Governance Coordinator Cameo Allan, Manager of Governance

Issue

- The Executive Committee recommends a candidate for appointment to the Inquiries Complaints and Reports Committee (ICRC).

Background

- Council is asked to recommend an appointment for Dr. Shaul Tarek, a family physician, to the ICRC.

Current Status and Analysis

- The ICRC requested two to three new family physicians to be appointed to the committee by the end of 2022.
- Dr. Shaul Tarek was interviewed in November 2022 as a family physician candidate for the ICRC.
- Interview feedback was received from the past Chair of the Governance Committee, the current ICRC Chair and Vice-Chair, and other support staff.
- The Executive Committee recommends appointing Dr. Shaul Tarek for a term effective March 3, 2023, and ending with the Annual General Meeting of Council in December 2025.

Next Steps

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

Question for Council

1. Does Council appoint the nominee as laid out in this briefing note?

Council Motion

Motion Title	Committee Appointment
Date of Meeting	March 2, 2023

It is moved by_____, and seconded by_____, that:

The Council of the College of Physicians and Surgeons of Ontario appoints Dr. Shaul Tarek to the Inquiries, Complaints and Reports Committee, effective immediately, with the term expiring at the close of the Annual General Meeting of Council in December 2025.

Council Briefing Note

March 2023

Topic:	*Alternative Pathways to Registration* and *Specialist Recognition Criteria in Ontario* – Draft Policies for Circulation
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation System Collaboration
Public Interest Rationale:	Accessibility: facilitating the registration of internationally educated physicians to support increased access to health care services in Ontario
Main Contacts:	Samantha Tulipano, Director, Registration & Membership Services Craig Roxborough, Director, Policy Alex Wong, Policy Analyst Mike Fontaine, Policy Analyst
Attachments:	**Appendix A:** Draft *Alternative Pathways to Registration for Physicians Trained in the United States* policy **Appendix B:** Draft *Specialist Recognition Criteria in Ontario* policy

Issue

- CPSO is currently reviewing its registration policies to evaluate whether additional pathways to registration can be explored to improve access for internationally educated physicians [IEPs] to be licensed to practice independently in Ontario.

- Council is asked to consider whether the newly titled draft *Alternative Pathways to Registration for Physicians Trained in the United States* and *Specialist Recognition Criteria in Ontario* policies can be approved for circulation.

Background

- On August 4, 2022, the Deputy Premier and Ontario Minister of Health Sylvia Jones wrote to CPSO directing that we "make every effort to register out of province and internationally educated physicians to the College as expeditiously as possible."

- On August 18, CPSO sent a letter of response to the Minister which highlighted the existing tools being used throughout the pandemic to support the health system and a variety of short- and longer-term solutions, including re-evaluating whether additional equivalencies and pathways could be explored through CPSO policy.

Current Status and Analysis

Current Pathways to Registration

- Under the current *Alternative Pathways to Registration* policy, CPSO offers two alternative pathways (Pathways A and B) for US physicians applying outside of the regular registration requirements to gain licensure in Ontario. Under these pathways, physicians are issued a restricted certificate to practice independently, limited to scope of practice, after the completion of a minimum of one year of supervised practice in Ontario and an assessment.

Proposed New Pathways to Registration

- To clarify that this policy applies to physicians trained in the US only, the draft policy has been retitled *Alternative Pathways to Registration for Physicians Trained in the United States*.

- The draft policy (**Appendix A**) offers three alternative pathways (draft Pathways A, B, and C) and reduces barriers for US board-certified physicians and US-trained physicians eligible to sit a US Specialty Board examination. Corresponding amendments to the draft *Specialist Recognition Criteria in Ontario* policy (**Appendix B**) would allow these physicians to be recognized as specialists by CPSO.

    - Draft Pathways A and C are described in more detail below. Pathway B retains an existing and infrequently used route to licensure.

- The draft policies were amended to expand access and reduce existing barriers to independent practice in Ontario for IEPs. The proposed amendments are aimed to address the following groups of physicians:

    1) US-trained physicians certified by a US Specialty Board ("board-certified")
    2) US-trained physicians eligible to sit a US Specialty Board examination ("board-eligible")[1]

1) US board-certified physicians

- Currently, US board-certified physicians are captured under Pathway A and can obtain licensure to practice independently in Ontario after completing a minimum of one-year supervised practice and an assessment.

- The draft policy modifies Pathway A to grant US board-certified physicians a restricted certificate to practice independently in Ontario *without* supervision and assessment.

[1] US Specialty Boards may use other terms such as "active candidate" to describe physicians eligible to sit a board exam; the term "board-eligible" is used for the purposes of this note and not intended to exclude them.

- Physicians not certified by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC) are not able to use the specialist title unless CPSO grants them the ability to do so. Associated changes to the draft *Specialist Recognition Criteria in Ontario* policy reflect the modification of Pathway A, removing the requirement to undergo a practice assessment, in order to continue to grant US board-certified physicians specialist recognition.

2) US board-eligible physicians

- Currently, US board-eligible physicians are not captured under an alternative pathway to registration. The draft policy sets out Pathway C to grant physicians deemed board-eligible a time-limited, restricted certificate of registration to complete the US board exam. The proposed certificate would expire within three years if the physician has not successfully written the board exam, mirroring CPSO's existing *Restricted Certificate of Registration for Exam Eligible Candidates* policy. Upon successfully obtaining board certification, these physicians would be granted licensure under the draft Pathway A.

- Associated changes to the draft *Specialist Recognition Criteria in Ontario* policy reflect the inclusion of this group of physicians and grants them specialist recognition.

Considerations

- Given the similarities between Canadian and US training programs and the comparable standard of US board certifications with RCPSC certification, the current supervision and assessment requirements may be unnecessarily burdensome. Removing this barrier increases access for IEPs without compromising the integrity of the registration process.

    - In general, specialty training programs in the Canadian and US require a similar amount of time to complete; however, certain specialties in the US (i.e., internal medicine, emergency medicine, pediatrics, and joint emergency/pediatrics) have a shorter training program by a period of one year.

Table 1: Summary of Proposed Pathway Amendments

Physician Category	Current Route and License	Proposed Route and License
US board-certified physicians	**Pathway A:** Restricted certificate to practice independently after a minimum of one year supervision and assessment, limited to scope of practice	**Pathway A:** Restricted certificate to practice independently without supervision and assessment, limited to scope of practice
US board-eligible physicians	N/A	**Pathway C:** Time-restricted (three years) certificate to practice under supervision until completion of US Specialty Board examination

Next Steps

- Should Council approve the proposed policy amendments, the policies will be circulated for notice in accordance with Section 22.21 of the *Health Professions Procedural Code* (the Code).

- Additionally, pending Council's direction, in order to support the timely implementation of these new routes we will seek Executive Committee's approval of the final policies (subject to feedback received) pursuant to its authority under Section 12 of the Code and Section 30 of the General By-Law.

Question for Council

1. Does Council recommend that the draft policies be approved for circulation?

Appendix A

ALTERNATIVE PATHWAYS TO REGISTRATION FOR PHYSICIANS TRAINED IN THE UNITED STATES

CPSO offers three alternative pathways for physicians trained in the United States (US) looking to gain licensure in the province of Ontario but who are applying outside of our regular registration requirements.

Pathway A

This pathway is for physicians who are certified by a US Specialty Board.

If you gain licensure under this pathway, you will be issued a restricted certificate of registration to practice independently limited to your scope of practice.

We may issue you a certificate if you have:

- One of the following degrees:
  - an acceptable medical degree as defined in Ontario Regulation 865/93 under the *Medicine Act, 1991*; **or**
  - a "doctor of osteopathy" degree granted by an osteopathic medical school in the US that was accredited by the American Osteopathic Association at the time it granted you your degree;
- successfully completed a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME);
- been certified by a US Specialty Board;
- successfully completed the US Medical Licensing Examination or successfully completed an acceptable qualifying exam; and
- an independent or full licence to practise without restrictions in the US or are eligible to apply for such a licence.

Pathway B

This pathway is for physicians who are missing RCPSC or CFPC certification and do not currently hold a certificate in a Canadian jurisdiction while having five or more continuous years of practice in Canada or the US.

If you gain licensure under this pathway, you will undergo an assessment after completing a minimum of one year of supervised practice in Ontario. Upon satisfactory completion of the assessment, you will be issued a restricted certificate of registration to practice independently limited to your scope of practice.

Your initial certificate automatically expires 18 months from the date of issuance, but the Registration Committee may renew it with or without terms, conditions and limitations.

CPSO may issue you a certificate if you have a medical degree from a medical school in Canada accredited by the Council on Accreditation of Canadian Medical Schools, or an acceptable international medical degree. To qualify, you must have:

- successfully completed a Canadian residency program or acceptable pre-1993 training;
- successfully completed the Medical Council of Canada Qualifying Examinations or an acceptable qualifying exam; and
- practised for five or more continuous years in Canada or the US while holding an independent or full license or certificate of registration without restrictions but do not currently hold a certificate in a Canadian jurisdiction.

Pathway C

This pathway is for physicians who are missing US Specialty Board certification but are eligible to take the board examinations.

If you gain licensure under this pathway, you will be issued a time-limited, restricted certificate of registration to practice under supervision. Your initial certificate automatically expires within three years from the date of issuance.

We may issue you a certificate if you have:

- One of the following degrees:
    - an acceptable medical degree as defined in Ontario Regulation 865/93 under the *Medicine Act, 1991*; **or**
    - a “doctor of osteopathy” degree granted by an osteopathic medical school in the US that was accredited by the American Osteopathic Association at the time it granted you your degree;
- successfully completed a residency program accredited by the ACGME in the last five years;
- been deemed officially eligible to take a US Specialty Board certification examination; and
- successfully completed the US Medical Licensing Examination or successfully completed an acceptable qualifying exam.

This restricted certificate is subject to the following conditions:

1. You must practice with a supervisor.
2. Your restricted certificate will expire the earlier of:
    a. three years from the date it is issued, if you do not successfully complete all outstanding examinations of a US Specialty Board;
    b. when you have been certified by a US Specialty Board; or
    c. when you are no longer eligible to write a US Specialty Board certification examination.

Only in exceptional circumstances will we consider candidates for a renewal of their restricted certificate of registration after the expiration date.

Once candidates have been certified by a US Specialty Board, they will be eligible for a restricted certificate of registration under Pathway A.

Appendix B

SPECIALIST RECOGNITION CRITERIA IN ONTARIO

Approved by Council: April 2005
Reviewed and Updated: November 2011, September 2022

Purpose

In order to practice medicine in Ontario, an individual must hold a valid certificate of registration issued by the College. Specialty recognition is distinct from registration.

The Ontario Regulation 114/94 provides that no member shall use a term, title or designation relating to a specialty or subspecialty of the profession in respect of their practice of the profession unless the member has been,

1. certified by the Royal College of Physicians and Surgeons of Canada (RCPSC) in a specialty or subspecialty of the profession to which the term, title or designation relates;
2. certified by the College of Family Physicians of Canada (CFPC) in a specialty or subspecialty of the profession to which the term, title or designation relates; or
3. formally recognized in writing by the College as specialist in the specialty or subspecialty of the profession to which the term, title or designation relates.

This policy sets out the criteria that a physician must meet in order to be recognized as a specialist by the College of Physicians and Surgeons of Ontario.

Scope

This policy applies to individuals who have met the criteria for registration and have been issued a certificate of registration to practice medicine in Ontario.

Under this policy, the College will recognize specialty titles only in areas for which specialties and sub-specialties are granted by the RCPSC and the CFPC.

This policy does not apply to physicians who hold certification by RCPSC or the CFPC who are requesting sub-specialist recognition at a time when the sub-specialty examination is available.

Specialist recognition granted under paragraph 3 above is tied to the physician's practice in Ontario and will automatically expire upon expiry of the physician's certificate of registration.

The determination as to which specialists should be paid as specialists under the Ontario Health Insurance Plan will be made by the Ministry of Health and Long-Term Care of Ontario.

Policy

A physician who meets any of the requirements below will be recognized by the College as a **specialist**:

1. holds certification by the RCPSC; or
2. holds certification in family medicine by the CFPC; or
3. holds specialist certification, obtained by examination, by the Collège des médecins du Québec; or
4. holds certification by a specialty member board of the American Board of Medical Specialties (ABMS), and:
    a. ABMS certification was obtained by examination, and
    b. ABMS certification was obtained following successful completion of postgraduate specialty training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME); or
5. holds a restricted certificate of registration authorizing academic practice in Ontario, and:
    a. has successfully completed specialty training and obtained certification as a specialist by the certifying body in the country where the individual completed their training, by an organization outside of North America that recognizes medical specialties, and
    b. the organization which recognized the applicant as a medical specialist did so using standards that are substantially similar to the standards of the RCPSC or the CFPC, and
    c. holds a full-time academic appointment at a medical school in Ontario at the rank of assistant professor, associate professor or full professor; or
6. has completed a minimum of one year of independent or supervised practice in Ontario, and:
    a. has successfully completed specialty training and obtained certification as a specialist by the certifying body in the country where the individual completed their training by an organization outside of North America that recognizes medical specialties, and
    b. the organization which recognized the applicant as a medical specialist did so using standards that are substantially similar to the standards of the RCPSC or the CFPC, and

    c. has successfully completed a practice assessment that has been directed by the Registration Committee; or
7. holds a restricted certificate of registration in Ontario that has been issued under the College's *Alternative Pathways to Registration for Physicians Trained in the United States* policy, and:
    a. has received written confirmation from a US Specialty Board of eligibility to take the certification examination on the basis of satisfactory completion of a residency program accredited by the ACGME within the last five years; or
8. holds a restricted certificate of registration in Ontario that has been issued under the College's *Restricted Certificates of Registration for Exam Eligible Candidates* policy, and:
    a. has received written confirmation from the RCPSC of current eligibility, with no pre-conditions, to take the certification examination on the basis of satisfactory completion of a RCPSC-accredited residency program in Canada or a RCPSC recognized program outside of Canada; or
9. holds a restricted certificate of registration in Ontario that has been issued under the College's *Restricted Certificates of Registration for Exam Eligible Candidates* policy, and:
    a. has received written confirmation from the CFPC of current eligibility, with no pre-conditions, to take the certification on the basis of satisfactory completion of a CFPC-accredited residency program in Canada or a CFPC recognized program outside of Canada.

Endnotes

[1] The physician shall be solely responsible for payment of all fees, costs, charges, expenses, etc. arising from request for specialist recognition.

Council Motion

Motion Title	*Alternative Pathways to Registration for Physicians Trained in the United States* and *Specialist Recognition Criteria in Ontario* - Draft Policies for Circulation
Date of Meeting	March 2, 2023

It is moved by_____, and seconded by_____, that:

The Council of the College of Physicians and Surgeons of Ontario engage in the notice and consultation process in accordance with Section 22.21 of the Health Professions Procedural Code in respect of the draft revised policy, "*Alternative Pathways to Registration for Physicians Trained in the United States*" (a copy of which forms Appendix " " to the minutes of this meeting), and the draft revised policy, "*Specialist Recognition Criteria in Ontario*" (a copy of which forms Appendix " " to the minutes of this meeting).

Council Briefing Note

March 2023

Topic:	*Recognition of Certification Without Examination Issued by CFPC* – Draft Policy for Circulation
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation System Collaboration
Public Interest Rationale:	Accessibility: facilitating the registration of internationally educated physicians to support increased access to health care services in Ontario
Main Contacts:	Samantha Tulipano, Director, Registration & Membership Services Craig Roxborough, Director, Policy Alex Wong, Policy Analyst Mike Fontaine, Policy Analyst
Attachments:	**Appendix A:** Draft *Recognition of Certification Without Examination Issued by CFPC* policy

Issue

- CPSO is currently reviewing its registration policies to evaluate whether additional pathways to registration can be explored to improve access for internationally educated physicians [IEPs] to be licensed to practice independently in Ontario.

- Council is asked to consider whether the draft *Recognition of Certification Without Examination Issued by CFPC* policy can be approved for circulation.

Background

- On August 4, 2022, the Deputy Premier and Ontario Minister of Health Sylvia Jones wrote to CPSO directing that we "make every effort to register out of province and internationally educated physicians to the College as expeditiously as possible."

- On August 18, CPSO sent a letter of response to the Minister which highlighted the existing tools being used throughout the pandemic to support the health system and a variety of short- and longer-term solutions, including re-evaluating whether additional equivalencies and pathways could be explored through CPSO policy.

Current Status and Analysis

Current Pathways to Registration

- The College of Family Physicians of Canada (CFPC) grants a Certification in the College of Family Physicians of Canada (CCFP) without examination to family physicians who have recognized training and certification from outside Canada in a number of approved jurisdictions. These jurisdictions are Australia, Ireland, the United Kingdom, and the US.

- Under the current *Recognition of Certification Without Examination Issued by CFPC* policy, CPSO may grant a certificate of registration in two scenarios:

    - Where a physician has certification without examination from CFPC and has completed an acceptable qualifying examination, the College may issue a restricted certificate of registration, requiring practice under a mentor and/or a supervisor for at least one year, and the successful completion of an assessment.

    - Where a physician has certification without examination from CFPC and has obtained the LMCC or completed the MCCQE Parts 1 & 2, the College may issue an independent practice certificate.

Proposed New Pathways to Registration

- The draft *Recognition of Certification Without Examination Issued by CFPC* policy (**Appendix A**) removes the supervision and assessment requirements for physicians who have received certification without examination by the CFPC, but have not obtained the LMCC or completed the MCCQE Part 1, and grants them a scope-limited restricted certificate of registration to practice independently.

- The draft policy removes the requirement for the completion of an acceptable qualifying examination, which currently only provides equivalencies for US examinations and presents a barrier to physicians from Australia, Ireland, and the United Kingdom who have obtained CFPC certification without examination.

Considerations

- The draft policy grants a restricted certificate of independent practice to physicians who have not obtained MCCQE Part 1. However, these physicians are granted CFPC via reciprocity without the need to sit the certification examination and are deemed to have met the standard of practicing family medicine in Canada, whereas other physicians have not been granted certification without an examination.

- Given the need to bring more physicians into the system, the ability to increase access and reduce barriers for these physicians may favour making these amendments.

Table 1: Summary of Proposed Pathway Amendments

Physician Category	Current Route and License	Proposed Route and License
Physicians with CFPC certification without examination	**Scenario 1:** Physicians who have CFPC certification without examination and have completed an acceptable qualifying examination are granted a restricted certificate to practice with a supervisor and/or mentor until the completion of an assessment after a minimum of one year of practice	**Scenario 1:** Physicians who have CFPC certification without examination are granted a restricted certificate to practice independently without supervision and assessment, limited to scope of practice
	Scenario 2: Physicians who have CFPC certification without examination and have completed MCCQE1&2 or obtained the LMCC are granted an independent practice certificate	**Scenario 2:** Physicians who have CFPC certification without examination and have completed MCCQE1 or obtained the LMCC are granted an independent practice certificate

Next Steps

- Should Council approve the proposed policy amendments, the policy will be circulated for notice in accordance with Section 22.21 of the *Health Professions Procedural Code* (the Code).

- Additionally, pending Council's direction, in order to support the timely implementation of these new routes we will seek Executive Committee's approval of the final policy (subject to feedback received) pursuant to its authority under Section 12 of the Code and Section 30 of the General By-Law.

Question for Council

1. Does Council recommend that the draft policy be approved for circulation?

Appendix A

RECOGNITION OF CERTIFICATION WITHOUT EXAMINATION ISSUED BY CFPC

There are two scenarios in which the CPSO will recognize your certification in lieu of a CFPC examination and issue you a certificate of registration:

1. You may be issued a **restricted certificate** of registration to practice independently limited to your scope of practice if you have a medical degree from an acceptable medical school and have:
    - Successfully obtained certification without examination by the CFPC.

2. You may be issued an **independent practice certificate** of registration if you have a medical degree from an acceptable medical school and have:
    - Successfully obtained certification without examination by the CFPC; and
    - Successfully completed Part 1 of the Medical Council of Canada Qualifying Examination or obtained the LMCC.

Council Motion

Motion Title	*Recognition of Certification Without Examination Issued by CFPC* - Draft Policy for Circulation
Date of Meeting	March 2, 2023

It is moved by_____, and seconded by_____, that:

The Council of the College of Physicians and Surgeons of Ontario engage in the notice and consultation process in accordance with Section 22.21 of the Health Professions Procedural Code in respect of the draft revised policy, "*Recognition of Certification Without Examination Issued by CFPC*" (a copy of which forms Appendix " " to the minutes of this meeting).

Council Briefing Note

March 2023

Topic:	*Emergency Circumstances Practice Class of Registration* – Draft Regulation for Consultation
Purpose:	For Information/Discussion
Relevance to Strategic Plan:	Meaningful Engagement System Collaboration
Public Interest Rationale:	Ensuring the timely delivery of health care needs to the public in potential emergency circumstances
Main Contacts:	Samantha Tulipano, Director, Registration & Membership Services Craig Roxborough, Director, Policy Alex Wong, Policy Analyst Mike Fontaine, Policy Analyst
Attachments:	**Appendix A:** Draft *Ontario Regulation 865/93: Registration*

Issue

- As required by a new government regulation, CPSO has developed draft amendments to Ontario Regulation 865/93 (Registration) under the *Medicine Act*, *1991*, setting out a new emergency circumstances practice class of registration.

- On February 7, 2023, the Executive Committee approved the draft regulation on behalf of Council for release for circulation in accordance with Section 22.21 of the *Health Professions Procedural Code* and an external public consultation of 60 days, ending April 10, 2023.

- Council is presented with an overview of the draft regulation for information and discussion.

Background

- In June 2022, Council was informed of the passage of *Bill 106, the Pandemic and Emergency Preparedness Act*, which, among other things, amends the *Regulated Health Professions Act, 1991* (RHPA) with a goal to expand the province's workforce by "reducing barriers to registering with and being recognized by health regulatory colleges."

    - Around this time, the Ministry of Health was consulting on proposed regulations that would support the implementation of Bill 106, including with respect to a new emergency class certificate.

- CPSO registration classes are set out in the Registration regulation (O. Reg. 865/93). Along with setting out the requirements for an independent practice certificate, the regulation sets out other classes of registration with various requirements and restrictions.

Current Status and Analysis

- An overview of the external requirements necessitating the development of this class of registration and the proposed elements of this class are outlined below.

Government Direction and CPSO Context

- On October 27, 2022, the Lieutenant Governor in Council approved Ontario Regulation 508/22 (Registration Requirements) under the *RHPA*. Section 5, which comes into force on August 31, 2023, requires Ontario health regulatory Colleges to develop regulations creating an emergency class of registration and to specify:
    1. the emergency circumstances that will cause the class to be open for issuance and renewal;
    2. that the certificates of registration expire no more than one year after issuance, but are renewable for the same period of time, with no limit on the number of times they may be renewed as long as the emergency circumstance persists; and
    3. the circumstances in which a member of the emergency class may apply for another registration class and be exempt from at least some registration requirements that would ordinarily apply.

- The policy objective of the above regulation is to give all 26 health regulatory Colleges under the *RHPA* a regulatory mechanism for issuing licenses where typical registration requirements (e.g., examinations) are disrupted.

    - CPSO currently has a variety of mechanisms available in regulation and policy (including the recently introduced the Temporary Independent Practice certificate) to achieve the intended objectives contemplated by the government regulation. Notwithstanding this, CPSO is required by the regulation to develop this emergency class of membership.

- In December 2022, CPSO received instructions from the government regarding the development of the regulation as well as a request to submit final submissions by May 1, 2023, after a 60-day consultation period, in order for the regulations to be enacted by August 31, 2023.

    - To support meeting this timeline, the Executive Committee was asked to approve the draft regulation for consultation pursuant to its authority under Section 12 of the *Health Professions Procedural Code* and Section 30 of the General By-Law.

Draft Regulation – Emergency Circumstances Practice Class of Registration

- The draft regulation (**Appendix A**) is consistent with government direction and grants Council the power to determine when emergency circumstances exist, while taking into consideration whether it is in the public interest to make available the class of registration.
    - A College policy can be developed to further articulate parameters to guide this decision-making, including factors such as whether the Minister of Health declares that emergency circumstances exist and whether no other class of certificates can be issued in a timely manner to address the emergency circumstances.
- The draft regulation establishing the new emergency circumstances practice class of registration mirrors approaches in existing classes (e.g., the Supervised Short Duration and Temporary Independent Practice certificates) in setting out minimum requirements that must be met (in this case, a degree in medicine, a year of postgraduate medical education at an accredited medical school, and an undertaking to practice under supervision.)
- The draft regulation further specifies that the certificate is issued for one year, which the Registrar may renew while emergency circumstances persist. When emergency circumstances are declared over, the certificate expires the earlier of one year from the date the certificate was issued or renewed, or the ninetieth day after Council declares that the emergency circumstances have ended.
- After emergency circumstances end, members of the emergency circumstances practice class have the option to transition to an independent practice certificate within the year if they obtain certification by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. The draft regulation exempts them from requirements that CPSO ordinarily exempts physicians applying for an independent class certificate from through its registration policies.

Next Steps

- Consultation feedback received will be used to refine the draft, and a revised version of the regulation will return to the Executive Committee and Council for final approval.

Question for Council

1. What feedback does Council have regarding the proposed regulation?

Appendix A

Emergency Circumstances Practice

s. 6.2 (1) The standards and qualifications for a certificate of registration authorizing practice in emergency circumstances are as follows:

1. *Council determines it is in the public interest that the College issue emergency certificates of registration to address emergency circumstances.*

2. *The applicant must have a degree in medicine.*

3. *The applicant must have completed a year of postgraduate medical education at an accredited medical school.*

4. *A member who is a physician holding a certificate of registration authorizing independent practice must give an undertaking to supervise the applicant and be responsible for providing continuing care for patients attended by the applicant in Ontario.*

(2) The requirements of paragraphs 1, 2, 3 and 4 of subsection (1) are non-exemptible.

(3) It is a term, condition and limitation of a certificate of registration authorizing practice in emergency circumstances that:

1. *The holder practice under the supervision of a member who is a physician;*

2. *The certificate expires the earlier of:*

   (a) one year from the date the certificate was issued or renewed; or

   (b) the ninetieth day after Council declares that the emergency circumstances have ended.

(4) The Registrar may renew a certificate of registration authorizing practice in emergency circumstances for one or more periods, each of which is not to exceed one year, provided that Council has not declared that the emergency circumstances have ended.

Proposed addition to Independent Practice class

3.2 (1) An applicant who has held a certificate of registration authorizing practice in emergency circumstances issued by the College in the year immediately preceding his or her application for a certificate of registration authorizing independent practice is exempt from the standards and qualifications required under paragraphs 2, 3 and 4 of subsection 3(1) if the applicant satisfies the following standards and qualifications:

1. *The applicant must have certification by the Royal College of Physicians and Surgeons of Canada or by the College of Family Physicians of Canada.*

Council Briefing Note

March 2023

Topic:	College Performance Measurement Framework, 2022
Purpose:	For Information
Relevance to Strategic Plan:	Right-Touch Regulation, Quality Care, Meaningful Engagement, System Collaboration, Continuous Improvement
Public Interest Rationale:	The Ministry of Health's College Performance Measurement Framework aims to strengthen accountability and oversight of Ontario's health regulatory colleges and to help the colleges improve their performance.
Main Contact(s):	Craig Roxborough, Director, Policy Susan Klejman, Director, Information Management & Business Analytics
Attachment (s):	Appendix A: Draft College Performance Measurement Framework, 2022

Issue

- The Ministry of Health (the Ministry) has released its College Performance Measurement Framework (CPMF) for the 2022 reporting year, which sets out expectations and reporting requirements for all health regulatory colleges.

- Council is provided with a copy of CPSO's 2022 report for review prior to submission to the Ministry.

Background

- Launched in 2020, the Ministry requires all health regulatory Colleges to complete a CPMF report on an annual basis to provide information respecting the College's activities and processes. CPSO's CPMF reports for 2020 and 2021 are available on CPSO's website.

- For the 2022 reporting year, Colleges are required to post their completed CPMF reports on their respective websites and share them with the Ministry by March 31, 2023.

Current Status and Analysis

- Staff have prepared the 2022 CPMF report, an overview of which is set out below.

Updates to the 2022 CPMF Report

- The Ministry has made some changes to the 2022 iteration of the CPMF report, including adding a requirement for Colleges to provide timelines and improvement plans to fulfill eight benchmarks if they are not already being met. This change does not apply to CPSO for its 2022 submission as it fully meets all eight benchmarks identified.

- Questions in the 2022 report were largely carried over and unchanged from the 2021 report.

    - In some instances, the Ministry permitted colleges to respond "met in 2021 and continues to meet in 2022" for questions that were unchanged.

    - For those repeated questions requiring an answer, our responses built upon, updated, or summarized information already provided in 2021.

CPSO's Overall Performance

- The CPMF consists of seven Domains for measuring regulatory excellence, including Governance; Resources; System Partner; Information Management; Regulatory Policies; Suitability to Practice; and Measurement Reporting and Improvement. These domains are then divided into separate standards, which are performance-based initiatives that a College is expected to achieve and against which the Colleges are measured.

- To assess Colleges' performance against the Standards, the CPMF is divided into two parts. Part 1, Measurement Domains, is narrative-based and Part 2, Context Measures, requires Colleges to supply statistical data.

Part 1: Measurement Domains

- CPSO is fully meeting the Ministry's requirements of health regulatory colleges in all the domains. The 2022 report shows how CPSO was able to fulfill the Ministry's objectives while meeting the priorities of the Strategic Plan, including in the following key areas:

    - In the Governance Domain, CPSO highlighted the various modernization efforts that have been undertaken in the past two years, including the Governance eLearning program, Council education, and the improvements made to the committee recruitment process.

    - Similarly, CPSO's continued and considerable work on Equity, Diversity, and Inclusion served to demonstrate satisfaction of the Ministry's measures in this context.

- Consistent with previous years, CPSO's commitment to continuous improvement, system collaboration, and meaningful engagement provided substantive examples to demonstrate fulfillment of the CPMF requirements.

Part 2: Context Measures

- The statistical results provided for 2022 are consistent with the results provided in previous years.

- In all areas, CPSO utilized the recommended data collection and reporting method preferred by the Ministry. Like the 2021 report, the kind of data the Ministry requires in this year's report, and the method in which it must be supplied, is unique to the CPMF. Therefore, the data supplied may not align with how the Key Performance Indicators are reported to Council.

- In addition, certain data points required by the CPMF are not collected, coded, or applicable in CPSO's context. In this case, the relevant field has been left blank.

Anticipated Government response

- The Ministry has indicated that the information provided will be used to strengthen the Ministry's oversight role of the Colleges and may help identify areas that warrant closer attention and follow-up.

- As in previous years, the Ministry intends to develop a Summary Report of key findings regarding the collective performance, strengths, and areas of improvement of the regulatory system.

Next Steps

- The final report will be posted online and submitted to the Ministry in advance of the March 31, 2023, deadline.

Question for Council

1. Does Council have any questions regarding the CPMF report?

CPSO

Serving the people of Ontario through effective regulation of medical doctors

College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2023

Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate which is to act in the public interest?" This information will:

1. Strengthen accountability and oversight of Ontario's health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	**Evidence**	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	**Context measures**	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	**Planned improvement actions**	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

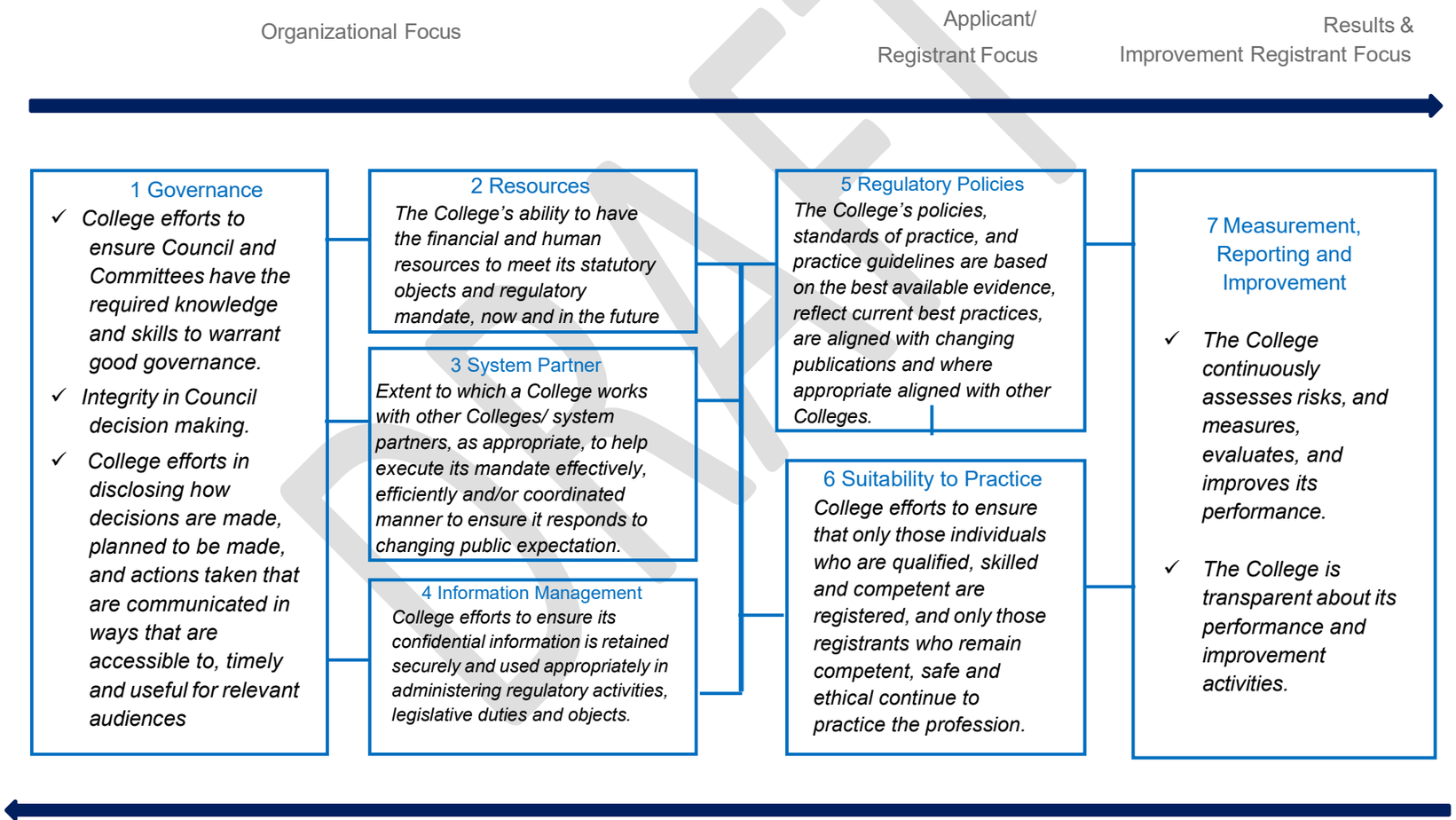

Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

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For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

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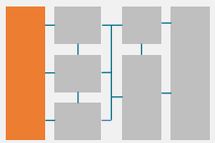
Part 1: Measurement Domains



Measure:
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.

DOMAIN 1: GOVERNANCE

STANDARD 1

Required Evidence	College Response	
a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
	• The competency and suitability criteria are public: Choose an item. *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* As outlined in the 2021 CPMF report (p.9), CPSO sets out both minimum eligibility requirements to determine the suitability of professional members of Council, as well as desired competencies that are highlighted as part of any call for nominations. Minimum eligibility requirements (or exclusion criteria) are set out in s. 13(1) of CPSO's General By-law (pp. 7-8). These set out foundational criteria to assess suitability and include requirements that potential members not be the subject of any disciplinary or incapacity proceeding; that they not, and have not been within one year before the date of the election, a director or officer of any major stakeholder organization (e.g. the Ontario Medical Association); that they are not, and have not been within five years before the date of the election, an employee of the College; and so on. Provided a professional member candidate meets the minimum eligibility requirements for Council, he or she is then assessed in accordance with CPSO's competency framework. In 2020, a Council Profile was developed and approved by Council, including diversity attributes, technical skills and behavioural competencies that Council members should possess to ensure that Council can carry out its strategic objectives. As part of the election process to Council, professional members are asked to highlight in their nomination statement the skills and experience they bring as they relate to the Council Profile. Finally, the submitted nomination packages are reviewed by the Governance Committee prior to their publication to confirm suitability with eligibility requirements.	

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. As outlined in the 2021 CPMF report (p. 10), all professional members who wish to stand for election must complete CPSO's Governance Orientation eLearning Program, approximately 1-1.5 hours in duration. The online program can be completed at the professional member's desired pace and includes a combination of presented information, case studies, and quizzes to provide opportunities to demonstrate the knowledge gained. Staff are also available to connect with professional members to answer questions or clarify any information provided in the Governance Orientation eLearning Program. The list of training modules for professional members include: Introduction to the College; By-Laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; A Day at Council; and Council Election Process.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• The competency and suitability criteria are public: Choose an item. • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* As outlined in the 2021 CPMF report (p. 10), CPSO sets out skills and qualifications that are expected of all Committee members. Statutory committees are comprised of Council members as well as non-Council members. As for professional members of Council (outlined above in 1.1.a.i.), CPSO outlines both minimum eligibility requirements to determine the suitability of professional members of committee, as well as desired competencies that are highlighted as part of any call for applications.	

			Minimum eligibility requirements (or exclusion criteria) are set out in s. 35(1) of CPSO's General By-law (pp. 20-21). These set out foundational criteria to assess an individual's suitability to sit on committee and include requirements that potential members not be the subject of any disciplinary or incapacity proceeding; that their certificate of registration not have been revoked or suspended in the six years preceding the date of the appointment; and so on. In addition, s. 36(1) of the By-law sets out separate grounds that would disqualify a professional committee member from sitting on committee. Provided a candidate meets the minimum eligibility requirements, he or she is then evaluated against the competency framework and specific needs identified by the particular committee When appointing a Council member to statutory committees, the Governance Committee considers the member's skills, experience and commitment and makes appointments based on the competencies required for the statutory committee. The Governance Committee recruits non-Council members to statutory committees using competencies, qualifications, and suitability criteria that the particular committee requires, which are publicly available on CPSO's website when committee vacancies are posted. Using the Council Profile as a model, CPSO continues to develop and refine the skills, competencies and diversity attributes for each statutory committee to better inform the recruitment and appointment process. In 2022, the committee application process was also improved and a new survey that assessed minimum eligibility requirements and the applicant's skills and competencies was used. This also included the adoption of new questions to collect demographic information, in line with EDI best practices. The survey can be found online here.

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			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee. As outlined in the 2021 CPMF report (p. 10), all new committee members must complete CPSO's Governance Orientation eLearning Program prior to beginning their committee work. The online program provides a robust orientation to CPSO, its governance structure and the role of a committee member. The program is approximately 1-1.5 hours in duration and can be completed in one sitting or at the member's desired pace. The program includes a combination of presented information, case studies and quizzes to provide opportunities to apply the knowledge gained. Staff are also available to connect with members to answer any questions or clarify any information provided in the Governance Orientation eLearning Program. For non-Council committee members, the list of training modules include: Introduction to the College; By-Laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; Council Overview; and A Day at Committee. (The training modules for publicly-appointed Council members, who are cross-appointed to various statutory committees, are covered below in 1.1.c.) Depending on the committee, there may be additional training provided to committee members to support their work. The committee specific orientation topics were outlined in the 2021 CPMF report (p. 11).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. CPSO continues to meet this requirement and has comprehensively outlined the training provided in the 2021 CPMF report (p.13).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	**College Response**
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: — Met in 2021, continues to meet in 2022 • Please provide the year when Framework was developed ***OR*** last updated. • Please insert a link to Framework ***OR*** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* CPSO continues to meet this requirement and has comprehensively outlined the training provided in the 2020 CPMF report (p. 16). More information is offered in section 1.2.c below. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — Choose an item. *Additional comments for clarification (optional)*

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. Over the last 5 years, CPSO has engaged a third party to conduct a targeted evaluation of Council's effectiveness once, in 2020. Council also conducts an annual assessment and made changes to this process in 2022 to adopt a multi-modal approach to soliciting feedback and engagement into the process. More information about this process can be found in the September Council Materials (p. 166).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. Each Council meeting concludes with an informal Meeting Reflection Session so that Council members may share observations about the effectiveness of the meeting and the engagement of members. Certain CPSO committees (e.g., Executive Committee and Governance Committee) conclude in the same fashion. In addition, Council members are requested to complete a survey following each Council meeting to assess the appropriateness of the meeting agenda, the effectiveness of the conduct of the meeting, the adequacy of background materials, and the level of support provided by Council support staff. Members are also specifically prompted to provide information about areas they feel Council should focus on in the future. Results from these surveys are collected by senior CPSO staff to develop and enhance subsequent Council agenda topics relating to education and training. In 2020, the Governance Committee initiated education on equity, diversity, and inclusion issues for its Committee. With the creation of an EDI role and strategy within CPSO, a broader education and training program for all committees and Council was initiated. The new Governance Orientation eLearning Program, described above in 1.1., was designed so that all new Council and committee members receive the necessary resources and training to embed EDI into the work they do. Over the course of 2022, a number of virtual education sessions were conducted with Council and Committee members. External speakers were invited to share their expertise and lived experience of topics including anti-Black racism and 2SLGBTQIA+ health and how we can embed an equity analysis into our work. These 1.5-2 hour sessions were extremely well-received by attendees. The list of sessions is outlined below: • Rainbow Health Ontario (RHO): Providing safe, inclusive care to 2SLGBTQIA+ communities ○ Asynchronous Interactive training modules (March-May) ○ Synchronous session (May 9, 2022) • Dr. Natasha Johnson: Anti-black racism in health care regulation (November 10 and December 1, 2022)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. As outlined in the 2021 CPMF report (pp.16-17), CPSO work relating to EDI began in earnest in 2020. More information about CPSO's EDI strategy can be found here. Education for Council and Committee Members is outlined above in 1.2.c. Training and education for staff included: • Investigations and Resolution Staff participated in training on "Building a Culturally Safe Complaints Process for Indigenous Patients" hosted by Dr. James Makokis, Dr. Jean Langley, and Elders Priscilla and Leo McGilvery. • Many staff members completed Rainbow Health Ontario (RHO): Providing safe, inclusive care to 2SLGBTQIA+ communities program. • Senior Management Team attended a presentation by the Chief Coroner on how the Office of the Coroner created a more culturally safe death investigation system for Indigenous communities, and discussed how those approaches may be of benefit to regulatory EDI work. At the December 2022 Council Meeting, an update on all EDI related activities was provided to Council along with the publishing of the 2022 EDI report online. Additional information about how public expectations are ascertained and used to support decision-making is outlined below in Standard 5 and 6.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

DOMAIN 1: GOVERNANCE

STANDARD 2

Measure:

2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

Required Evidence	College Response	
a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Yes
	• Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. As outlined in the 2021 CPMF report (p. 17), both the Council Code of Conduct and the Conflict of Interest Policy were updated and approved by Council in December 2021. The Code of Conduct was revised to reflect evolving expectations pertaining to email and technology use as a result of the virtual work environment and the Conflict of Interest policy was updated to require Council Members to declare any conflicts or affirm that they have none to declare. In September 2022, the Council and Committee Code of Conduct and Declaration of Adherence were once against updated to reflect evolving expectations pertaining to the use of social media and technology in an increasingly digital world. Changes can be found in Council's September 2022 materials (pp. 117-135). Council members continue to be required to confirm whether they have any conflicts of interest to declare, both annually and in relation to each specific item considered at Council.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy ***OR*** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 18). Relevant documents can be accessed here.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Cooling off period is enforced through: Choose an item. • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; ***OR*** – Where not publicly available, please briefly describe the cooling off policy. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 18). Relevant requirements are set out in Section 13 (1) (g) of CPSO's by-laws.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally</u>: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Choose an item. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 19). CPSO has a Declaration of Adherence that all Council members are asked to review and complete on an annual basis. The Declaration of Adherence is reviewed annually to ensure it reflects leading governance best practices (the document can be accessed here). Included among the Declaration of Adherence material is a Conflict of Interest form that requires members to identify any potential conflicts of interest. Council members are reminded at each meeting of the potential for conflicts of interest and are prompted to identify any existing or new conflicts of interest that relate to the agenda items being discussed. Staff proactively monitor and work with the President to proactively identify any potential conflicts of interest and work with Council Members as needed.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p.20). All briefing notes at Council include a statement of the public interest rationale. Council meeting materials are posted online here.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. CPSO provided a comprehensive response in our 2021 CPMF report (pp. 20-21). A high-level overview is provided below. CPSO actively participates in the Federation of Medical Regulatory Authorities of Canada (FMRAC) Integrated Risk Management System (FIRMS). This is a risk management tool used by Canadian medical regulatory authorities (MRAs), with valuable contributions from the Healthcare Insurance Reciprocal of Canada (HIROC). FIRMS provides a model and framework for ongoing integrated risk management and quality improvement across a number of domains (e.g., registration, complaints, facilities, governance, etc.). FIRMS is a voluntary, continuous, systematic process to understand, manage and communicate risk within the CPSO and among MRAs. The framework supports strategic decision making to fulfill the organizational mandate. To help ensure integrated risk management and due diligence, CPSO has incorporated FIRMS into day-to-day operational decisions. The results from FIRMS are reviewed annually and the tool is updated every year, if not sooner as in the case of changing/pending/threatening risks (e.g. COVID, cybersecurity risks). Moreover, the CPSO's new Enterprise Management System, for which rollout began in 2020 and concluded in 2022, consolidates and shores up multiple databases/systems to support data integration across the organization. This includes the implementation of Solis (CPSO's member database), Vault (CPSO's document management system), and the new Finance and Operations (F&O) system. In moving all CPSO data to the cloud, it also minimizes cybersecurity risk and duplication, supports improved data quality (consistency across systems), supports improved registrant and case management, and enables a single source of information.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	*Additional comments for clarification (if needed)*

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DOMAIN 1: GOVERNANCE

STANDARD 3

Measure:

3.1 Council decisions are transparent.

Required Evidence	College Response	
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 21). Relevant CPSO Council materials include minutes from previous minutes and are posted online: https://www.cpso.on.ca/About/Council/Council-Meetings	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. As outlined in the 2021 CPMF report (p. 22), CPSO's Executive Committee Terms of Reference are available online. Regular meetings are scheduled throughout the years and from time to time there may be ad hoc meetings to address time sensitive matters, for example timely committee appointments to statutory committees so that they can carry out their work effectively. As outlined in our General By-Law, section 29(4), decisions that will be ratified by Council are generally required to be discussed with the Executive Committee first: The council shall, and may only, consider,(a) at a special meeting, the matter for decision at the meeting contained in the requisition deposited with the registrar; (b) at a regular meeting, a motion made and seconded in writing, (i) on behalf of the executive committee; (ii) in a report by a committee which has received prior review by the executive committee; (iii) of which a notice of motion was given by a councillor at the preceding council meeting; or 17 (iv) which the councillors agree to consider by a two-thirds vote of those in attendance; and (c) at any meeting, routine and procedural motions in accordance with the rules of order. Thus, when matters such as policy reviews come to Council, they have been reviewed first by the Executive Committee. In situations where the Executive Committee has acted on behalf of Council, those decisions are communicated to Council members and to the public in the Executive Report that is included in subsequent Council meeting materials. Click here to see an example of the Executive Committee Report (p. 29).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure: **3.2 Information provided by the College is accessible and timely.**	
		Required Evidence	**College Response**
		a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: — Met in 2021, continues to meet in 2022 • Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 22). Upcoming Council meetings, notice of meeting and past Council materials can be accessed here. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — Choose an item. *Additional comments for clarification (optional)*
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: — Met in 2021, continues to meet in 2022 • Please insert a link to the College's Notice of Discipline Hearings. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 23). Upcoming meetings are posted here.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure:

3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes

- Please insert a link to the College's DEI plan.
- Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.

As the 2021 CPMF report demonstrates (pp. 23-25), CPSO has developed and implemented a significant EDI strategy that is supported by and resourced through CPSO's annual budget which Council approves each December (see December 2022 Council meeting materials, with specific reference to pages 251-257).

As reported in 2021, CPSO's EDI plan is grounded in the principles of CPSO's Strategic Plan, including meaningful engagement, quality care, continuous improvement. Each year the EDI work focuses on particular equity themes or topics, to ensure that the nuances and specific challenges experienced by different equity seeking groups are appropriately understood and addressed. In 2022, these themes were 2SLGBTQ+ health and anti-Black racism. These core priorities are supported by our EDI work from an engagement, process/program, and quality perspective. Through 2022, specific education and training opportunities were also offered to staff in divisions across CPSO. Overwhelmingly, the response was positive, and staff reported that they would use these learnings in their everyday work. In addition to those activities outlined above in Section 1.2 (c), specific education and training opportunities offered as part of a *Lunch and (Un)Learn* series included:

- Dr. Blair Bigham – 2SLGTQIA+ based microaggressions in the workplace and in healthcare
- Dr. Chase McMurren – Indigenous Health
- Dr. Carys Massarella – Trans Health
- Dr. Ayelet Kuper – Anti-Semitism

			Council is presented with an annual overview of all EDI related activities, as well as an overview of the strategic direction for the coming year. This occurred most recently at the December 2022 Council Meeting.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:	Yes
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. As the 2021 CPMF report demonstrates (p. 24), CPSO actively assesses the impact of decision-making from an equity perspective in our policies, processes, and decision-making. Several examples follow and additional details can also be found within our 2022 EDI Report. **Citizen's Advisory Group** The Citizen Advisory Group (CAG) helps to bring the patient voice and perspective to healthcare regulation in Ontario. The CAG is made up of patients and caregivers from across the province and provides essential feedback on important regulatory issues such as standards of practice, professional rules, policies, strategic priorities, and communications directed at the public. Ongoing recruitment efforts have been successful in adding new members from equity seeking and previously underrepresented group. The work of this group is more comprehensively outlined in Measures 5, 6, and 8 below demonstrating how the feedback received helps to assess the impact of regulatory decision-making. **FMRAC Statement on Anti-Indigenous Racism** CPSO's EDI Lead Dr. Saroo Sharda continued her role with the Federation of Medical Regulatory Authorities of Canada's (FMRAC) anti-discrimination working group. CPSO attended FMRAC's annual conference, where Dr. Sharda gave a presentation titled, "How to Embed Anti-Racism into Medical Regulatory Work. FMRAC also recently approved the anti-discrimination Working Group's Framework on *Wise Practices and Medical Regulation: Towards an Equitable and Safe Experience for Indigenous People.* **Patient and Public Help Centre** CPSO continues to offer audio interpretation service to patients calling CPSO, enabling communication in 240 languages, including the three most commonly spoken Indigenous languages in Ontario. The interpreter can facilitate communication, and ensure any questions or concerns are accurately presented. These languages were added to help support the public and communities and to address the impact of inequity. **Building a Culturally Safe Complaints Process for Indigenous Patients** Building on supportive training and the provision of resources to ICRC Committee Members as outlined in the 2021 CPMF Report (p. 25), CPSO staff working in the Investigations & Resolutions division participated in training led by Dr. James Makokis, Dr. Jean Langley, and Elders Priscilla and Leo McGilvery to help support the development of a culturally safe complaints process for Indigenous complainants. More information is provided in Standard 5 and 6 below.	

DOMAIN 2: RESOURCES	STANDARD 4	Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
		Required Evidence	**College Response**
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: **Yes** • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. CPSO's Strategic Plan grounds all Council activity. Most notably, each Council meeting begins with a reminder regarding our strategic plan and common focus including a report from the Registrar & CEO on how CPSO is advancing each element of the Strategic Plan through ongoing work and monitoring a number of Key Performance Indicators. All Council Briefing Notes indicate how the item or decision is related to the strategic plan. CPSO's budget process outlines the associated costs of all College activities to ensure the College is appropriately resourced to deliver on the strategic plan. The budget, approved by Council in December 2022, can be found in these materials beginning at pages 251-258. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional)*

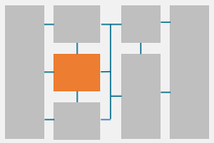
		b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 27). The Financial Reserve Fund Policy was approved in September 2020.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. As outlined in the 2021 CPMF report (p. 28), operational policies, being operational in nature, are not generally issues for Council decision-making. With that said, CPSO has a recruitment policy to address current and future staffing needs, posted internally. In addition, CPSO ensures organizational success with a sustainable human resource complement through a number of processes and tools, including position management practices within the Human Resources department and the annual budget planning process. The latter is designed to ensure that managers and directors plan staffing requirements for the following year, taking to account new and upcoming vacancies and departmental budgets. Every year, as part of Budget process, current and projected staffing needs are identified and assessed by the Finance and Audit Committee. Decisions of the Committee relating to staffing are then presented to Council for approval. The 2023 budget, approved by Council in December 2022, can be found in these materials beginning on page 251-257. In addition, during the CEO/Registrar's annual performance review, the Executive Committee and Council see the balanced scorecard, a strategy performance management tool that includes a review of the Key Performance Indicators and feedback from stakeholders, Council surveys and assessments, and staff engagement surveys. In that review, Council has opportunity to discuss any succession planning, HR, and resources concerns it may have.	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. As outlined in the 2021 CPMF report (p. 29), all CPSO electronic data has been migrated from on premises servers to the cloud, which started in 2019 and completed in early 2022. Moving to the cloud has enabled the CPSO to manage data and access through various governance models and protect with multiple layers of security. All member data that has been migrated to the cloud has also received an updated security model that does not allow devices that no longer meet the security requirements to access the system. All CPSO users are required to use CPSO managed and issued devices to work on the internal CPSO systems or technology that meet our security standards. All CPSO users also use Multi-Factor Authentication for additional security. Finally, all Council and Committee members are required to adhere to the CPSO's technology policies as outlined in the Declaration of Adherence that they are required to sign on an annual basis. These were last updated in December 2021 (p. 108).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence: N/A	College response
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required. ***Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.***
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. -	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* As outlined in the 2020 (p. 25) and 2021 CPMF reports (pp. 30-33), System Collaboration is one of the five elements of CPSO's Strategic Plan. To achieve system collaboration, CPSO continues to develop open and collaborative relationships that support a connected health system and promote interprofessional collaboration and share best practices. Health Profession Regulators of Ontario: CPSO frequently collaborates with other health regulatory Colleges through the Health Profession Regulators of Ontario (HPRO). CPSO attends and participates in regular board meetings and biweekly information-sharing sessions to share resources, practices, and learnings. Where possible, we seek and maximize opportunities to achieve consistency across our regulatory functions. In 2022, significant engagement occurred on issues of Governance Modernization to learn from system partners (this supported materials Council in March 2022 page 47) and as part of both the RHPA Registration Requirements regulation consultation and engagement and in response to request from the Minister of Health to expedite licensing of out of province and internationally trained health care professionals.

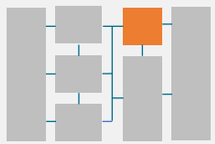
-	CPSO also participates in HPRO's Practice Advisors network, designed for practice advisors across the different Ontario health regulatory bodies to share experiences, learnings, and issues across the colleges. For example, a college may be developing or implementing a new internal policy/protocol or external policy, and they may ask other colleges for feedback on their implementation process or policy. This work directly contributes to and promotes alignment between colleges on key practice issues. All policy reviews include a jurisdictional scan looking at alignment with other health/medical regulatory authorities as appropriate, and this can involve outreach to and collaboration with other health regulatory colleges on specific issues and files. In 2022, CPSO's *Dispensing Drugs* policy was finalized and engagement with the Ontario College of Pharmacists was undertaken as part of the review to ensure alignment of the core expectations. Additionally, when undertaking a review of CPSO's *Physicians Relationships with Industry* policy, particular attention was paid to how other health regulators in Ontario manage these relationships and other conflicts of interest contributing to the development of a draft version of the policy approved for consultation in December 2022 (pp. 189-206). CPSO conducts regular scheduled meetings with the Ontario Medical Association, the CMPA and the Ontario College of Family Physicians. These meetings allow CPSO to share updates and perspectives on emerging or developing policy and practice issues. Over the last three years, it has also allowed CPSO to develop and promote consistent messaging to help physicians understand practice expectations and respond in a pandemic environment or other emerging issues. CPSO is also a member of the Federation of Medical Regulatory Authorities of Canada (FMRAC) with the CPSO Registrar & CEO assuming the role of President in 2022. As part of this work • CPSO Medical Advisor and Equity, Diversity, and Inclusion (EDI) Lead Dr. Saroo Sharda is a member of the national working group (the FMRAC Working Group on Anti-Racism) leading this work which developed a *Framework on Wise Practices and Medical Regulation*. • CPSO also participated in the development of a *Framework for Virtual Care* to support alignment nationally on key issues and will be publishing a patient companion resource on virtual care informed by work undertaken by other medical regulatory authorities. In 2022 significant system collaboration with government, the OMA, and other system stakeholders also occurred in response to the pressing needs associated with health human resource shortages. This includes responding to requests from the Minister of Health outlining several longer terms and shorter term opportunities to increase physician supply and better integrate physicians who have trained or been educated elsewhere. We introduced a new Temporary Class of Licensure to support inter-jurisdictional mobility within Canada and worked with Ontario Health and Health Workforce Ontario to support the expedient licensure of individuals providing temporary coverage to prevent closures in rural and remote parts of the province. We also supported the early development of a Practice Ready Assessment program in preparation for significant work in 2023. The CPSO's EDI Lead was invited to present this work as a Master Class at the 2022 CNAR conference in October 2022. The workshop shared the CPSO's process and addressed how to identify and address racism and discrimination in professional practice. It was highly rated by participants.

	Finally, CPSO administers and Chairs the Citizen Advisory Group (CAG), a partnership of over 20 health colleges that serves as a forum to consult with patients and the public, and facilitates collaboration between the colleges on a variety of issues of policy and practice. Through 2022, CPSO has worked with the CAG partnership to mature the CAG, including by implementing member Terms of References and a Code of Conduct. This content is being co-developed with CAG members and demonstrates an effort to use member engagement to improve the quality of that engagement. In 2022 CPSO supported Partner Colleges by developing engagement activities 14 times over the course of 2022 including both online surveys and focus groups. **Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.** *The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.* *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).* As with the 2021 CPMF report (pp. 32-33), all of the collaborative work highlighted above in Standard 5 also apply to Standard 6 as examples of our efforts to serve the people of Ontario through effective medical regulation, demonstrating our commitment to being accountable and responsive to the public. CPSO also regularly engages with health system stakeholders specifically to respond to changing public/societal expectations. While not an exhaustive list, a few different examples are included to highlight the breadth of partners, including patients/the public, with whom CPSO engages. Building on work undertaken in 2021 to better serve patients living in Indigenous communities, CPSO continues to build a relationship with the Nishnawbe Aski Nation (NAN) to support the development of a relationship accord that will guide the partnership between NAN and CPSO as NAN proceeds with their Health Transformation process. This allows both parties to develop mutually supported initiatives to enable the NAN territory to build capacity and transform the experiences for the First Nations people within the health system. CPSO's EDI Lead has had multiple meetings with NAN and we expect to finalize this accord in 2023. CPSO has also met with the Chiefs of Ontario and our EDI Lead has been invited to present at their Health Forum in 2023. Ongoing conversations with the Black Physicians Association of Ontario, Black Education Health Collaborative, Rainbow Health Ontario, and National Indigenous Consortium of Medical Education have and will continue to occur to support system wide collaboration on EDI issues.

	Our EDI Lead also collaborated with multiple other stakeholders and partners in 2022 and was invited to speak at multiple events. A list of these stakeholders and events can be found in the 2022 EDI Report (pp. 5, 16-17). While the nature of the pandemic changed significantly during 2022, CPSO remained committed to continuously updating the guidance and information we were sharing with physicians and the public. This included significant updates in the fall of 2022 when paediatric hospitals were facing significant challenges. Specific guidance was issued to support moving patients throughout the system by utilizing physicians in a manner that may fall outside their typical scope of practice and supporting access to care for patients. In addition, CPSO administers and Chairs the Citizen Advisory Group (CAG), a partnership of over 20 colleges and serves as a forum to consult with patients and public about various issues that the colleges are facing. The CAG is consulted frequently on a variety of issues where the public voice adds tremendous value. CPSO conducted 3 engagement activities with the CAG including online surveys or focus groups on policy issues including end-of-life care, limiting health services for reasons of conscience, and mandatory reporting obligations. Consistent with developments outlined in the 2021 CPMF report (p. 24), ongoing efforts have been made to seek feedback from equity-seeking groups and providers serving these communities. Enhancements have been made to all CPSO policy consultation surveys to collect demographic information to better understand who is participating in the consultation process and significant recruitment has been undertaken to ensure the membership of the CAG is more representative of the population we serve. CPSO regularly uses surveying and public polling to inform policy and practice changes in response to public expectations. In 2022, CPSO updated its metrics to continue to understand awareness and understanding of CPSO along with public support for self-regulation and to explore public perspectives regarding physician burnout. CPSO's 'In Dialogue' Podcast creates opportunities for CPSO to engage with key system leaders to discuss issues affecting the health system, including for example, Physician Burnout, Virtual Care, and various EDI issues. These podcasts are publicly available on mainstream podcast services and eligible for CPD credits. Additional public attitudes, experiences, and perceptions are routinely considered as part of ongoing policy reviews by identifying and being informed by research undertaken by other system partners. For example, considering experiential data collected the Canadian Medial Association relating to continuity of care and episodic care (March, 2022) and Canada Health Infoway research relating to virtual care (see 2021 National Survey of Canadian Physicians, 2021 Canadian Digital Health Survey, and 2022 Canadians' Health Care Experiences during COVID-19).

		Measure: **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Required Evidence**	**College Response**
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: — Yes • Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information. As outlined in the 2021 CPMF report (p. 34), CPSO Council approved in September 2014 a strategy for data sharing that includes a governance structure, vision, and decision-making tool. Underpinning the vision are principles that provide a foundation for sound decision-making. The decision tool and governance structure enhance both the consistency and timeliness of responses to data-sharing requests. CPSO's data sharing was further updated in fall 2020 to a streamlined, timely, resource-efficient process to manage and provide information to health care stakeholders. The details of the policy and decision-making tool that governs the disclosure of information can be found on our website. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* — Choose an item. *Additional comments for clarification (optional)*

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. As outlined in the 2021 CPMF report (p. 34), CPSO has implemented an Information Breach Protocol that, in addition to reiterating the importance of confidentiality (also addressed in the CPSO Confidentiality Policy), sets out the process for addressing the loss or theft of confidential information and the unauthorized access, use or disclosure of confidential information. The process requires information breaches to be reported to the CPSO Privacy Officer, and provides for containment, assessment, mitigation, notification and prevention steps to be taken as deemed appropriate by the Privacy Officer and the incident response team for each information breach. The Information Breach Protocol also specifically addresses reporting and investigating information breaches caused by or involving cybersecurity incidents or technology system malfunction or misuse. Reported information breaches are tracked and recorded by the Privacy Officer. CPSO has also implemented a Protocol for Access to CPSO Information for Monitoring and Review that provides a process and oversight for monitoring or reviewing the use of CPSO technology by CPSO personnel and the CPSO information generated or stored by CPSO personnel on CPSO technology when deemed necessary.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

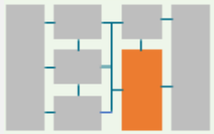
DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence	College Response	
a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.29).	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. *Benchmarked Evidence*	The College fulfills this requirement: • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) ***OR*** please briefly describe the College's development and amendment process. As outlined in the 2021 CPMF report (p.36), the policy review process is multi-staged. Once a policy review is launched, the following steps are undertaken: • An analysis of any available CPSO data regarding complaints, investigations, or discipline findings • A review of any information provided by staff from the CPSO's Physician Advisory Service and the Patient & Public Help Centre • A comprehensive literature review of available data, evidence, and academic literature on the topic • A jurisdictional scan of other Canadian medical regulatory authorities and other Ontario health colleges, where relevant • Extensive marketing and promotion for external consultation seeking feedback from all stakeholders, physicians, and members of the public (typically 60 days, but extended in some cases). The consultation process involves broad and targeted announcements and direct invitations to participate via an internal database of interested parties. • Facilitation of patient engagement activities, including the involvement of the Citizen Advisory Group, public polling, and/or stakeholder summits where appropriate. All of the above research and feedback (from the public, physicians, and stakeholder organizations) inform the development of a draft policy, which is also examined through the lens of implementing right-touch regulation and ensuring CPSO's public mandate is being fulfilled. The draft policy is then circulated for external consultation again. Revisions are then made in response to additional feedback from these same groups before receiving final approval from CPSO Council. All of this work is undertaken with the assistance of a Policy Working Group comprised of a diverse group of physicians and public members of Council and CPSO staff. Council must approve all CPSO draft policies prior to external consultation, and all revised policies must again be approved by Council before becoming a policy of CPSO. Each decision point is supported by the development of a comprehensive briefing note highlighting the various factors considered for the key policy changes being proposed (see e.g. Council materials regarding the Virtual Care draft policy (pp. 141-163); Social Media draft policy (pp. 172-190). Outside of the normal policy review cycle, CPSO continuously monitors the external environment to determine whether new policy expectations or revised expectations are necessary. This includes keeping apprised of relevant legislative and regulatory developments, court cases, government announcements, revisions to guidance provided by other health Colleges, and changes in physician practice. For example, anticipating changes to the eligibility criteria for medical assistance in dying (MAID), a review of this policy was initiated with an aim to restructure the way guidance is offered in this context to allow for more nimble responses to changing external environments (see pp. 136-165 of the September 2022 Council Meeting). Council approved the proposed approach for external consultation in September 2022 (see pg.136-165) in anticipation of the changes that were originally planned to be implemented in March 2023.	Yes

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. Consistent with and building on the overview provided in the 2021 CPMF report (p. 37), a number of actions are taken to ensure CPSO policies are informed by and promote the principles and values of an EDI perspective. • CPSO policy staff continue to receive specific training relating to EDI. In 2022, policy staff participated in the Rainbow Health *Providing safe, inclusive care to 2SLGBTQIA+ communities* program. • CSPO policy staff also participate in the staff wide *Lunch and (Un)Learn* sessions outlined in section 3.3 (a) above. • The College's EDI Lead Dr. Saroo Sharda supports the Policy Working Group in its review of certain CPSO policies, including the *Professional Obligations and Human Rights* and the *Social Media* policies in 2022. As comprehensively outlined in Section 5 and 6 above, CPSO also routinely engages with the CAG in order to hear from a diverse population of Ontarians in order to ensure all policy decision-making is informed by the experiences and expectations of Ontarians including those from equity-seeking groups. As outlined above, significant effort has been made to increase the diversity of this group to ensure the feedback received is informed by the diverse perspectives represented in the Ontario population. In addition, a new draft *Human Rights in the Provision of Health Services* policy was approved by Council for consultation (see pp. 94-116 of the September 2022 Council Materials) as an update to the existing *Professional Obligations in Human Rights* policy. This new draft proposes to introduce new expectations to support creating and fostering an ideal environment where patients' needs are met, including new guidance on incorporating cultural humility and safety into medical practice.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.



Measure:

9.1 Applicants meet all College requirements before they are able to practice.

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 9

Required Evidence	College Response	
a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 31).	

[1] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. As outlined in the 2021 CPMF report (p. 39), CPSO routinely evaluates our registration requirements. We have numerous policies that enable us to register qualified candidates outside of the requirements prescribed in the Regulation. We engage in dialogue with the other Canadian medical regulators (FMRAC), the certifying Colleges (Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada) and the Ontario medical schools. In 2022 the College revised the following Registration Policies: Restricted Certificate of Registration for Exam Eligible Candidates, Recognition of Certification Without Examination Issued by CFPC and Specialist Recognition Criteria in Ontario. Additionally, in September 2022, Council approved the Temporary Independent Class Registration Amendment. The purpose of the regulation amendment is to provide a more flexible option for potential applicants who wish to assist with system needs on a temporary basis, enabling them to practice at full scope, and reducing the administrative burden for all involved. Specifically, it offers benefits over the Short Duration certificate in important ways: Not requiring supervision, enabling physicians to practice independently; Extending the duration of a license (3 months), enabling greater flexibility; Allowing a broader range of system sponsors, including community-based settings; Reducing administrative burden on the sponsor, the physician, and CPSO. Most recently in December 2022, CPSO proposed updates to our *Acceptable Qualifying Examinations* to further reduce barriers to registration for applicants trained outside of Canada (see page 177). In terms of credentialing, CPSO does not utilize third parties to assess or analyze credentials. All document credentialing/source verification is completed in-house.	

			Every application is supported by source documents, including Certificates of Professional Conduct (Certificates of Standing) from every jurisdiction where an individual has practiced medicine/been registered, confirmation of training and certification from the appropriate bodies, letters of reference, etc. Across Canada we are leaders in source verification and complex credentialing and have a vast repository of up-to-date resources to confirm authenticity of documentation. Further, we complete periodic quality assurance checks with the source bodies to ensure accuracy. As opposed to simple source verification which confirms the document is where it says it is from, CPSO conducts complex credentialing to piece together practice history and satisfy the conduct/character and suitability to practice requirement. We receive documentation electronically via password-protected document sent from an institutional email address for which we have a Memorandum of Agreement or sent from a verifiable organizational email address/server, clearly identifying sender's name and position/title. We may also receive source documentation via mail/courier in official sealed and stamped envelope from the source organization. Additionally, we verify the sender's address via the organization's website.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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		Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
		c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
			• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. As outlined in the 2021 CPMF report (pp. 40-41), CPSO has robust processes in place to support ongoing monitoring and support of physician competence and fitness to practice. All physicians must remain qualified, competent and fit to practise medicine within their scope of practice at all times. There are several factors to consistently maintain the necessary knowledge, skills and experience to practise medicine safely and ethically. The Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy was last reviewed and updated in February 2018. This policy revision involved a thorough review of the literature, an environmental scan looking to other Canadian and US Regulators, and best practices. In terms of ongoing education, the Quality Assurance Regulation of the College requires members to be registered with and meet the Continuing Professional Development (CPD) requirements of one of the following 3 bodies: the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Medical Psychotherapy Association of Canada (MPAC). Every year on the Annual Membership Renewal, members are asked to attest that they are enrolled with one of the aforementioned bodies and are compliant with their respective CPD requirements. In addition, CPSO's suite of Quality Improvement programs are built to ensure Ontario's physicians are engaging in self-reflection, self-improvement and meeting their quality requirements in five-year cycles. These programs take a strategic, data-driven approach towards engaging physicians in continuous quality improvement and ensuring they are delivering the best possible care to Ontario patients. This process will connect with more physicians more regularly to create the most favourable conditions to ensure their success at all stages of their careers. CPSO's Quality Improvement (QI) Program for individual physicians builds on the principles of right-touch regulation and our commitment to fulfilling our mandate ensuring quality care for patients in Ontario. The QI Program is proactive, self-directed, and encourages physicians to reflect on their own delivery of health care. Among the QI program options available for members to choose from, the QI for individuals program is comprised of a QI	

survey, The Practice Profile, The Self-Guided Chart Review, The Data-Driven Quality Improvement Tool, The Practice Improvement Plan and One-on-One Coaching.

In terms of conduct/character requirements, all applicants must satisfy the non-exemptible requirement for registration:

> 2. (1) It is a non-exemptible standard and qualification for a certificate of registration that the applicant's past and present conduct afford reasonable grounds for belief that the applicant,
> (a) is mentally competent to practise medicine;
> (b) will practise medicine with decency, integrity and honesty and in accordance with the law;
> (c) has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate; and
> (d) can communicate effectively and will display an appropriately professional attitude. O. Reg. 865/93, s. 2 (1).

Applicants are asked a series of questions on the application form designed to elicit responses to assess their conduct and character requirements.

As part of the credentialing process, all applicants must submit a criminal record check conducted within the previous 6 months. In addition to this, all applicants are required to disclose any professional misconduct, remediation or adverse action against them.

Applications are referred to the College's Registration Committee to determine whether an applicant would qualify for a certificate of registration to practise medicine in Ontario.

On an annual basis through the membership renewal process, members are asked to provide updates on a variety of questions, including whether they have been subject to any disciplinary action, privilege changes, criminal charges, etc. since the previous renewal

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

[2] A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

		Measure: **9.3 Registration practices are transparent, objective, impartial, and fair.**		
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Choose an item. CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.34) and publishes all reports to the Ontario Fairness Commissioner on our website.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Measure:
10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence	College Response	
a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Choose an item. *If not, please provide a brief explanation:* CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.34).	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**		
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. • *If yes, please insert link to the policy.* CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p.34).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

[3] "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). ***OR*** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Choose an item. – *Employers* Choose an item. – *Registrants* Choose an item. – *other stakeholders* Choose an item. CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 35).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria. CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 36)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	
		Measure: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.**		
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
			• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process. As outlined in the 2021 CPMF report (p. 45), the Quality Assurance Committee can request the member undergo a peer and practice reassessment that focuses on the areas of concern to ensure that the member has fulfilled the requirements. This is based on their response to the Opportunity to Address (OTA) avenues described above. These peer and practice reassessments happen within 12 months following the QAC decision. If there are clinical concerns identified following the OTA process and/or the physician has no insight into the deficiencies the QAC has the power under section 80.2 to resolve the matter via SCERP (Specified Continuous Educational Remediation Program). The SCERP is monitored by the College's Compliance Monitoring and Supervision area. Compliance will notify the QAC when the SCERP elements have been successfully completed and returns the matter to the QAC for a reassessment to ensure that the remediation plan has been successful. If the member wishes to resolve the matter by way of an Educational Undertaking, this undertaking is also monitored by the College's Compliance Monitoring and Supervision Department. The Individual Education Plan is developed in consultation with the QAC, which is attached as part of the Undertaking. In these situations, the reassessment is completed by the Compliance Monitoring and Supervision department. Outcomes of the reassessment are not conveyed to the QAC as these matters remain outside of the QAC "black box" of information. https://www.cpso.on.ca/en/Physicians/Your-Practice/Quality-Management/Assessments/Peer-Assessment	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**	
		Required Evidence	**College Response**
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement: Yes • Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. As outlined in the 2021 CPMF report (p. 46), Investigations uses the following to ensure all relevant information is received during all stages of an investigation: • Process guides for ○ Alternate Dispute Resolution (ADR) ○ Assessing Intake file information ○ Assessor interviews ○ Complaints made in bad faith ○ Consent for personal health information ○ Disclosure during an investigation ○ Early resolution process ○ Investigations with EDI concerns ○ Guide to investigative planning ○ Investigative report writing ○ OHIP & Narcotics Monitoring System guide • Complainant is engaged throughout the investigative process ○ Complainants are typically contacted within two business days to confirm their concerns ○ Complainants are provided with information, both verbal and written, on the investigative process, along with Frequently Asked Questions ○ Information about the investigative process can be found on the CPSO website ○ Complainants who have complaints about sexual abuse are connected with a Witness Support Coordinator who provides information on funding for therapy • The website is reviewed regularly and updated as required; resources and process guides are reviewed annually.

			• The Patient and Public Help Centre website is another useful web page where patients and members of the public can find information and links to resources outside of the CPSO In addition, as explained in further detail above in 3.3.b., the CPSO EDI lead worked with leadership in Investigations and Resolutions and Senior Legal Counsel to develop a new process for managing complaints of discrimination. The ICRC has been provided with the relevant tools, information, and training to assist members in examining complaints of discrimination through the appropriate lens (e.g. anti-racism lens). The EDI Lead is also available to support the committee at the panel discussion and decision administrators have developed tools to support the committee to ensure appropriate language and context are employed in the writing of the decision.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. See response to 11.1.a. above	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 47).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement: • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 48).	Met in 2021, continues to meet in 2022
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		Measure: **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement: • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) ***OR*** please provide a brief description. As outlined in the 2021 CPMF report (p.49), an intake investigator contacts the complainant within 2 business days of receiving a public complaint. The intake investigator assesses the complaint for risk, reviews the complaints process with the complainant, explores the intention of their complaint and confirms their concerns. The intake investigator will identify cases appropriate for Alternative Dispute Resolution; these cases are streamed to a mediator. Within a week, the case is assigned to either a mediator or investigator who will contact the complainant to review the details of the complaint and to ensure all appropriate consents are on file.	Yes

			During an investigation, the complainant is kept up to date by the investigator every 3-4 weeks on the status of their complaint. The complainant is contacted when the investigation has been listed for ICRC review. The complainant is sent a copy of the ICRC decision immediately upon release, which is usually within 10 weeks. Once a matter is referred to the Ontario Physicians and Surgeons Discipline Tribunal, the Witness Support Coordinator establishes and maintains regular contact with witnesses to assists in the coordination of scheduling witnesses for hearings and to provide direct support to those testifying at a hearing. The Witness Support Coordinator will follow up with witnesses regarding the outcome and decisions of the OPSDT, provide updates and involve witnesses in penalty hearings, and provide some guidance and structure for witness impact statements if required. Language translation services are available, either in the moment through a translation service or by sending documents out for translation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	**Measure:** **12.1 The College addresses complaints in a right touch manner.**		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to guidance document and indicate the page number ***OR*** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable). CPSO continues to meet this requirement as outlined in the 2021 CPMF report (p. 50).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the policy and indicate page number ***OR*** please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 42).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	**Measure:** **14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.**

Required Evidence	College Response	
a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number ***OR*** list KPIs and rationale for selection. CPSO KPIs are reported to Council at each meeting, comprising a balanced score card and evaluated/set annually by Council. 2022 KPIs adopted by Council can be found in the meeting minutes from Council's March 2022 meeting (p. 9).	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. CPSO continues to meet this requirement as outlined in the 2021 CPMF report (pp.51-52).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		Measure: **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**	
		a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. As outlined in the 2021 CPMF report (p.52), Council routinely assesses risk to support improvement activities. Reporting on KPIs to Council help to identify areas of risk and support the enhancement of future targets. Continuous Improvement is one of the five elements of CPSO's Strategic Plan. To achieve continuous improvement, CPSO will foster a culture of continuous improvement and openness to change; and modernize all aspects of our work to fulfill our mission. Over the past year, staff have been completing training in the LEAN methodology so that it can be applied across all areas of the organization (including the appointment of a Lean Sensei to CPSO leadership) supports ongoing risk identification, assessment, and mitigation.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		Measure: **14.3 The College regularly reports publicly on its performance.**		
		a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the College's dashboard or relevant section of the College's website. CPSO continues to meet this requirement as outlined in the 2020 CPMF report (p. 44).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

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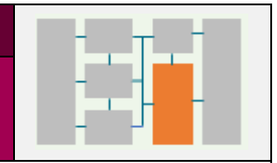
Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**	
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	
i. QI Individuals	3687	*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).* *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
ii. QI Groups	298	
iii. QI Partnership	1738	
iv. QA Assessments	704	
v. OHP Assessments	138	
vi. IHF Assessments	243	
vii. Physician Coaching -	506	
viii. Complete self assessment questionnaire	13665	

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.* *NR*	
Additional comments for clarification (if needed)	

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Table 2 – Context Measures 2 and 3

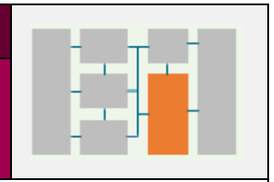
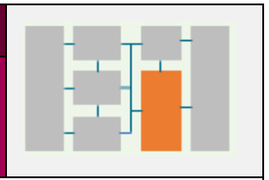
DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	704	N/A	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	97	13.8	
NR			
Additional comments for clarification (if needed) -			

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)				
CM 4.	Outcome of remedial activities as at the end of CY 2022:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I.	Registrants who demonstrated required knowledge, skills, and judgement following remediation*	86	88.7	
II.	Registrants still undertaking remediation (i.e., remediation in progress)	11	11.3	

NR

** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.*

***This measure may include any outcomes from the previous year that were carried over into CY 2022.*

Additional comments for clarification (if needed)

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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data is collected in accordance with the recommended method or the College's own method: College Method

If a College method is used, please specify the rationale for its use: The CPSO codes investigations upon closure of the file. The issues identified in an investigation is not available for ongoing cases

Context Measure (CM)					
CM 5.	Distribution of formal complaints and Registrar's Investigations by theme in CY 2022	Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising				
II.	Billing and Fees				
III.	Communication				
IV.	Competence / Patient Care				
V.	Intent to Mislead including Fraud				
VI.	Professional Conduct & Behaviour				
VII.	Record keeping				
VIII.	Sexual Abuse				
IX.	Harassment / Boundary Violations				
X.	Unauthorized Practice				
XI.	Qther <*please specify*>				
Total number of formal complaints and Registrar's Investigations**			**100%**		**100%**

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.

Formal Complaints *NR* Registrar's Investigation ***The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.*	
The CPSO codes investigations upon closure of the file. The issues identified in an investigation is not available for ongoing cases	

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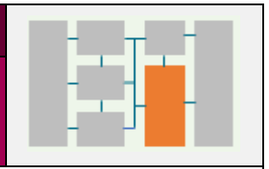
Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**	
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)			
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2022	2210	
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	217	
CM 8.	Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022	111	
CM 9.	Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	89	2.9
II.	Formal complaints that were resolved through ADR	88	2.9
III.	Formal complaints that were disposed of by ICRC	1989	66.3
IV.	Formal complaints that proceeded to ICRC and are still pending	221	7.7
V.	Formal complaints withdrawn by Registrar at the request of a complainant	306	10.2
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	147	4.9

What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	28	1.4	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant *NR* Registrar's Investigation *# May relate to Registrar's Investigations that were brought to the ICRC in the previous year.* *** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.*			
Additional comments for clarification (if needed)			

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Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	
II. Billing and Fees	12	9	NR	NR	7	NR	
III. Communication	477	126	12	51	26	7	
IV. Competence / Patient Care	1202	335	23	107	83	17	
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	1191	328	24	108	84	16	
VII. Record Keeping	67	38	NR	13	14	NR	
VIII. Sexual Abuse	NR	NR	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	31	15	NR	NR	14	6	

X.	Unauthorized Practice	NR	NR	NR	NR	NR	NR	
XI.	Other (Accepting new patients, termination)	27	3	NR	NR	NR	NR	

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.*

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.

NR

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

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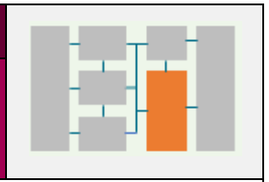
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
I. A formal complaint in working days in CY 2022	209	
II. A Registrar's investigation in working days in CY 2022	672	

Disposal

Additional comments for clarification (if needed)

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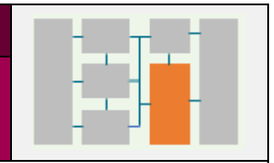
Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.* *The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
I. An uncontested discipline hearing in working days in CY 2022	462	
II. A contested discipline hearing in working days in CY 2022	1035	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

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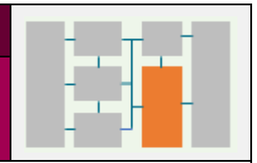
Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. *If College method is used, please specify the rationale for its use:*	

Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*			
Type		#	
I.	Sexual abuse	NR	
II.	Incompetence	NR	
III.	Fail to maintain Standard	12	
IV.	Improper use of a controlled act	NR	
V.	Conduct unbecoming	NR	
VI.	Dishonourable, disgraceful, unprofessional	17	*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
VII.	Offence conviction	NR	
VIII.	Contravene certificate restrictions	NR	
IX.	Findings in another jurisdiction	NR	
X.	Breach of orders and/or undertaking	NR	
XI.	Falsifying records	NR	
XII.	False or misleading document	NR	
XIII.	Contravene relevant Acts	NR	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.* *NR*
Additional comments for clarification (if needed)

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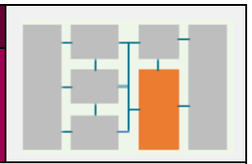
Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	
I. Revocation	7	*What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*
II. Suspension	8	
III. Terms, Conditions and Limitations on a Certificate of Registration	6	
IV. Reprimand	18	
V. Undertaking	NR	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.*

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR -

Additional comments for clarification (if needed)

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to:-Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: Table 5, Table 7, Table 8

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: Table 4, Table 5

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991,* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: Table 4, Table 5

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: Table 10

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: Table 10

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: Table 10

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: Table 10

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: Table 8

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: Table 10

Council Briefing Note

March 2023

Topic:	Register By-laws - Change Recommendations
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation Meaningful Engagement System Collaboration Continuous Improvement
Public Interest Rationale:	**Accountability:** Holding regulated health professionals accountable to their patients/clients, the College and the public **Protection:** Ensuring the protection of the public from harm in the delivery of health care services
Main Contact(s):	Carolyn Silver, Chief Legal Officer Marcia Cooper, Senior Corporate Counsel & Privacy Officer
Attachment(s):	Appendix A: Register By-law Change Recommendations Appendix B: Proposed By-law Revisions

Issue

- Proposed changes to the by-laws relating to the public register and member information reporting obligations are presented to the Council for consideration.

Background

- One of the 2023 KPIs is to refresh the CPSO by-laws. This involves a comprehensive review of the CPSO by-laws, with the goal of having a new, updated and modernized set of by-laws approved by Council in the fall.

Current Status and Analysis

Register By-laws

- The first stage of the by-law review is focused on the by-laws that relate to the public register.

- There are three sources of authority for what is required to be posted on the public register:
  1. Health Professions Procedural Code (Schedule 2 of the RHPA);
  2. Regulations under the RHPA; and
  3. CPSO By-laws (in the General By-law).

- The Code is the primary source of authority. It also provides that additional information may be required by regulations made by the government under the RHPA and under by-laws made by Council.

- Where information CPSO believes is important or helpful to post on the register is not specified in the Code or the Regulations, we use by-laws to provide the authority for posting that information.

- Information to be posted under CPSO's register by-laws fall into two main categories:

  a) additional information that is not contemplated in the Code or the Regulations; and
  b) supplemental information or clarification of what is contemplated in the Code or the Regulations.

- We consulted with the Registrar in our review, and received input from other staff on particular topics. We also reviewed the register by-laws of the Ontario College of Pharmacists, Royal College of Dental Surgeons of Ontario and the College of Nurses of Ontario for comparison.

- We reviewed the register by-laws with a lens to reduce redundancies as between the by-laws and the Code or Regulations. However, if the Code or Regulations may be subject to interpretation as to what information it includes, the by-laws may be used to provide clarity.

- In reviewing the register by-laws, we also considered whether the information required by the by-laws is beneficial or helpful for the public. (Note, we only analyzed the by-laws in this regard; we are not seeking legislative change at this time.) As noted below, we have recommended adding and removing certain register requirements from the by-laws.

- The recommendations for changes to the register by-laws are set out for your consideration in Appendix A. These recommendations have been considered by the Executive Committee, who approved forwarding them to Council for consideration.

- The proposed revised by-laws are set out in Appendix B.

Public Designation and Member Information Reporting By-laws

- The by-laws designate what information on the register is public and also require members to report or provide certain information to CPSO. These by-laws and the register by-laws are interrelated. Since much of the information members are required to provide to CPSO under the by-laws is posted on the register, it is helpful to consider these by-laws together with the register bylaws.

- The proposed revisions to these by-laws are also set out in Appendix B.

    - Changes to the member reporting obligation by-laws are largely to provide clarification and enhancement or to correspond to changes made to the register by-laws.

    - The by-law is structured so that it identifies information to be contained in the register and then designates most of this information as public. We have revised the section designating what information on the register is public to correspond to the changes made to the register by-laws. You will see a change in Section 50.1 that removes certain information items, such as date of birth, from the list of what is non-public information. To clarify, this information will continue to be non-public. As noted in Appendix A, these items will no longer be considered part of the register at all, and therefore, we do not need to designate them as non-public register information.

Next Steps

- All of these by-laws require circulation to the profession before being finally approved.

- Council is being asked for approval to circulate these by-laws to the profession.

Questions for Council

1. What feedback does Council have on the proposed recommendations for changing the by-laws relating to the register and member information reporting obligations?

2. Does Council approve of circulating the proposed by-law amendments to the profession?

APPENDIX A

REGISTER BY-LAWS: CHANGE RECOMMENDATIONS

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS

Physician Contact Information (Public):
• **Business Address and Phone Number**
• **Principal Practice Address and Phone Number**
• **Principal Practice Fax No.**
• **Business Email Address**
• **Additional Practice Addresses**
	Change:
	Much of the information on the register will be the same.
	Business email address is new.
		• Remove principal practice address from the By-law register list, as the Code requires business address.
		• Remove phone number from the By-law register list, as the Code provides for phone number.
		• Provide for fax number and/or business email address to be posted on the register if provided by the member.
		• Clarify that additional address(es) are posted if provided by the member in accordance with the current practice.
			Address and Phone Number
			• The Code requires a physician's business address and phone number to be posted on the register.
			• The By-law provides for posting the address and phone number for the member's designated principal practice location.
			  ○ The business address and the principal place of practice would often be the same. "Principal place of practice" can also be subject to interpretation.
			  ○ The phone number in the By-law is a duplication.
			• Members will continue to be required to identify which practice address is their principal one for CPSO's internal purposes.
			
			Fax and/or Business Email Address
			• Fax number will continue to be posted for physicians who still use them.
			• Business email address is one that is for public use (such as a medical office or clinic). It will be designated in the by-laws as public information.
			• Personal email addresses (provided by members for communications with CPSO) will not be (and never have been) posted on the public register.

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
• **Email address (personal, for communications with CPSO)** • **Mailing address (preferred address for communications with CPSO)** • **Date and place of birth**	No change. This information was not posted.	Remove these items from the By-law register list.	• The By-law lists each of these items as being part of the register but designates them as non-public information. • To avoid confusion, we recommend removing this from the "register" list so that the register list is only public information. • Members will still be required to be provide this information to CPSO.
• **Electoral District (for elections)** • **County / region where member principally practices or resides**	Change: No longer post on register	Remove electoral district and county from the By-law register list.	• Posting electoral districts and the member's county is a by-law requirement, not contemplated in the Code. • Electoral districts and the member's county are not helpful to the public. Contact information is the more useful information for the public. • In practice, the county/region is not posted on the register, just the electoral district number. • Electoral districts will continue to be determined and used by CPSO for election purposes.
Alerts re Hospital Mandatory Reports for: • **Revocations, suspensions,**	Change: No longer post some of this information on the register.	Revise By-law to post only revocations of hospital privileges. No longer post:	• The *Public Hospitals Act* and the Code require hospitals to report to CPSO: o when a hospital takes privileging action relating to a member's incompetence, misconduct, or incapacity; and

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
restrictions of member hospital privileges • **Resignations, relinquishments by member of hospital privileges or practice in face of or as result of hospital investigation (excluding voluntary leaves of absence)** • **Hospital rejections of appointment / reappointments applications**		• Suspensions, restrictions imposed by hospital on member • Resignations or relinquishments by members in face of/as a result of investigations • Rejections of appointment/reappointment applications.	○ when a physician resigns or voluntarily relinquishes or restricts their hospital privileges or practice where there is an investigation or there are concerns related to the member's incompetence, misconduct or incapacity. • The current By-law requires CPSO to post these issues reported to CPSO by a hospital. This is not required by the Code. • Some of these issues may be interim in nature and the seriousness of the matters raised in the mandatory reports varies. The value of this information to the public varies and may lose currency. • The most serious hospital action – i.e. a revocation of privileges – will continue to be posted. • The hospital is required to report these matters to CPSO. • CPSO will continue to use the mandatory reports from hospitals to consider further investigation and appropriate action, which may include imposing terms, conditions and limitations on the member's certificate. These would appear on the public register.
Post- Graduate Training in Ontario	Change: No longer post on register	Remove post-graduate training from the By-law register list.	• The requirement for posting post-graduate training is only in the By-law, not contemplated in the Code. • Only post-graduate training in Ontario is systematically received electronically from Ontario medical faculties. This facilitates posting this information on the register.

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
			• Post-graduate training for other jurisdictions is provided in different ways and would take more resources to post on the register. • The information is not necessarily a complete record even for all physicians who did their post-graduate training in Ontario. • It may lead to misunderstandings or ambiguity as to what PGE training or certifications physicians have. • The details of the PGE training are not necessarily helpful to the public. The register indicates physicians who hold a PGE certificate of registration. • Publishing the PGE training publicly is not in line with other Canadian jurisdictions. • CPSO will continue to collect post-graduate training information for regulatory purposes.
Specialty certification (RCPSC / CFPC) • **Date** • **discipline/sub-discipline** **CPSO specialty recognition** • **date** • **discipline/sub-discipline**	No change to the information posted on the register. By-law streamlining.	Remove RCSCPC / CFPC specialty certification and CPSO specialty recognition from the By-law register list. Keep the date in the By-law register list.	• The Code requires member specialist status to be posted on the register. • This may not be comprehensive and seems redundant. We can rely on the Code provision. • Registration Committee policies set out details of what constitutes specialist status and can be used for guidance if there is any question. • We will maintain the by-law requirement to post the date of the specialty status.

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
Interim Orders	Change: Information to be added on the register.	Add the following information about Interim Orders by ICRC to the By-law register list (i.e. post on the public register): • a notation of the fact • nature of the order • effective date. Remove the posting about the interim order once it is no longer in effect.	• While the Code requires terms, conditions and limitations (TCLs) and suspensions to be posted, the Code does not require that the register indicate they are imposed under an interim order (under sections 25.4 and 62 of the Code). o This often raises questions regarding the origin or the context of the TCLs or suspension. • The by-laws of OCP, RCDSO and CNO all provide for posting information about interim orders, namely a notation of the fact, the nature of the order and its effective date. • We suggest the following information be posted about the interim orders: o a statement that the interim order for TCLs or a suspension was made by ICRC o the effective time and date o the statement from the interim order that sets out the nature or rationale for the order • We do not recommend posting the interim order itself as this would require redaction, which carries a risk of error.
OPSDT Referrals (until matter finally resolved) • **notation (*indication) of matter referred** • **date of referral**	Change. No longer post a separate summary of allegations on register.	Remove the By-law requirement for posting a summary of allegations.	• The Code provides for a copy of the specified allegations to be posted when there is a referral to Ontario Physicians and Surgeons Discipline Tribunal (OPSDT). • The By-law provides for a summary of allegations and/or the Notice of Hearing (NOH) to be posted. • The NOH provides more information than just the "copy of the specified allegations" required by the Code. • The summary of allegations requires additional work to create. It does not provide as much detail about the

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
• **copy of the specified allegations** • **Summary of allegations if referral prior to Sept. 10, 2013.** • **Summary of allegation and/or notice of hearing if referral after Sept. 10, 2013** • **status of hearing** • **anticipated hearing date, if set** • **hearing adjournment, if adjourned after Sept. 10, 2013 and no future date set** • **notation if decision under reserve**			allegations as the Notice of Hearing. As such, we are recommending removal of the requirement for the summary of allegations for referrals made after the revised by-law comes into effect. • As a housekeeping matter, we will remove the references to Sept. 10, 2013. This date was included when the By-law was amended to indicate that posting the NOH is for discipline referrals after that date. This transitional date is no longer necessary as there are no longer any pending hearings made prior to that date on the register.

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
Application to Vary / Suspend / Cancel OPSDT Orders plus: • **Date of hearing** • **Adjournment if no future date set** • **Notation if decision under reserve** • **Decision**	Change. Process details will no longer be posted on the public register. They will be available on the OPSDT website.	Remove the dates application to be heard, the adjournment information and the notation of decision under reserve from the By-law register list (i.e. no longer post on register). The fact an application was made and the decision will be posted on the CPSO website.	• This information was added to the by-law in 2022. It is not contemplated in the Code. • The purpose was to advise the public in advance of an application to vary, suspend or cancel an OPSDT order. It is possible that the public may have relevant information to bring to CPSO's attention. • The process information, namely the date of the hearing, adjournment and if the decision is under reserve, will be available on the Tribunal website.
Reinstatement Applications and Decisions **Application for reinstatement referred to OPSDT plus:** • **dates application scheduled to be heard** • **hearing adjournment made after Sept. 10, 2013, where**	Change. Process details for applications referred to OPSDT will no longer be posted on the public register. They will be available on the OPSDT website.	Remove the scheduled dates for hearing/considering the application, the adjournment information and the notation of decision under reserve from the By-law register list (i.e. no longer post on the public register). Keep the fact an application was made and the decision (or summary of the decision in the case of an incapacity matter) in the By-law register list (i.e. continue to post on the register).	• Information about reinstatement applications is provided for in the By-law, not in the Code. • As with applications to vary an OPSDT order, the purpose is to notify the public in advance of an application for reinstatement. It is possible the public may have relevant information to bring to CPSO's attention. • The process information, namely the date of the hearing, adjournment and if the decision is under reserve, will be available on the Tribunal website.

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
no future date set • **notation if decision under reserve** • **decision of OPSDT** **Application for reinstatement made to Council or Executive Committee (where revocation/suspension was result of disciplinary proceedings)** • **date application to be considered** • **decision** **Application for reinstatement made to Council or Executive Committee (where revocation/suspension was result of incapacity proceedings)**			

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
• **date application to be considered** • **summary of decision (or the decision if Registrar determines in public interest to disclose it)**			
QAC SCERPS **SCERP ordered by QAC on/after June 1, 2016** • **elements of SCERP** • **notation when all elements completed** • **if QAC decision overturned on review, summary removed**	Change. No longer post on the register.	Remove QAC SCERPS from the By-law register list.	• Posting QAC SCERPS is a requirement in the By-laws only, not the Code. • While the by-law was approved, there was some opposition to posting QAC SCERPS in the consultation feedback in 2016 when this By-law was proposed. • Currently, there is concern that posting QAC SCERPS has a punitive effect, as the quality assurance process is generally intended to be confidential and educational. • Jurisdiction Scan: None of the OCP, RCSDO or CNO By-laws provide for posting of QAC SCERPS on the public register.
Outstanding charges (if known to the CPSO) under:	Change. No longer post charges under laws of other jurisdiction.	Remove the requirement to post charges under laws of other jurisdictions from the By-law	• The Regulations under the Code require CPSO to post charges and findings of guilt against members under the Criminal Code of Canada and the CDSA.

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
• **Ontario *Health Insurance Act* (HIA)** • **Criminal laws of another jurisdiction** • **Laws of another jurisdiction comparable to HIA, or *Controlled Drugs and Substances Act)* (CDSA)**	No change to posting of findings of guilt under laws of other jurisdictions. No change to posting HIA offences.	register list. Keep the requirement in the by-law to post charges under the HIA.	**HIA:** • The By-laws require CPSO to post on the register charges of an offence (as well as findings of guilt) under the Ontario *Health Insurance Act*. **Comparable Laws in Other Jurisdictions:** • The By-laws also provide for charges and findings of guilt against members under comparable laws of other jurisdictions, where known to CPSO, to be posted on the register. • It is challenging to monitor and accurately update charges under laws of other jurisdictions due to differences in the way their systems operate and challenges with accessibility to their official documents to confirm the charges, amendments and disposition. • Accordingly, we propose to maintain the by-law requirement to post findings of guilt under comparable laws of another jurisdiction, but not charges.
OHP • **Outcome and/or status of inspections of all OHPs carried out since April 2010, including**	Change to information posted on the register.	Revise the By-law to require only the most recent inspection outcomes to be posted on the register.	• The Code requires outcomes of OHPIP inspections conducted by CPSO to be posted on the register. • The By-law sets out the specifics of the information to be posted. • For OHP inspection outcomes up to January 31, 2013, just the most current outcome or status is posted. • For OHP inspection outcomes after January 31, 2013, the outcome and/or status of all those inspections are posted.

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
relevant date (subject to next points) • **As of January 31, 2013, most current outcome and/or status of OHP inspections** • **Every outcome and/or status of OHP inspections after January 31, 2013** • **Relevant dates of each inspection outcome/status** • **Conditions and/or reasons for fail results**			• We recommend posting only the most recent inspection outcomes on the basis that past outcomes have limited relevance or utility.
Deceased member: indication of death and date (if known to College)	No change to the information posted on the register. By-law streamlining.	Remove this from the By-law register list.	• The Code requires the name of a deceased member and their date of death to be posted on the register "if known to the Registrar". • The By-law duplicates the Code requirement except the By-law says "if known to the College". The difference is not substantive. • There is no need for the By-law to also require this information. We will rely on the Code provision as authority to post this information.

REGISTER TOPIC/ITEM	CHANGE TO REGISTER INFORMA-TION?	RECOMMENDATIONS	ANALYSIS
Change in Member Name since UG medical training that is used or to be used in their practice (if known to College) **Date of change (if known to College)**	No change to the information posted on the register.	Revise the By-law wording for clarification.	• Two clarifications are proposed to this By-law provision: o Refer to any change in name since the member *first obtained a certificate of registration* with CPSO, rather than referring to the member's name since *undergraduate medical training*. o Provide that each change in a member's name that is used or to be used in their medical practice, along with the former name(s), will be posted on the register.
Medical School where member received undergraduate medical degree, and the date degree received.	No change to the information posted on the register.	Revise the By-law wording for clarification.	• Refer to medical school where the member obtained their *"degree in medicine"* instead of *"undergraduate medical degree"* for clarification. • The RCDSO By-laws refer to "degree in dentistry".

Appendix B

By-Law Revisions

Part 4. Registration Matters

Member Names and Addresses ~~in the Register~~

48. (1) A member's name in the register shall be the member's full name and consistent with the name of ~~used by~~ the member as it appears on the member's degree of medicine~~in his or her undergraduate medical training~~, as supported by documentary evidence satisfactory to the College.

(2) The registrar may direct that a member's name, other than as provided in subsection 48(1), ~~which is not the name used by the member in his or her medical training,~~ be entered in the register if the member satisfies the registrar that the member has validly changed ~~his or her~~the member's name ~~since undergraduate medical training~~ and that the use of the newer name is not for an improper purpose.

(3) The registrar may give a direction under subsection (2) before or after the initial entry of the member's name in the register.

(4) A member's business address in the register shall be the member's principal place of practice reported by the member to the College.

Information that is proposed to be deleted from the by-law register list is set out at the end of this section (49(1) Additional Register Content) for easier reference.

~~-~~**Additional Register Content ~~of Register Entries~~**

49. (1) For purposes of paragraph 20 of ~~In addition to the information required under~~ subsection 23(2) of the Health Professions Procedural Code, the register shall contain the following additional information with respect to each member:

1. Any changes in the member's name that have been made in the register since the College first issued a certificate of registration to the member ~~his or her undergraduate medical training that is used or to be used in his or her practice,~~ ~~and~~ the date of such change, if known to the College, and each former name of the member that was listed in the register as the member's name.

2. The member's ~~genderand~~ registration number.

3. The member's gender.

4. The ~~address, telephone number,~~ facsimile number ~~and~~ or the business e-mail address ~~of the principal place of practice .~~ that the member makes available to the public and uses for practice purposes.

5. In addition to the member's business address, other locations at which the member practises medicine reported by the member to the College.

6. If a member is no longer practising in Ontario, contact information regarding the transfer or provisional custody of medical records, if applicable and ~~where~~ if that information has been provided to the College.

7. The language(s) in which the member is competent to conduct practice, as reported by the member to the College.

8. The name of the medical school from which the member received the member's degree in medicine ~~his or her undergraduate medical degree~~ and the ~~date~~ year in which the member ~~received~~ obtained the degree.

9. ~~If~~ The date the member received specialty certification or recognition (if any).~~is certified by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada,~~

   ~~i. that fact,~~

   ~~ii. the date of the certification, and~~

   ~~iii. the discipline or sub-discipline in which the member is certified.~~

   ~~7.1 If the member is formally recognized as a specialist by the College,~~

   ~~i. that fact,~~

   ~~ii. the date of recognition, and~~

   ~~iii. the discipline or sub-discipline in which the member is recognized.~~

10. The ~~identity~~ name of each hospital in Ontario where the member ~~has~~ holds ~~professional~~ privileges and appointment to the professional staff of the hospital.~~, and~~

11. ~~where known to the College,~~ Aall revocations~~, suspensions, restrictions, resignations and relinquishments~~ of the member's hospital privileges at hospitals in Ontario ~~or practice, and rejections of appointment or reappointment applications,~~ reported to the College by hospitals under section 85.5 of the Health Professions Procedural Code or section 33 of the *Public Hospitals Act*. ~~, but~~

~~excluding voluntary leaves of absence by members, in each case commencing from the date the relevant portion of this by-law goes into effect.~~

12. The classes of certificate of registration held by the member and the date on which each certificate was issued ~~and, if applicable, the revocation, suspension or expiration date, or date of removal of a suspension~~.

13. ~~Where~~ If a member's certificate of registration is revoked or suspended~~:~~,

    i. the effective date of the suspension or revocation of the member's certificate of registration:

    ii. the committee that ordered the suspension or revocation of the member's certificate of registration, if applicable; and ~~.~~

    iii. the date of removal of a suspension, if applicable.

14. ~~Where~~ If a member's certificate of registration is expired, the expiration date and the ~~reason~~ for the expiry.

15. In respect of a decision of the Inquiries, Complaints and Reports Committee that includes a disposition of a caution ~~in-person~~, if the complaint that led to the decision, or, in a case where there is no complaint, the first appointment of investigators in the file, is dated on or after January 1, 2015, a summary of that decision~~,~~ and, ~~where~~ if applicable, a notation that the decision has been appealed or reviewed. ~~Where~~ If that ~~a~~ decision ~~referred to in paragraph 21 above~~ is overturned on appeal or review, the summary of that decision shall be removed from the r~~R~~egister.

16. In respect of a decision of the Inquiries, Complaints and Reports Committee that includes a disposition of a Specified Continuing Education or Remediation Program ("SCERP"), if the complaint that led to the decision, or, in a case where there is no complaint, the first appointment of investigators in the file is dated on or after January 1, 2015~~:~~,

    i. a summary of that decision, including the elements of the SCERP~~;~~ ~~and,~~

    ii. ~~where~~ if applicable, a notation that the decision has been appealed or reviewed; and

    iii. ~~. In respect of the elements of a SCERP referred to in paragraph 23 above,~~ a notation that all of the elements of the SCERP have been completed, when so done.

    If that decision is overturned on appeal or review, the summary of that decision shall be removed from the register.

~~In respect of the elements of a SCERP referred to in paragraph 23 above, a notation that all of the elements have been completed, when so done.~~

~~Where a decision referred to in paragraph 23 above is overturned on appeal or review, the summary shall be removed from the register~~

17. If ~~the~~ terms, conditions and limitations (other than those required by regulation) are imposed on a member's certificate of registration or if terms, conditions and limitations in effect on a member's certificate of registration are amended~~;~~

    i. the effective date of the terms, conditions and limitations imposed or of the amendments~~;~~ and

    ii. a notation as to whether the member or a ~~the~~ committee ~~or the member, as applicable, that~~ imposed or amended the terms, conditions and limitations on the member's certificate of registration, and if a committee, the name of the committee.

18. If a member's certificate of registration is subject to an interim order of the Inquiries, Complaints and Reports Committee made on or after **[DATE BY-LAW COMES INTO EFFECT]**, a notation of that fact, the nature of that order and the effective date of that order, until such interim order is no longer in effect.

19. If an allegation of professional misconduct or incompetence against the member has been referred to the Ontario Physicians and Surgeons Discipline Tribunal and not yet decided~~;~~

    i. a summary of the allegation and/or notice of hearing if it was referred to the Ontario Physicians and Surgeons Discipline Tribunal prior to ~~September 10, 2013,~~ **[DATE BY-LAW COMES INTO EFFECT];**

    ii. ~~a summary of the allegation and/or~~ the notice of hearing if it was referred to the Ontario Physicians and Surgeons Discipline Tribunal on or after **[DATE BY-LAW COMES INTO EFFECT]**~~September 10, 2013,~~;

    ~~an indication that the matter has been referred to the Ontario Physicians and Surgeons Discipline Tribunal,~~

    iii. the anticipated date of the hearing, if the date has been set~~;~~

    iv. ~~—~~if the hearing has been adjourned ~~after September 10, 2013~~ and no future date has been set, the fact of the adjournment~~;~~ and

    if the decision is under reserve, that fact.

20. If the result of a disciplinary proceeding in which a finding was made by the Ontario Physicians and Surgeons Discipline Tribunal in respect of the member is in the register~~;~~

i. the date on which the Ontario Physicians and Surgeons Discipline Tribunal made the finding;~~, and~~

ii. the date on which the Ontario Physicians and Surgeons Discipline Tribunal ordered any penalty;~~,~~ and

iii. if the finding is appealed, the status of the appeal and the disposition of the appeal.

21. If an allegation of the member's incapacity has been referred to the fitness to practise committee and not yet decided, a notation of that fact and the date of the referral~~an indication of the referral~~.

22. If the result of an incapacity proceeding in which a finding was made by the fitness to practise committee in respect of the member is in the register:~~,~~

i. the date on which the fitness to practise committee made the finding;~~,~~

ii. the effective date of any order of the fitness to practise committee;~~,~~

iii. ~~where~~ if the finding is under appeal, a notation to that effect;~~,~~ and

iv. when an appeal of a finding of incapacity is finally disposed of, the notation added under subparagraph iii of this paragraph ~~16~~ shall be removed.

23. If an application for reinstatement has been referred to the Ontario Physicians and Surgeons Discipline Tribunal, that fact and if the application has been decided, the decision of the Ontario Physicians and Surgeons Discipline Tribunal.

~~i. that fact~~

~~ii. the dates on which the application is scheduled to be heard,~~

~~iii. if the hearing has been adjourned after September 10, 2013 and no future date has been set, the fact of that adjournment, and~~

~~iv. if the decision is under reserve, that fact.~~

~~If an application to the Ontario Physicians and Surgeons Discipline Tribunal for reinstatement has been decided, the decision of the Ontario Physicians and Surgeons Discipline Tribunal.~~

24. If an application for reinstatement has been made to the Council or the Executive Committee under s.74 of the Health Professions Procedural~~e~~ Code:~~,~~

i. that fact;

ii. the date on which the Council or the Executive Committee will consider the application;

iii. in the case of an application with respect to a person whose certificate of registration has been revoked or suspended as a result of disciplinary proceedings, ~~the date on which the Council or the Executive Committee will consider the application, and~~ if the application has been decided, the decision of the Council or Executive Committee;~~,~~ and

iv. in the case of ~~If~~ an application ~~for reinstatement has been made to the Council or the Executive Committee under s.74 of the Health Professions Procedural Code,~~ with respect to a person whose certificate of registration has been revoked or suspended as a result of incapacity proceedings, if the application has been decided, ~~the date on which the Council or the Executive Committee will consider the application, and~~ a summary of the decision of the Council or Executive Committee or ~~unless~~ if the r~~R~~egistrar determines that it is in the public interest that the decision be disclosed, the decision of the Council or Executive Committee.

25. If an application to vary, suspend or cancel an order of the Ontario Physicians and Surgeons Discipline Tribunal has been filed on or after June 16, 2022, ~~,~~ that fact and if the application has been decided, the decision of the Ontario Physicians and Surgeons Discipline Tribunal.

~~i. that fact,~~

~~ii. the dates on which the application is scheduled to be heard,~~

~~iii. if the hearing has been adjourned and no future date has been set, the fact of that adjournment, and~~

~~iv. if the decision is under reserve, that fact.~~

~~17.4 If an application to vary, suspend or cancel an order of the Ontario Physicians and Surgeons Discipline Tribunal has been decided, the decision of the Ontario Physicians and Surgeons Discipline Tribunal.~~

26. ~~Where~~ If a member has been charged with an offence under the *Health Insurance Act* (Ontario), ~~, under any criminal laws of another jurisdiction or under laws of another jurisdiction comparable to the *Health Insurance Act* (Ontario) or the *Controlled Drugs and Substances Act* (Canada),~~ and the charge is outstanding and ~~and~~ is known to the College:

~~,~~i. the fact and content of the charge; and ~~and, if known to the College,~~

ii. the date and place of the charge.

27. Any currently existing conditions of release following a charge against a member for a *Health Insurance Act* (Ontario) offence, or subsequent to a finding of guilt

under the *Health Insurance Act* (Ontario) and pending appeal, or any variations to those conditions, in each case if ~~when~~ known to the College.

28. ~~Where~~ If there has been a finding of guilt made against a member (a) under the *Health Insurance Act* (Ontario), on or after June 1, 2015, (b) under any criminal laws of another jurisdiction, on or after September 20, 2019, or (c) under laws of another jurisdiction comparable to the *Health Insurance* Act (Ontario) or the *Controlled Drugs and Substances Act* (Canada), on or after September 20, 2019, ~~and if the finding and/or appeal is~~ in each case if known to the College:

    i. a brief summary of the finding;

    ii. a brief summary of the sentence;

    iii. if the finding is under appeal, a notation that it is under appeal, until the appeal is finally disposed of; and

    iv. the dates of the information under subparagraphs ~~(~~i~~)~~ ~~(~~iii~~)~~ of this paragraph, ~~if known to the College~~.

29. ~~Where~~ If a notation of a finding of professional negligence or malpractice in respect of the member is in the register~~:~~,

    i. the date of the finding~~:~~, and

    ii. the name and location of the court that made the finding against the member, if known to the College.

30. The date on which the College issued a certificate of authorization in respect of the member, and the effective date of any revocation or suspension of the member's certificate of authorization.

(~~3~~2) The register shall ~~also~~ contain the most current outcome ~~and/or~~ or status of inspections of all premises (including conditions and/or reasons for fail results) carried out since April 2010 under Part XI of Ontario Regulation 114/94, including the relevant date. ~~This paragraph applies to the most current outcome and/or status as of January 31, 2013, and every outcome and/or status thereafter.~~

The following information is proposed to be deleted from the by-law register list (section 49(1) Content of Register Entries).

~~3. The member's date and place of birth.~~

~~4. If the member has died, an indication that the member has died and the date of death, where that information is known to the College.~~

~~6. A description of the member's postgraduate training in Ontario.~~

~~9. The member's electoral district for elections to the council and the county or other region within the electoral district where the member principally practises or resides.~~

~~10. The member's preferred address for communications from the College.~~

~~25.1 In respect of a decision of the QAC that includes a disposition of a SCERP, if the decision is made on or after June 1, 2016, the elements of the SCERP.~~

~~25.2 In respect of the elements of a SCERP, referred to in paragraph 25.1 above, a notation that all of the elements have been completed, when so done.~~

~~25.3 Where a decision referred to in paragraph 25.1 above is overturned on review, the summary shall be removed from the Register.~~

Public Information

50.1 (1) All information required by the by-laws to be contained in the register is designated as public, other than:

~~1. a member's preferred address for communications from the College,~~

~~2. a member's e-mail address,~~

~~3. a member's date of birth,~~

~~4. a member's place of birth,~~

i. any information that, if made public, would violate a publication ban if known to the College~~;~~ and

ii. information that the registrar refuses or has refused to post on the College's website pursuant to subsection 23(6), (7), (8), (9) or (11) of the Health Professions Procedural Code~~,~~

~~is designated as public except that,~~

(2) Notwithstanding subsection 50.1(1), the content of terms, conditions or limitations are no longer public information if:

i. the terms, conditions or limitations were directed to be imposed upon a member's certificate of registration by a committee other than the Ontario Physicians and Surgeons Discipline Tribunal; and

ii. the terms, conditions or limitations have been removed from the register.

~~the content of the terms, conditions or limitations are no longer public information.~~

~~(2) The information contained in the register which is designated as public shall be,~~

~~capable of being printed promptly; and~~

~~available in printed form to any person during the normal hours of operation of the offices of the College.~~

(3) The registrar may give any information contained in the register which is designated as public to any person in printed, electronic or oral form.

Liability Protection

50.2 Each member shall obtain and maintain professional liability protection that extends to all areas of the member's practice, through one or more of:

(a) membership in the Canadian Medical Protective Association;

(b) a policy of professional liability insurance issued by a company licensed to carry on business in the province, that provides coverage of at least $10,000,000;

(c) coverage under the Treasury Board Policy on Legal Assistance and Indemnification.

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 mailing address~~es~~ and ~~(both mailing and~~ e-mail address~~)~~ for communications from the College;

(b) the address and telephone number of the member's business address that is the member's principal place of practice;

(c) the identity of each hospital and health facility in Ontario where the member ~~has~~ holds ~~professional~~ privileges and appointment to the professional staff; and

(d) any changes in the member's name that have been made in the register since ~~his or her undergraduate medical training~~ the College first issued a certificate of registration to the member. ~~that is used or will be used in the member's practice.~~

~~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 at any time and 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 ~~sub~~section 51.4~~(8)~~), or such other form or method specified by the College, by the due date set by the College. A College request for member information may include (but is not limited to) the following:

(a) the member's ~~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~~10practises medicine, together with a description or confirmation of the services and clinical activities provided at all locations at which the member p10ractises medicine;

(c) a business e-mail address that the member makes available to the public and uses for practice purposes; ~~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) the member's date of birth;

(g) information respecting the member's participation in continuing professional development and other professional training, including, without limitation, acceptable documentation confirming completion of continuing professional

development programs in which the member has participated during a specified period of time;

(h) the types of privileges held at each hospital at which a member holds privileges and appointment to the professional staff of the hospital;

(i) 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; and

(j) information for the purposes of compiling statistical information to assist the College in fulfilling its objects.

51.1. (1) 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* (Ontario);

(2) 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:

(a) Death within the premises;

(b) Death within 10 (ten) days of a procedure performed at the premises;

(c) Any procedure performed on wrong patient, site, or side; or

(d) Transfer of a patient from the premises directly to a hospital for care.

(3) 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.

51.2. (1) When applying for a certificate of registration or a renewal of a certificate of registration, an applicant must sign a declaration that the member ~~he or she~~ complies with section 50.2 ~~of the by-law~~.

(2) A member must have available at ~~his or her~~the member's business ~~office~~address, in written or electronic form, for inspection by the College, evidence that ~~he or she~~the member complies with section 50.2, or may have the provider of the protection under section~~.~~ 50.2 provide regular updates to the College confirming compliance with section~~.~~ 50.2.

(3) Section 50.2 and subsection ~~(4)~~51.2(1) do not apply to:

(a) a member who provides written evidence, satisfactory to the College, that the member ~~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 the member's ~~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.

51.~~3b~~. Every health profession corporation that holds a certificate of authorization from the College shall provide the ~~R~~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 ~~R~~registrar, in care of the Registration Department of the College, re: Notice of Shareholder Change. The ~~R~~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~~ if any such form has been approved, the notice shall be submitted in the applicable approved form.

51.4. If the College specifies, or these by-laws require or permit, that a member or a health profession corporation 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"**).

Council Motion

Motion Title	By-law Amendments re Register Content and Member Information (Omnibus)
Date of Meeting	March 2, 2023

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. 158 after circulation to stakeholders:

By-law No. 158

Sections 48, 49, 50.1, 50.2, 51 and 51b of the General By-law are revoked and substituted with the following:

Part 4. Registration Matters

Member Names and Addresses

48. (1) A member's name in the register shall be the member's full name and consistent with the name of the member as it appears on the member's degree of medicine, as supported by documentary evidence satisfactory to the College.

(2) The registrar may direct that a member's name, other than as provided in subsection 48(1), be entered in the register if the member satisfies the registrar that the member has validly changed the member's name and that the use of the newer name is not for an improper purpose.

(3) The registrar may give a direction under subsection (2) before or after the initial entry of the member's name in the register.

(4) A member's business address in the register shall be the member's principal place of practice reported by the member to the College.

Additional Register Content

49. (1) For purposes of paragraph 20 of subsection 23(2) of the Health Professions Procedural Code, the register shall contain the following additional information with respect to each member:

1. Any changes in the member's name that have been made in the register since the College first issued a certificate of registration to the member, the date of such change, if known to the College, and each former name of the member that was listed in the register as the member's name.

2. The member's registration number.

3. The member's gender.

4. The facsimile number or the business e-mail address that the member makes available to the public and uses for practice purposes.

5. In addition to the member's business address, other locations at which the member practises medicine reported by the member to the College.

6. If a member is no longer practising in Ontario, contact information regarding the transfer or provisional custody of medical records, if applicable and if that information has been provided to the College.

7. The language(s) in which the member is competent to conduct practice, as reported by the member to the College.

8. The name of the medical school from which the member received the member's degree in medicine and the year in which the member obtained the degree.

9. The date the member received specialty certification or recognition (if any).

10. The name of each hospital in Ontario where the member holds privileges and appointment to the professional staff of the hospital.

11. All revocations, suspensions, restrictions, resignations and relinquishments of the member's privileges or practice, and rejections of appointment or reappointment applications, reported to the College by hospitals under section 85.5 of the Health Professions Procedural Code or section 33 of the *Public Hospitals Act*, but excluding voluntary leaves of absence by members, in each case commencing from the date the relevant portion of this by-law goes into effect.

12. The classes of certificate of registration held by the member and the date on which each certificate was issued.

13. If a member's certificate of registration is revoked or suspended:

i. the effective date of the suspension or revocation of the member's certificate of registration:

ii. the committee that ordered the suspension or revocation of the member's certificate of registration, if applicable; and

iii. the date of removal of a suspension, if applicable.

14. If a member's certificate of registration is expired, the expiration date and the reason for the expiry.

15. In respect of a decision of the Inquiries, Complaints and Reports Committee that includes a disposition of a caution, if the complaint that led to the decision, or, in a case where there is no complaint, the first appointment of investigators in the file, is dated on or after January 1, 2015, a summary of that decision and, if applicable, a notation that the decision has been appealed or reviewed. If that decision is overturned on appeal or review, the summary of that decision shall be removed from the register.

16. In respect of a decision of the Inquiries, Complaints and Reports Committee that includes a disposition of a Specified Continuing Education or Remediation Program ("SCERP"), if the complaint that led to the decision, or, in a case where there is no complaint, the first appointment of investigators in the file is dated on or after January 1, 2015:

    i. a summary of that decision, including the elements of the SCERP;

    ii. if applicable, a notation that the decision has been appealed or reviewed; and

    iii. a notation that all of the elements of the SCERP have been completed, when so done.

    If that decision is overturned on appeal or review, the summary of that decision shall be removed from the register.

17. If terms, conditions and limitations (other than those required by regulation) are imposed on a member's certificate of registration or if terms, conditions and limitations in effect on a member's certificate of registration are amended:

    i. the effective date of the terms, conditions and limitations imposed or of the amendments; and

    ii. a notation as to whether the member or a committee imposed or amended the terms, conditions and limitations on the member's certificate of registration, and if a committee, the name of the committee.

18. If a member's certificate of registration is subject to an interim order of the Inquiries, Complaints and Reports Committee made on or after **[DATE BY-LAW COMES INTO EFFECT]**, a notation of that fact, the nature of that order and the effective date of that order, until such interim order is no longer in effect.

19. If an allegation of professional misconduct or incompetence against the member has been referred to the Ontario Physicians and Surgeons Discipline Tribunal and not yet decided:

    i. a summary of the allegation and/or notice of hearing if it was referred to the Ontario Physicians and Surgeons Discipline Tribunal prior to **[DATE BY-LAW COMES INTO EFFECT];**

    ii. the notice of hearing if it was referred to the Ontario Physicians and Surgeons Discipline Tribunal on or after **[DATE BY-LAW COMES INTO EFFECT]**;

    iii. the anticipated date of the hearing, if the date has been set;

    iv. if the hearing has been adjourned and no future date has been set, the fact of the adjournment; and

    if the decision is under reserve, that fact.

20. If the result of a disciplinary proceeding in which a finding was made by the Ontario Physicians and Surgeons Discipline Tribunal in respect of the member is in the register:

    i. the date on which the Ontario Physicians and Surgeons Discipline Tribunal made the finding;

    ii. the date on which the Ontario Physicians and Surgeons Discipline Tribunal ordered any penalty; and

    iii. if the finding is appealed, the status of the appeal and the disposition of the appeal.

21. If an allegation of the member's incapacity has been referred to the fitness to practise committee and not yet decided, a notation of that fact and the date of the referral.

22. If the result of an incapacity proceeding in which a finding was made by the fitness to practise committee in respect of the member is in the register:

    i. the date on which the fitness to practise committee made the finding;

    ii. the effective date of any order of the fitness to practise committee;

    iii. if the finding is under appeal, a notation to that effect; and

    iv. when an appeal of a finding of incapacity is finally disposed of, the notation added under subparagraph iii of this paragraph shall be removed.

23. If an application for reinstatement has been referred to the Ontario Physicians and Surgeons Discipline Tribunal, that fact and if the application has been decided, the decision of the Ontario Physicians and Surgeons Discipline Tribunal.

24. If an application for reinstatement has been made to the Council or the Executive Committee under s.74 of the Health Professions Procedural Code:

    i. that fact;

    ii. the date on which the Council or the Executive Committee will consider the application;

    iii. in the case of an application with respect to a person whose certificate of registration has been revoked or suspended as a result of disciplinary proceedings, if the application has been decided, the decision of the Council or Executive Committee; and

    iv. in the case of an application with respect to a person whose certificate of registration has been revoked or suspended as a result of incapacity proceedings, if the application has been decided, a summary of the decision of the Council or Executive Committee or if the registrar determines that it is in the public interest that the decision be disclosed, the decision of the Council or Executive Committee.

25. If an application to vary, suspend or cancel an order of the Ontario Physicians and Surgeons Discipline Tribunal has been filed on or after June 16, 2022, that fact and if the application has been decided, the decision of the Ontario Physicians and Surgeons Discipline Tribunal.

26. Where a member has been charged with an offence under the *Health Insurance Act* (Ontario), under any criminal laws of another jurisdiction or under laws of another jurisdiction comparable to the *Health Insurance Act* (Ontario) or the *Controlled Drugs and Substances Act* (Canada), and the charge is outstanding and is known to the College, the fact and content of the charge and, if known to the College, the date and place of the charge.

27. Any currently existing conditions of release following a charge against a member for a *Health Insurance Act* (Ontario) offence, or subsequent to a finding of guilt under the *Health Insurance Act* (Ontario) and pending appeal, or any variations to those conditions, in each case if known to the College.

28. If there has been a finding of guilt made against a member (a) under the *Health Insurance Act* (Ontario), on or after June 1, 2015, (b) under any criminal laws of another jurisdiction, on or after September 20, 2019, or (c) under laws of another jurisdiction comparable to the *Health Insurance* Act (Ontario) or the *Controlled Drugs and Substances Act* (Canada), on or after September 20, 2019, in each case if known to the College:

    i. a brief summary of the finding;

    ii. a brief summary of the sentence;

iii. if the finding is under appeal, a notation that it is under appeal, until the appeal is finally disposed of; and

iv. the dates of the information under subparagraphs i-iii of this paragraph.

29. If a notation of a finding of professional negligence or malpractice in respect of the member is in the register:

i. the date of the finding; and

ii. the name and location of the court that made the finding against the member, if known to the College.

30. The date on which the College issued a certificate of authorization in respect of the member, and the effective date of any revocation or suspension of the member's certificate of authorization.

31. A description of the member's postgraduate training in Ontario.

32.1 In respect of a decision of the QAC that includes a disposition of a SCERP, if the decision is made on or after June 1, 2016, the elements of the SCERP.

32.2 In respect of the elements of a SCERP, referred to in paragraph 32.1 above, a notation that all of the elements have been completed, when so done.

32.3 Where a decision referred to in paragraph 32.1 above is overturned on review, the summary shall be removed from the Register.

(2) The register shall also contain the outcome and/or status of inspections of all premises (including conditions and/or reasons for fail results) carried out since April 2010 under Part XI of Ontario Regulation 114/94, including the relevant date. This paragraph applies to the most current outcome and/or status as of January 31, 2013, and every outcome and/or status thereafter.

Public Information

50.1 (1) All information required by the by-laws to be contained in the register is designated as public, other than:

i. any information that, if made public, would violate a publication ban if known to the College; and

ii. information that the registrar refuses or has refused to post on the College's website pursuant to subsection 23(6), (7), (8), (9) or (11) of the Health Professions Procedural Code.

(2) Notwithstanding subsection 50.1(1), the content of terms, conditions or limitations are no longer public information if:

i. the terms, conditions or limitations were directed to be imposed upon a member's certificate of registration by a committee other than the Ontario Physicians and Surgeons Discipline Tribunal; and
ii. the terms, conditions or limitations have been removed from the register.

(3) The registrar may give any information contained in the register which is designated as public to any person in printed, electronic or oral form.

Liability Protection

50.2 Each member shall obtain and maintain professional liability protection that extends to all areas of the member's practice, through one or more of:

(a) membership in the Canadian Medical Protective Association;

(b) a policy of professional liability insurance issued by a company licensed to carry on business in the province, that provides coverage of at least $10,000,000;

(c) coverage under the Treasury Board Policy on Legal Assistance and Indemnification.

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 mailing address and e-mail address for communications from the College;

(b) the address and telephone number of the member's business address that is the member's principal place of practice;

(c) the identity of each hospital and health facility in Ontario where the member holds privileges and appointment to the professional staff; and

(d) any changes in the member's name that have been made in the register since the College first issued a certificate of registration to the member.

(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 at any time and 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 section 51.4), or such other form or method specified by the College, by the due date set by the College. A College request for member information may include (but is not limited to) the following:

(a) the member's home address;

(b) the address of all locations at which the member practises medicine, together with a description or confirmation of the services and clinical activities provided at all locations at which the member practises medicine;

(c) a business e-mail address that the member makes available to the public and uses for practice purposes;

(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) the member's date of birth;

(g) information respecting the member's participation in continuing professional development and other professional training, including, without limitation, acceptable documentation confirming completion of continuing professional development programs in which the member has participated during a specified period of time;

(h) the types of privileges held at each hospital at which a member holds privileges and appointment to the professional staff of the hospital;

(i) 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; and

(j) information for the purposes of compiling statistical information to assist the College in fulfilling its objects.

51.1. (1) 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* (Ontario);

(2) 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:

(a) Death within the premises;

(b) Death within 10 (ten) days of a procedure performed at the premises;

(c) Any procedure performed on wrong patient, site, or side; or

(d) Transfer of a patient from the premises directly to a hospital for care.

(3) 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.

51.2. (1) When applying for a certificate of registration or a renewal of a certificate of registration, an applicant must sign a declaration that the member complies with section 50.2 .

(2) A member must have available at the member’s business address, in written or electronic form, for inspection by the College, evidence that the member complies with section 50.2, or may have the provider of the protection under section 50.2 provide regular updates to the College confirming compliance with section 50.2.

(3) Section 50.2 and subsection 51.2(1) do not apply to:

(a) a member who provides written evidence, satisfactory to the College, that the member 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 the member’s employer that:

i. the 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 member will be covered by the employer or the employer’s insurer.

51.3. 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 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 if any such form has been approved, the notice shall be submitted in the applicable approved form.

51.4. If the College specifies, or these by-laws require or permit, that a member or a health profession corporation 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: T his proposed by-law must be circulated to the profession.

CPSO

Council Motion

Motion Title	By-law Amendments re Register Content (Hospital Reports)
Date of Meeting	March 2, 2023

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. 159 after circulation to stakeholders:

By-law No. 159

Paragraph 11 of subsection 49(1) of the General By-law is revoked and substituted with the following:

Additional Register Content

49. (1) For purposes of paragraph 20 of subsection 23(2) of the Health Professions Procedural Code, the register shall contain the following additional information with respect to each member: …

11. All revocations of the member's hospital privileges at hospitals in Ontario reported to the College by hospitals under section 85.5 of the Health Professions Procedural Code or section 33 of the *Public Hospitals Act*.

Explanatory Note: T his proposed by-law must be circulated to the profession.

Council Motion

Motion Title	By-law Amendments re Register Content (Charges)
Date of Meeting	March 2, 2023

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. 160 after circulation to stakeholders:

By-law No. 160

Paragraph 26 of subsection 49(1) of the General By-law is revoked and substituted with the following:

Additional Register Content

49. (1) For purposes of paragraph 20 of subsection 23(2) of the Health Professions Procedural Code, the register shall contain the following additional information with respect to each member: …

26. If a member has been charged with an offence under the *Health Insurance Act* (Ontario), and the charge is outstanding and is known to the College:

   i. the fact and content of the charge; and

   ii. the date and place of the charge.

Explanatory Note: T his proposed by-law must be circulated to the profession.

CPSO

Council Motion

Motion Title	By-law Amendments re Register Content (PG Training)
Date of Meeting	March 2, 2023

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. 161 after circulation to stakeholders:

By-law No. 161

Paragraph 31 of subsection 49(1) of the General By-law is revoked.

Explanatory Note: T his proposed by-law must be circulated to the profession.

Council Motion

Motion Title	By-law Amendments re Register Content (QAC SCERPs)
Date of Meeting	March 2, 2023

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. 162 after circulation to stakeholders:

By-law No. 162

Paragraphs 32.1, 32.2 and 32.3 of subsection 49(1) of the General By-law are revoked.

Explanatory Note: T his proposed by-law must be circulated to the profession.

Council Motion

Motion Title	By-law Amendments re Register Content (OHP Outcomes)
Date of Meeting	March 2, 2023

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. 163 after circulation to stakeholders:

By-law No. 163

Subsection 49(2) of the General By-law is revoked and substituted with the following:

Additional Register Content

49. …

(2) The register shall contain the most current outcome or status of inspections of all premises (including conditions and/or reasons for fail results) carried out since April 2010 under Part XI of Ontario Regulation 114/94, including the relevant date.

Explanatory Note: T his proposed by-law must be circulated to the profession.

Council Briefing Note

March 2023

Topic:	*Decision-Making for End-of-Life Care* – Revised Draft Policy for Final Approval
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation Quality Care
Public Interest Rationale:	Aligning the policy with recent case law while setting clear expectations for physicians on how to (1) support patient access to quality care at the end of life, and (2) exercise professional judgment while considering patient wishes, values, and beliefs.
Main Contact:	Lynn Kirshin, Senior Policy Analyst Rachel Bernstein, Policy Analyst
Attachments:	Appendix A: Revised Draft *Decision-Making for End-of-Life Care* Policy Appendix B: Revised Draft *Advice to the Profession: End-of-Life Care*

Issue

- CPSO's *Planning for and Providing Quality End-of-Life Care* policy is currently under review. A revised draft policy and companion *Advice to the Profession* (*Advice*) document have been developed. Council is asked whether the revised draft policy can be approved as a policy of the College.

Background

- The *Planning for and Providing Quality End-of-Life Care* policy was last fully reviewed in 2015. Revisions were also made in 2019 in response to the Ontario Superior Court decision, *Wawrzyniak v. Livingstone* (*Wawrzyniak*),[1] which clarified physicians' legal obligations with respect to the writing of Do Not Resuscitate orders and the provision of cardiopulmonary resuscitation.

- The draft policy and *Advice* were developed with direction from the Policy Working Group and were informed by consultation feedback and research. Additional support was provided by Jessica Amey (Legal Counsel) and Benjamin Chen (Medical Advisor). Council approved the draft policy for external consultation at the June 2022 meeting.

[1] *Wawrzyniak v. Livingstone*, 2019 ONSC 4900.

- Consultation on the draft policy and *Advice* took place from June to August 2022, and 130 responses were received, mostly from physicians and a number of key stakeholders. A survey on the draft policy was also sent to the Citizen Advisory Group, and 24 responses were received. An overview of the feedback was summarized in the September 2022 Council meeting Policy Report.

Current Status and Analysis

- While feedback was generally supportive of the draft policy, revisions were made to address some concerns that were raised.

Withholding Resuscitative Measures

- The primary revision relates to the proposed framework that sets out when it is appropriate for physicians to withhold resuscitative measures (this framework created two "tracks": (1) when providing resuscitative measures would be medically futile, and (2) when the risks of providing resuscitative measures would outweigh the potential benefits).

- Feedback raised questions about the distinction between the two tracks and how the framework would be implemented in practice. Given this feedback and recognizing that medical futility falls on one end of the risk-benefit spectrum, the framework was revised by removing the medical futility track.

    - Under the revised framework, to withhold resuscitative measures physicians only need to determine whether the risk of harm in providing resuscitative measures would outweigh the potential benefits; if so, they can write an order but must inform the patient and/or substitute decision-maker (SDM) beforehand (unless there is an imminent need to write an order, in which case physicians can write an order and then inform afterward, at the earliest opportunity).

- Feedback indicated that the term "DNR order" is not consistently used in practice and that there is no consensus on the wording to use when an order to withhold resuscitative measures is written. The draft policy was therefore revised to replace the term "DNR order" with "an order to withhold resuscitative measures."

Disagreements

- Physician respondents suggested that when disagreements arise with respect to withdrawing life-sustaining treatment or withholding resuscitative measures, it is not practical to transfer care of patients.

- The public indicated that when disagreements arise with respect to withholding resuscitative measures, it is important for physicians to make every effort to help patients and/or SDMs feel supported.

- The draft policy was revised to strike the right balance by removing the requirements to transfer care while including additional ways physicians can provide support when withholding resuscitative measures, for example, by facilitating an independent second opinion where appropriate and available.

Advance Care Planning (ACP) and Goals of Care (GOC) Discussions

- Feedback was generally supportive of the provisions about ACP and GOC discussions. However, concerns were raised that the provisions were too broad and did not clearly set out the circumstances in which physicians must initiate these discussions.
    - To address this feedback, the draft policy was revised so that determinations about whether to initiate ACP discussions are now triggered by the patient's specific circumstances and health status, while determinations about whether to initiate GOC discussions are triggered when a patient has a significant illness or disease and is at risk of clinical deterioration in the foreseeable future.

Next Steps

- Should Council approve the revised draft policy, it will be announced in *Dialogue* and added to the College's website.

Question for Council

1. Does Council approve the revised draft *Decision-Making for End-of-Life Care* policy as a policy of the College?

Decision-Making for End-of-Life Care

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

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

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

Definitions

Advance care planning discussions: Conversations that take place between health-care providers, patients, and/or substitute decision-makers to help identify the patient's personal, cultural, and religious/spiritual values and beliefs, as well as their wishes, including which treatment(s) they may or may not want at the end of life. The aim of these discussions is to prepare patients and/or substitute decision-makers for future decision-making.

Goals of care discussions: Conversations that take place between health-care providers, patients, and/or substitute decision-makers, in the context of a significant illness or disease when there are treatment or care decisions that need to be made in the foreseeable future. The aim of these discussions is to educate patients and/or substitute decision-makers about available treatment options, and help define obtainable goals of care by identifying the patient's personal, cultural, and religious/spiritual values and beliefs, as well as their wishes, if they can be ascertained.

Life-sustaining treatment: Any medical procedure or intervention which utilizes mechanical or other artificial means to sustain or replace a vital function essential to the life of the patient (e.g., mechanical ventilation, medically assisted nutrition and hydration, vasopressors and/or inotropes).

Resuscitative measures: A suite of medical interventions (e.g., chest compressions, artificial ventilation, intubation and/or defibrillation) that may be provided following cardiac or respiratory arrest in an attempt to restore or maintain cardiac, pulmonary, and circulatory function. Not all interventions in the suite will necessarily be provided or required in all cases.

Substitute decision-maker (SDM): A person, or persons, who may give or refuse consent to a treatment on behalf of an incapable person.[1]

Policy

Advance Care Planning and Goals of Care Discussions

1. When a patient's specific circumstances and health status make it appropriate, physicians who provide care as part of a sustained physician-patient relationship[2] **must**, where possible, initiate a discussion about advance care planning, which includes:
    a. raising end-of-life care issues with the patient; and
    b. encouraging the patient to discuss those issues with their SDM.

2. When patients have a significant illness or disease and are at risk of clinical deterioration (e.g., cardiac or respiratory arrest) in the foreseeable future, physicians **must**, where possible:
    a. initiate a timely goals of care discussion, which includes:
        i. describing the underlying illness or medical condition and prognosis;
        ii. educating the patient and/or SDM about the available treatment options, which may include resuscitative measures, and explaining the outcomes that can and cannot be achieved; and
        iii. defining the patient's goals of care by helping the patient and/or SDM identify the patient's wishes, values and beliefs, or if they cannot be ascertained, identifying what would be in the patient's best interests;
    b. facilitate the goals of care discussion to help build understanding about the treatment decision(s) that need to be made; and
    c. review the goals of care discussion with the patient and/or SDM whenever it is appropriate to do so (e.g., when there is a significant change in the patient's medical condition or when the patient and/or SDM indicate that the patient's wishes, values, and/or beliefs have changed).

End-of-Life Care

3. Physicians **must** seek to balance medical expertise and patient wishes, values, and beliefs when making decisions about end-of-life care.

[1] For more information on SDMs, please see the College's *Consent to Treatment* policy.
[2] A sustained physician-patient relationship is a physician-patient relationship where care is actively managed over multiple encounters.

Withdrawing Life-Sustaining Treatment

4. Physicians **must** obtain consent from patients and/or SDMs before withdrawing life-sustaining treatment.[3] As part of the consent process, physicians **must**:

    a. explain why they are proposing to withdraw life-sustaining treatment; and
    b. provide details regarding clinically appropriate care or treatment(s) they propose to provide.

Managing Disagreements

5. Where consent cannot be obtained and the physician is of the view that life-sustaining treatment should be withdrawn, the physician **must** try to resolve the disagreement with the patient and/or SDM in a timely manner by:
    a. communicating information regarding the patient's diagnosis and/or prognosis, treatment options, and assessments of those options;
    b. identifying the basis for the disagreement, taking reasonable steps to clarify any misunderstandings, and answering questions;
    c. reassuring the patient and/or SDM that the patient will continue to receive clinically appropriate care or treatment(s);
    d. making reasonable efforts to support the patient's physical comfort, as well as their emotional, psychological, and spiritual well-being, by offering supportive services (e.g., social work, spiritual care, palliative care) and consultation with the patient's primary care provider, where appropriate and available;
    e. offering to make a referral to another health-care provider, where appropriate and available;
    f. facilitating an independent second opinion, where appropriate and available; and
    g. offering consultation with an ethicist or ethics committee, where appropriate and available.

6. Physicians **must** determine whether to apply to the Consent and Capacity Board when:[4]
    a. in relation to treatment decisions, disagreements arise with an SDM over an interpretation of a wish, or assessment of the applicability of a wish, or if no wish can be ascertained, what is in the best interests of the patient; or

[3] The Supreme Court of Canada determined in *Cuthbertson v. Rasouli, 2013 SCC 53* (hereinafter *Rasouli*) that consent must be obtained prior to withdrawing life-sustaining treatment.
[4] In *Rasouli,* the Supreme Court of Canada determined that when SDMs refuse to provide consent to withdraw life-support that, in the physician's opinion, is not in the patient's best interests, physicians must apply to the Consent and Capacity Board for a determination of whether the SDM has met the substitute decision-making requirements of the *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Sched. A (hereinafter *HCCA*) and whether the refused consent is valid. See in particular paragraph 119 of *Rasouli*.

b. they are of the view that an SDM is not acting in accordance with their legislative requirements.[5]

Withholding Resuscitative Measures

A physician's decision to withhold resuscitative measures is not "treatment" and therefore does not require the patient or SDM's consent.[6]

Where the risk of harm associated with resuscitation outweighs the potential benefits, physicians may decide it is appropriate to withhold resuscitative measures and write an order to this effect in the patient's medical record.

7. Before determining that resuscitative measures will not be provided because the risk of harm in providing those interventions would outweigh the potential benefits, the physician **must** consider the patient's wishes, as well as their personal, cultural, and religious/spiritual values and beliefs, if they can be ascertained or the physician is aware of them.

8. When a physician determines that the risk of harm in providing resuscitative measures would outweigh the potential benefits, the physician can write an order to withhold resuscitative measures in the patient's medical record but **must**, before writing the order:
    a. inform the patient and/or SDM that the order will be written;
    b. communicate information regarding the patient's diagnosis and/or prognosis, and explain to the patient and/or SDM why resuscitative measures are not appropriate, including the risk of harm in providing those interventions and the likely clinical outcomes if the patient is resuscitated; and
    c. provide details to the patient and/or SDM regarding clinically appropriate care or treatment(s) they propose to provide.

9. When a patient's condition is deteriorating rapidly and there is an imminent need for an order to be written (e.g., actual or impending cardiac or respiratory arrest), the physician can write an order to withhold resuscitative measures in the patient's medical record but **must** comply with the expectations set out in provision 8 at the earliest opportunity (rather than before writing the order).

[5] Please see footnote 1.

[6] In *Wawrzyniak v. Livingstone*, 2019 ONSC 4900, the Court concluded that the writing of a Do Not Resuscitate (DNR) order and withholding of cardiopulmonary resuscitation (CPR) do not fall within the meaning of "treatment" in the *HCCA*. Accordingly, consent is not required prior to writing a DNR order and withholding resuscitative measures, such as CPR, and physicians are only required to provide resuscitative measures in accordance with the standard of care.

Providing Support if Disagreements Arise

10. If the patient and/or SDM disagree with the writing of an order to withhold resuscitative measures, the physician can write the order, but **must**, at the earliest opportunity after learning of the disagreement, make reasonable efforts to provide support to the patient and/or SDM by:
    a. identifying the basis for the disagreement, taking reasonable steps to clarify any misunderstandings, and answering questions;
    b. reassuring the patient and/or SDM that the patient will continue to receive clinically appropriate care or treatment(s);
    c. making reasonable efforts to support the patient's physical comfort, as well as their emotional, psychological, and spiritual well-being, by offering supportive services (e.g., social work, spiritual care, palliative care) and consultation with the patient's primary care provider, where appropriate and available;
    d. facilitating an independent second opinion, where appropriate and available; and
    e. offering consultation with an ethicist or ethics committee, where appropriate and available.

Advice to the Profession: End-of-Life Care

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

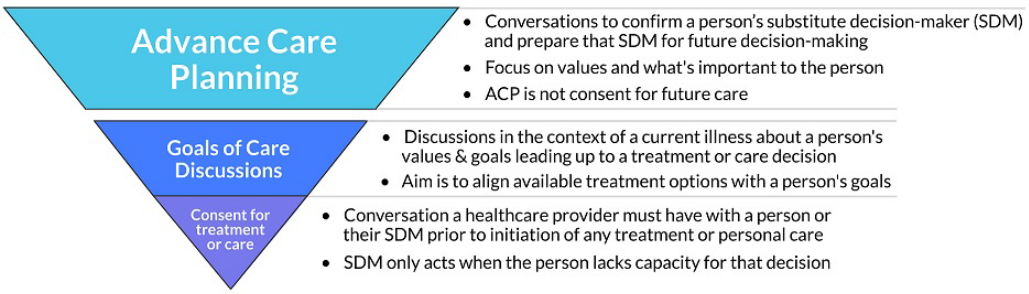
This document provides guidance on how the obligations set out in the *Decision-Making for End-of-Life Care* policy can be effectively discharged. This document also provides physicians with guidance on other specific end-of-life care issues, such as medical certificates of death and dying at home.

Advance Care Planning and Goals of Care Discussions

What are the differences between advance care planning and goals of care discussions? If I have these discussions, do I still need to obtain consent for treatment?

The main difference between advance care planning and goals of care discussions is the context of the decision-making: where advance care planning discussions take place earlier and help prepare patients and their substitute decision-makers for future decision-making, goals of care discussions occur in the context of a significant illness or disease when there are treatment or care decisions that will need to be made in the near future, and help inform which treatment options may be provided.

As illustrated in the diagram below from Hospice Palliative Care Ontario, neither advance care planning nor goals of care discussions constitute consent. An advance care planning discussion may outline information about the prior capable wishes of a patient and may be used to guide substitute decision-makers in providing informed consent, but it does not constitute consent to treatment. Similarly, a goals of care discussion will often lead to the proposal of treatment options and/or the development of a plan of treatment, but it does not constitute consent to treatment. Accordingly, even if you have these discussions, you will need to obtain consent from your patient or their substitute decision-maker in order to provide treatment.



What are the benefits of having timely advance care planning and goals of care discussions? What resources can I use or direct my patients to?

Having timely end-of-life care discussions can, among other things:

- lead to improved patient outcomes and quality of life;
- inform treatment decisions and ensure that the care provided aligns with the patient's wishes, as well as their personal, cultural and religious/spiritual values and beliefs;
- lessen family distress;
- increase patient comfort with physicians making decisions to write orders to withhold resuscitative measures;
- decrease potentially harmful or overly aggressive interventions and treatments;
- encourage realistic treatment goals; and
- help ensure the health-care team is not rushing to have last-minute conversations during an emergency, for example, when a patient is experiencing a cardiac or respiratory arrest.

It is important for physicians to take an active role in helping patients and/or substitute decision-makers identify meaningful and realistic goals of care that seek to incorporate the patient's – not the substitute decision-maker's – wishes, values, and beliefs. Patients and/or substitute decision-makers may need some assistance articulating these wishes, and physicians can help them engage in this process by providing necessary medical information and opportunity for discussion.

The following websites may be helpful:

- Advance Care Planning Canada has resources and tools to assist both physicians and patients in making decisions regarding end-of-life care.
- Advance Care Planning Ontario and Dying with Dignity Canada both offer advance care planning workbooks tailored to patients receiving care in Ontario.
- Choosing Wisely Canada also has resources to help both physicians and patients get started in having end-of-life discussions.
- Hospice Palliative Care Ontario also sets out information for physicians about advance care planning and goals of care discussions.

When should I be initiating discussions about advance care planning?

Where a patient's specific circumstances and health status would make it appropriate to initiate a discussion about advanced care planning, physicians who provide care as part of a sustained physician-patient relationship are required, where possible, to do so. That said, it is never too early for physicians to have discussions about advance care planning with their patients. As part of routine care, physicians may discuss the importance and benefits of advance care planning; choosing a substitute decision-maker; documenting and disseminating advance care plans to substitute decision-

makers and health-care providers; and reviewing these plans periodically throughout life.

When significant life events or changes in the patient's medical status occur, physicians can also remind patients of the importance of advance care planning and encourage patients who have already engaged in the process to evaluate existing care plans.

When should I be initiating goals of care discussions?

The policy requires physicians, where possible, to initiate goals of care discussions with patients who have a significant illness or disease and are at risk of clinical deterioration in the foreseeable future.

The policy recognizes that there are limits to when physicians will be able to initiate goals of care discussions. For example, it may not be possible to have these discussions when a patient is acutely deteriorating. It is situations like this that underscore the importance of having these discussions as early as possible.

Why might it be important to involve family members and/or others close to the patient in discussions about the patient's care?

Family and/or others close to the patient can act as intermediaries; ask clarifying questions; and help patients to better understand their diagnoses, prognoses, medications, any tests that may be required, as well as the decisions they have to make about treatment options. Involving family and/or others close to the patient in ongoing care can also result in patients receiving more effective care and support at home and can mitigate caregiver distress.

It is important to ensure that consent is obtained to disclose personal health information whenever a patient and/or substitute decision-maker wishes to involve others in the patient's care.

Should I be documenting advance care planning and goals of care discussions?

Yes. In keeping with the College's *Medical Records Documentation* policy, physicians must document every encounter with a patient and/or substitute decision-maker and all patient-related information. In the end-of-life context, this means that physicians must document references to discussions and decisions regarding treatment, goals of care, and advance care planning, and explicitly and clearly reference when an order to withhold resuscitative measures has been placed in the patient's record.

Life-Sustaining Treatment

Can I offer life-sustaining treatment to patients on a trial basis? How would that work?

Yes. There are times where the outcomes of life-sustaining treatment are uncertain, and in these instances, proposing a trial of treatment allows for the exploration of a possibly positive outcome.

When offering a trial of treatment, it is important to explain to the patient and/or substitute decision-maker which outcomes would warrant continuation and discontinuation of the treatment. It is also important to explain that when the patient and/or substitute decision-maker provide consent to the trial of treatment, they may at the same time provide consent to discontinue the treatment at a later stage if it proves ineffective. Providing consent to discontinue the treatment up front is helpful because it eliminates the need to formally get consent from the patient and/or substitute decision-maker to stop the trial of treatment down the road.

Once the treatment has been initiated, patients and/or substitute decision-makers can withdraw their consent to any elements of the trial and/or withdraw their consent to discontinue the treatment at any time, and it is important to communicate this to the patient and/or substitute decision-maker. When consent to discontinue the treatment is withdrawn, any disagreement with the physician about continuing the treatment would be managed in accordance with the policy provisions on withdrawing potentially life-sustaining treatment.

What is the role of the Consent and Capacity Board? How do I find more information?

The Supreme Court of Canada[1] has affirmed that the Consent and Capacity Board (CCB) is the appropriate authority to adjudicate disagreements between physicians and substitute decision-makers regarding the withdrawal of life-sustaining treatments. The CCB is an expert tribunal, comprised of lawyers, psychiatrists, and members of the public, and is supported by full-time legal counsel. The CCB has the ability to convene hearings quickly and has the authority to direct substitute decision-makers to make decisions in accordance with a patient's prior capable wishes or best interests.

The CCB can also provide assistance when a physician believes that a substitute decision-maker is not acting in the best interests of a patient, or when clarity is required to determine a patient's wishes, whether a wish applies, or whether a wish was expressed while the patient was capable or at least 16 years of age. The CCB can also grant permission to depart from wishes in very limited circumstances.

The CCB's website (www.ccboard.on.ca) has information regarding their services. Physicians may wish to contact the CCB directly for more assistance or seek assistance

[1] In *Cuthbertson v. Rasouli*, 2013 SCC 53.

from legal counsel, either from their institution, if applicable, or from the Canadian Medical Protective Association.

Withholding Resuscitative Measures

What are the legal requirements regarding withholding resuscitative measures?

In August 2019, the Ontario Superior Court released *Wawrzyniak v Livingstone*[2], which clarified that physicians are required to provide cardiopulmonary resuscitation (CPR) to a patient only when doing so is within the standard of care.

Where a physician determines that it is not appropriate to provide resuscitative measures, such as CPR, to a patient (i.e., that it is not within the standard of care), the physician is *not* required to obtain consent from the patient and/or substitute decision-maker prior to withholding resuscitative measures and/or writing a Do Not Resuscitate order (referred to in the *Decision-Making for End-of-Life Care* policy as an "order to withhold resuscitative measures").

Does the College require physicians to obtain consent before writing an order to withhold resuscitative measures?

No, in keeping with the court's decision in *Wawrzyniak v Livingstone* (*Wawrzyniak*), the College does not require physicians to obtain consent from a patient and/or substitute decision-maker prior to writing an order to withhold resuscitative measures. However, physicians have other professional obligations they must meet when writing these orders.

When the risk of harm in providing resuscitative measures to a patient outweighs the potential benefits

There are times where it may be possible to resuscitate a patient, but the physician determines that the risk of harm in providing resuscitative measures outweighs the potential benefits. This risk-benefit calculation involves subjective value judgments. As a result, before making these determinations, the policy requires physicians to consider the patient's wishes, as well as the patient's personal, cultural and religious/spiritual values and beliefs, if they can be ascertained and/or the physician is aware of them. In order to respect the importance of these decisions for patients/families, the policy also requires physicians to do several things *before* writing an order to withhold resuscitative measures:

- inform the patient and/or substitute decision-maker that the order will be written;
- explain to the patient and/or substitute decision-maker why resuscitative measures are not appropriate, including the risk of harm in providing

[2] *Wawrzyniak v. Livingstone*, 2019 ONSC 4900.

resuscitative measures and the likely clinical outcomes if the patient is resuscitated; and
- provide details to the patient and/or substitute decision-maker regarding clinically appropriate care or treatment(s) they propose to provide.

It is also helpful for physicians to re-articulate the patient's wishes, values, and beliefs when informing the patient and/or substitute decision-maker that an order to withhold resuscitative measures will be written. This can help reassure the patient and/or substitute decision-maker that the physician has understood the patient's wishes, values, and beliefs.

Recognizing that decisions need to be made quickly when a patient's condition deteriorates rapidly, the policy permits physicians to write an order to withhold resuscitative measures in the patient's record and *subsequently* comply with the expectations set out above where there is an imminent need to write an order. While the policy still requires physicians to consider the patient's wishes, values, and beliefs in these emergent situations, physicians do not have to discuss them with the patient and/or substitution decision-maker if there is no time to do so. However, if the physician is already aware of the patient's wishes, values, and beliefs, they are required to factor them into their decision-making.

When might a physician determine that the risk of harm in providing resuscitative measures to a patient outweighs the potential benefits?

A patient's medical condition may be such that providing resuscitative measures would cause more harm than good, and would possibly not successfully resuscitate the patient. For example:

- An adult with septic shock who is non-responsive to optimal intensive care develops multiorgan failure.
- An older adult with progressive pulmonary hypertension and right heart failure presents with acute bronchopneumonia and secondary cardiovascular collapse.
- An adult with stage III pancreatic cancer presents with ascites secondary to peritoneal metastases.
- An older, non-verbal adult with progressive dementia who refuses to eat or drink on their own presents to hospital with fever and pyuria. There is a history of recurrent urinary tract infection secondary to multidrug-resistant organisms.
- An anencephalic infant with preserved brainstem function but no higher cognitive abilities initially requires mechanical ventilation. Although initially able to be weaned from the ventilator, the infant suffers ongoing respiratory distress requiring repeated hospital admissions for ventilatory support.

Determining whether the risk of harm in providing resuscitative measures to a patient would outweigh the potential benefits in these scenarios involves considering the

patient's medical condition, as well as their wishes, values, and beliefs, if they can be ascertained, and then assessing whether, among other things:

- the potential outcome would constitute a success for the patient (e.g., whether success means survival, discharge from intensive care, or discharge from hospital);
- the probability of success is sufficiently high to warrant providing resuscitative measures in light of the risk of harm; and/or
- the patient's quality of life would be tolerable to them if they survived.

Physicians will need to use their professional judgment on a case-by-case basis to determine whether the risk of harm in providing resuscitative measures to a patient would outweigh the potential benefits. When feasible, it can be helpful for physicians to make these decisions in discussion with other health-care providers. It is also important that physicians consider how their own values, beliefs, and implicit biases may affect their assessment of whether the risk of harm in providing resuscitative measures to a patient would outweigh the potential benefits. As outlined above, this risk-benefit calculation involves considering matters from the patient's point of view as much as possible.

How can I explain to a patient and/or substitute decision-maker why resuscitative measures are not being offered?

It may be helpful to explain that just as patients would not be offered a surgery or other treatment that is not within the standard of care, patients are not provided resuscitative measures that are not within the standard of care.

The policy requires physicians to inform/reassure the patient and/or substitute decision-maker regarding clinically appropriate care or treatment(s) they propose to provide – what does this mean?

As outlined in the policy, physicians may determine that a patient's condition is such that it is appropriate to either withdraw life-sustaining treatment or withhold resuscitative measures. However, it is critical for patients and/or substitute decision-makers to understand that even when that is the case, the patient will not be abandoned. Rather, the patient will continue to receive care or treatment that is clinically appropriate, such as palliative care, surgical procedures that are clinically indicated (e.g., fracture repair), and/or chronic disease management (e.g., diuretic therapy for heart failure).

What happens if there is disagreement about the writing of an order to withhold resuscitative measures?

Given that physicians are not required to obtain consent before writing an order to withhold resuscitative measures, they can write an order even if the patient and/or

substitute decision-maker disagree. However, physicians must do several things to provide support to the patient and/or substitute decision-maker at the earliest opportunity after learning of a disagreement, as set out in the policy.

In addition, there are other things physicians can do to alleviate distress if a patient and/or substitute decision-maker expresses concern about the writing of an order to withhold resuscitative measures. For example, it is good practice to review the reasons for the order, where appropriate.

It is important to note that disagreements between the health-care team and patient/substitute decision-maker regarding orders to withhold resuscitative measures often relate to misunderstandings about what is involved in providing resuscitative measures, and/or stem from the concern that the order will result in neglect or very limited attention to otherwise treatable conditions unrelated to a cardiac or respiratory arrest. This is why it is important for physicians to review the reasons for the order, as noted above.

One of the types of resuscitative measures patients and/or substitute decision-makers might request is cardiopulmonary resuscitation (CPR). It is helpful to explain that CPR generally has a very low success rate – especially for frail patients, those who have a critical illness, and/or those with serious underlying medical conditions – and that the risks of CPR include harmful side effects and adverse clinical outcomes. If CPR is not successful, it may mean that the patient dies in an undignified and traumatic manner.

I want to have a conversation with my patient and/or their substitute decision-maker about the patient's resuscitation code status – what should I be discussing?

Physicians can explain that full resuscitation is the default for all patients and that this means the health-care team will use any available resuscitative measure (e.g., chest compressions, artificial ventilation) to resuscitate a patient if the patient experiences a cardiac or respiratory arrest.

It can be helpful for physicians to have comprehensive discussions with patients and/or substitute decision-makers about what, if any, interventions the patient might want to receive, and explain that because resuscitative measures include a suite of interventions, it is possible to request only some interventions and not others (e.g., some patients and/or substitute decision-makers may request chest compressions but not intubation). It is good practice to explain that even if a patient and/or substitute decision-maker request full resuscitation, this request may be overridden in the future if a physician determines that it would not be appropriate to provide any or all resuscitative measures to the patient. It can also be helpful for physicians to explain that if a patient and/or substitute decision-maker request that resuscitative measures not be provided, the patient will still receive medically appropriate care (e.g., a patient may still be offered a surgery that is clinically indicated).

Patient Death

What can I do for my patients who are receiving end-of-life care and who wish to stay at home as long as possible or die at home?

To help patients and their caregivers (including substitute decision-makers) assess whether home care and/or dying at home are manageable options, at minimum, it is important to speak to them about the following issues:

- patient safety considerations;
- the caregiver's ability to manage the situation; and
- whether the patient will be able to receive the necessary care (e.g., whether 24-hour, on-call coverage is required and available, whether home palliative care physicians or community-based programs are able to assist).

It is also helpful to speak with patients and their caregivers about what to expect and do, including who to contact, when the patient is about to die or has just died at home.

If a patient has expressed a wish not to be resuscitated, physicians are advised to order and complete the "Ministry of Health and Long-Term Care Do Not Resuscitate Confirmation Form"[3] and inform the substitute decision-maker and any other caregivers about the importance of keeping the form accessible and showing it to paramedics if they are called. Unless this form is completed and presented, a paramedic is required to use resuscitative measures and transfer the patient to hospital.

When do I have to certify a patient's death?

The *Vital Statistics Act*[4] requires physicians (and in limited circumstances, nurse practitioners) who have been in attendance during or have sufficient knowledge of the last illness of a deceased person to complete and sign a medical certificate of death immediately following the death (usually interpreted as within 24 hours following

[3] These forms can be ordered by completing and submitting the Government of Ontario's "Forms Order Request." For more information about the "Ministry of Health and Long-Term Care Do Not Resuscitate Confirmation Form," please visit: http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ENV=WWE&NO=014-4519-45.

[4] Section 35(2) of the R.R.O. 1990, Reg. 1094, General, enacted under the *Vital Statistics Act*, 1990; R.S.O. 1990, c. V.4. The certificate must state the cause of death according to the International Statistical Classification of Diseases and Related Health Problems, as published by the World Health Organization, and be delivered to the funeral director.

death[5]), unless there is reason to notify the coroner[6]. Physicians cannot delegate this responsibility to others (e.g., Physician Assistants).

Completing a medical certificate of death requires planning, and so it is beneficial for physicians to designate the physician(s) or nurse practitioner(s) who will be available to attend to the deceased in order to complete and sign the medical certificate of death. It is also helpful for physicians to take into consideration any local or community strategies[7] that are in place to facilitate the certification of death.

It should be noted that there is a difference between pronouncing death and certifying death. There is no legal requirement that death be pronounced by a physician, and another person, such as a nurse who was caring for the deceased, can pronounce a patient's death. If death occurs in a hospital or long-term care home, there may be specific policies and procedures on who may pronounce death in the facility. A body can be moved to a funeral home before death is pronounced or certified.

How do I obtain medical certificates of death?

Physicians can order blank hard copies of the medical certificate of death via phone (807-343-7432), fax (807-343-7694), or mail from the Office of the Registrar General, depending on their preference. In certain circumstances, physicians may now complete, certify, and submit medical certificates of death electronically. Physicians can access the electronic medical certificate of death form on the OMA website (gated).

For more guidance on how to complete medical certificates of death, see the Ontario government's Handbook on Medical Certification of Death & Stillbirth.

[5] This may be extended on weekends, holidays and under unusual or special circumstances.
[6] Section 10 of the *Coroners Act*, R.S.O. 1990, c. C.37 requires physicians to immediately notify a coroner or police officer if there is reason to believe that an individual has died: as a result of violence, misadventure, negligence, misconduct or malpractice; by unfair means; during pregnancy or following pregnancy in circumstances that might be reasonably attributed to the pregnancy; suddenly and unexpectedly; from disease or sickness for which they were not treated by a legally qualified medical practitioner; from any cause other than disease; or under circumstances that may require investigation.
[7] Many communities in Ontario have an Expected Death in The Home Protocol.

Council Motion

Motion Title	*Decision-Making for End-of-Life Care* - Revised Policy for Final Approval
Date of Meeting	March 3, 2023

It is moved by_____, and seconded by_____, that:

The Council of the College of Physicians and Surgeons of Ontario approves the revised policy, "Decision-Making for End-of-Life Care", formerly titled "Planning for and Providing Quality End-of-Life Care", as a policy of the College (a copy of which forms Appendix " " to the minutes of this meeting).

Council Briefing Note

March 2023

Topic:	*Blood Borne Viruses* Policy - Proposal to Rescind
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation
Public Interest Rationale:	Reducing regulatory burden to ensure CPSO resources are focused in areas where there is higher risk of harm to the public.
Main Contact:	Craig Roxborough, Director, Policy Lynn Kirshin, Senior Policy Analyst

Issue

- CPSO's Blood Borne Viruses policy is currently under review. Council is being asked whether the policy can be rescinded.

Background

- Policy expectations regarding physicians' obligation to periodically test for blood borne viruses (BBVs) have been a point of contention and in a state of evolution for some time.
    - In 1998, the policy articulated an ethical obligation for physicians who perform exposure prone procedures (EPPs) to know their serological status and self-report positive results.
    - This position remained until 2009 when Council decided to require physicians to report a seropositive status as part of the annual renewal process in response to concerns that physicians were not self-monitoring or reporting.
    - In 2012 the policy was amended to require annual testing and in 2015 the periodic testing requirement was updated to 3 years for HCV and HIV and annually for HBV, unless the physician has been confirmed immune to HBV.
- In addition to periodic testing and reporting requirements, the policy includes expectations regarding implementing routine practices to protect both physicians and patients, post-exposure testing requirements, and a requirement to be tested prior to performing or assisting in the performance of EPPs in Ontario.

Current Status and Analysis

- As the policy was last reviewed in 2015, a routine policy review was initiated to assess whether the policy continues to set reasonable expectations, particularly given the adoption of right-touch regulation as a strategic priority. The results of the early stages of the review are outlined below along with a proposal to rescind the policy.

1. Policy Review Background

Consultation Feedback

- A preliminary consultation on the current policy yielded significant disagreement[1] with the current periodic testing requirements. For example:
    - While approximately half of physician survey respondents who perform or assist in performing EPPs felt that physicians had an obligation to know their serologic status, a strong majority felt that periodic testing was not important.[2]
    - The OMA recommended moving away from periodic testing and focusing more on infection control practices and the CMPA suggested moving away from annual reporting to a model where physicians attest to understanding their responsibilities and self-reporting a positive status.
- To assess public attitudes on this issue, a survey of Citizen Advisory Group members was undertaken.
    - While significant information was provided about the minimal risks of transmission and precautions physicians take to protect themselves and patients, results suggest a strong preference among patients for physicians to know their serological status.

Jurisdictional Review

- Many other Canadian medical regulatory authorities articulate expectations for physicians in relation to BBVs. Positions taken include:
    - articulating an ethical obligation to know their status (CMQ, CPSM, CPSNL);
    - requiring periodic testing on a 3-year interval for HCV/HIV (CPSBC, CPSS, CPSPEI);
    - reporting a positive status during annual renewal processes (CPSBC, CPSS, CPSM);
    - Simply requiring self-reports of exposure or diagnosis (CPSA).

[1] There were only physician and organizational respondents (CMPA and OMA).
[2] A slight majority of physicians who do not perform EPPs agreed that periodic testing is important.

- The Federation of Medical Regulatory Authorities of Canada's 2016 Framework on Blood Borne Pathogens recommends that physicians performing or assisting with EPPs know their serologic status, be tested in line with evolving science, and report to their MRA if they test positive.

Existing External Guidelines

- The Public Health Agency of Canada (PHAC) *Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings* is meant to assist with the assessment and management of HCWs infected with a BBV.
    - The guideline identifies ongoing awareness of one's serologic status as an essential responsibility for healthcare workers who perform EPPs.
    - The guideline also advises that for HIV and HCV, if negative, those performing EPPs should be tested at appropriate intervals as determined by their level of risk and whenever an exposure has occurred. Additionally, healthcare workers who remain susceptible to HBV should be tested at appropriate intervals as determined by their level of risk and whenever an exposure has occurred.
- The Blood-Borne Diseases Surveillance Protocol for Ontario Hospitals[3] provides direction to hospitals to prevent the transmission of BBVs to healthcare workers and patients.
    - The protocol sets out procedures for when a healthcare worker is exposed to blood borne viruses including testing and reporting requirements.
    - The protocol *does not* set out routine or pre-appointment screening requirements, but does identify that some colleges (e.g., CPSO) have specific policies in place.
- A 2022 SHEA White Paper states that hospitals and healthcare facilities should ensure that healthcare workers who perform or participate in EPPs are aware of the ethical obligation to know their HBV, HCV and HIV serologic/infection statuses.

System Partners

- Inconsistencies appear to exist among training and educational programs, with some post-graduate programs requiring testing and others relying on CPSO's current oversight.[4]

[3] Developed by the Ontario Hospital Association and the Ontario Medical Association (revised in November 2018).
[4] COFM – Undergraduate Education has a blood borne viruses policy that applies to medical students.

- Inconsistencies similarly appear to exist among hospitals, as some larger centres ask physicians for specific information about BBVs while some community hospitals appear to be relying on CPSO's current oversight.

Operational Issues with Reporting

- The annual renewal questions regarding BBVs typically result in a significant number of false positives requiring significant staff resources to follow-up with physicians who indicate that they perform EPPs but have not been tested recently. There is no clear benefit from this work as it does not materialize in any meaningful regulatory action.
    - In 2021, just over 1000 physicians were flagged for follow-up with negligible regulatory action flowing from these activities. Given the volume of work, often the follow-up is completed over the course of many months consuming resources that could otherwise be spent on higher risk issues.

2. Proposal to Rescind Policy

- Fundamentally the intent of the policy is to minimize the risk of harm to patients associated with transmissions of BBVs from physicians to patients. However, the risk of harm being mitigated by the policy is *extremely* low.
    - Transmission would effectively require a physician to be positive, have a high viral load, and for routine procedures to fail or for an incident to occur (e.g., a needle prick) such that the patient is exposed to the virus.[5]
    - CPSO is unaware of any documented transmission of either HIV or HCV from a Canadian physician to patients and currently has only a small number of physicians restricting their practice due to being seropositive.
    - Given advances in medical treatment, even seropositive individuals can be appropriately treated resulting in viral loads that are nearly negligible.
- The policy includes both responsibilities for physicians to self-monitor as well as disclosure requirements to the CPSO in order to support regulatory oversight. However, this approach may not be consistent with how other physician health issues are managed by CPSO.
    - Together, these obligations treat BBVs in an exceptional manner, relative to other health conditions that may impact or impair a physician's ability to practice and/or present a risk of harm to patients. This exceptional approach has been criticized as discriminatory.

[5] It is possible for a large exposure of blood from a physician with a low viral load to result in transmission of a BBV to a patient, but this would be highly unlikely and close to zero probability in the current health environment.

  - Physicians are broadly expected to maintain and monitor their health and recent efforts have been made to modernize the annual renewal to avoid stigmatization of physical or mental health conditions physicians may be managing.

- As noted above, the reporting obligations contained in the current BBV policy lead to significant resource utilization. Consideration can be given to whether this is an appropriate use of resources relative to other regulatory activities that address areas of greater risk.

- Current processes relating to incapacity would continue to apply going forward and capture a seropositive physician with an uncontrolled viral load who is performing EPPs. If such information is received at the College, through a mandatory or permissive report, an incapacity preliminary inquiry process will follow, potentially resulting in the appointment of a Health Inquiry Panel with monitoring through an undertaking as the likely outcome.

- There are some potential risks to rescinding the BBV policy.

  - As indicated above, the public feel strongly that physicians should know their status, and without the testing expectations they may think that physicians will not undertake to find out their status.

  - Rescinding the policy could be viewed by some as the College signalling that it is no longer concerned about this practice issue.

  - There may be some implications for hospitals or post-graduate programs that currently rely on our policy.

Next Steps

- If Council determines that the Blood Borne Virus policy should be rescinded, the questions regarding blood borne viruses will be removed from the Annual Renewal Survey for 2023 and the policy will be removed from the website.

- Messaging via *Dialogue* and to key systems partners will be disseminated to provide an update regarding the recession of the policy.

Question for Council

1. Does Council approve rescinding the Blood Borne Viruses policy?

Council Motion

Motion Title	*Blood Borne Viruses* – Approval to Rescind Policy
Date of Meeting	March 3, 2023

It is moved by_____, and seconded by_____, that:

The Council of the College of Physicians and Surgeons of Ontario rescinds the College's Blood Borne Viruses policy (a copy of which forms Appendix " " to the minutes of this meeting).

Council Briefing Note

March 2023

Topic:	Image Guidance when Administering Nerve Blocks for Adult Chronic Pain – Revised Draft Out-of-Hospital Premises Standard
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation Quality Care
Public Interest Rationale:	A new Standard has been developed to enhance quality of care in Out-of-Hospital Premises pain clinics and clarify CPSO's expectations.
Main Contact(s):	Courtney Brown, Senior Policy Analyst Tanya Terzis, Senior Policy Analyst Laurie Reid, Director, Investigations & Accreditation Craig Roxborough, Director, Policy
Attachment(s):	Appendix A: Revised Draft Out-of-Hospital Premises Standard: Image Guidance when Administering Nerve Blocks for Adult Chronic Pain Appendix B: Revised Draft Advice to the Profession: Image Guidance when Administering Nerve Blocks for Adult Chronic Pain in OHPs

Issue

- To support the high quality and effective administration of nerve blocks in Out-of-Hospital Premises (OHP), a new draft Standard has been developed to articulate CPSO's expectations in this context.

- The draft Standard was released for external consultation and has been revised in light of the feedback received through engagement activities. Council is provided with an overview of the revised draft Standard and is asked whether it can be approved as a new standard of the College.

Background

- There has been longstanding disagreement in the interventional pain space about the standard of care when administering nerve blocks for adult chronic pain. Council was provided with information on these issues in December 2021.

- More specifically, there is disagreement regarding whether the use of image guidance is required, and the type of imaging required for particular nerve blocks (e.g., use of ultrasound, CT, or fluoroscopy to guide these procedures).

  - There are two distinct approaches in practice: one involving a technique called landmarking, and another involving the use of image guidance.

- There have also been concerns raised regarding the proliferation of nerve blocks in Ontario. This has become the subject of both a high-profile Toronto Star series as well as a recent research paper. Concerns raised include the significant increase in the frequency with which nerve blocks are administered despite no apparent change in the evidence base for their use and the potential that this is shift in practice is unique to Ontario.

Quality of Care Concerns in OHPs

- Our own regulatory experience has identified concerns in the quality of care occurring in some OHPs where interventional pain procedures are performed.

  - In some cases, an unnecessarily high number of blocks are being administered to patients, without clear clinical indication.
  - Without image guidance there is uncertainty as to whether physicians are correctly administering the nerve blocks they are claiming to provide to patients. Without image guidance physicians may be inadvertently administering trigger point injections (injections delivered to the muscle instead of the nerve).

- While large numbers of nerve blocks are administered safely in Ontario, these procedures are not benign and nerve blocks can be associated with significant risks. Through our regulatory experience, several instances of harm have been observed from the administration of nerve block.

Draft Standard and Public Consultation

- Absent external Canadian clinical guidelines to clarify appropriate practice and address the issues we are seeing, CPSO developed a draft Standard that would require all physicians administering nerve blocks for chronic pain in OHPs to do so using image guidance, in most circumstances.

  - While, there are notable differences in the regulatory approaches, this draft standard was informed by what the college in British Columbia has done, by requiring image guidance for certain interventional pain procedures.

- This draft Standard was released for external consultation from December 2021 to March 2022. The consultation received 6,050 responses: 5,697 through written feedback and 353 via the online survey.

- The majority of the responses received were from members of the public as part of an organized letter-writing campaign, expressing concern about potential reductions in access

to chronic pain care. Key sentiments and concerns included the following:

  - The resources needed for imaging will increase wait times or force clinics to close;
  - Closing pain clinics will force patients to rely on opioid-based treatments; and
  - The requirements will increase stress, risk, pain and not improve patient safety.

- Critical feedback received from physicians included the following:

  - Implementing the draft Standard will impose increased costs and administrative burden on OHPs which may lead some clinics to reduce services or close;
  - The draft Standard is not supported by evidence and does not reflect "available research" or "best practices"; and
  - Image guidance is not necessarily required for all nerve blocks and this proposed "one-size fits all" approach is regulatory overreach and disproportionate to risk.

- In contrast, a number of organizations, academic institutions, and specialist physicians supported the draft Standard. Feedback from these groups, included:

  - The draft Standard will improve the quality, safety, and efficacy of nerve blocks;
  - The draft Standard reflects scientific advances in pain medicine;
  - The creation of this draft Standard is "much needed" and "long overdue";
  - The use of image guidance improves both accuracy and clinical outcomes; and
  - This represents the standard of care that is accepted elsewhere in the world.

- While there largely seemed to be consensus that image guidance is required for "high risk blocks", such as neuraxial blocks, there was generally disagreement about the necessity of image guidance for other types of blocks, such as peripheral nerve blocks. Importantly, the research indicates that peripheral nerve blocks represented a significant percentage of blocks that were administered for chronic pain in Ontario in 2019.

Current Status and Analysis

1. Targeted Consultation

- In light of the contrasting perspectives in the public consultation, a targeted consultation was undertaken to closely explore the importance of image guidance in relation to specific types of blocks.

  - CPSO staff met with a number of specialty groups and physicians practising in the space, including representatives of the Royal College sub-specialty Committee on Pain Medicine, the OMA Section on Chronic Pain, and those leading the development of national pain guidelines.

- Updated drafts were also circulated to the Premises Inspection Committee (PIC) for feedback.

- Feedback among all these stakeholders varied considerably with some suggesting that almost all nerve blocks should be done with image guidance and others expressing that there are many categories of blocks that can be done by landmarking.

    - Not only is there variability in terms of the use of image guidance, it is apparent that there is also variability in the way nerve blocks are defined, categorized, and named.

2. Revised Draft Standard and Advice

- Given the significant variability in this space, the revised draft was developed in a manner that seeks to capture the greatest consensus and mitigate the greatest risks. The changes made in the revised draft standard (**Appendix A**) and *Advice to the Profession* document (**Appendix B**) in response to the feedback received are outlined below.

Image Guidance Requirements

- The requirements for image guidance were narrowed in response to feedback that the draft standard was overbroad in scope. In particular, the revised draft now identifies a narrower set of instances where image guidance is required and requires judgment to be exercised in all other cases.

    - Given the risks associated with neuraxial, paravertebral, and plexus blocks, the revised draft standard requires image guidance to be used for all blocks that fall within these categories and that the type of image guidance (e.g., ultrasound, fluoroscopy, CT) be appropriate in the circumstances.

    - For all other blocks, including peripheral blocks, the revised draft standard recognizes that there are a variety of factors that determine whether image guidance is needed in the specific circumstances.

        - As such, it requires that image guidance be used as indicated dependent upon factors such as the depth of the nerve, proximity to vital structures, specific patient factors, etc.

Storage of Images Captured

- The revised draft also includes additional flexibility regarding the storage of images, enabling physicians to document how and/or where to access images as an alternative to maintaining all images in the medical record.

- Consultation feedback suggested that integration capabilities between imaging devices and medical records may vary and that flexibility was warranted to support different practice management strategies.

Advice to the Profession

- To support physician practice, significant changes have been made to the companion *Advice to the Profession* document to help clarify the application of these expectations in practice and provide additional guidance about chronic pain management. This includes:

  - Clarifying the scope of the Standard, explaining that lower risk interventional pain procedures that are not considered nerve blocks or are blocks that fall outside of the scope of the program are not captured by the Standard.

  - Articulating CPSO's responsibility and oversight of OHPs, including the rationale for developing this Standard.

  - Emphasizing that the use of nerve blocks is one intervention within a broader multi-modal approach to managing chronic pain, with reference to external guidelines.

Considerations

- CPSO does not generally set specific clinical expectations of this nature. However, this is a longstanding issue and the degree to which this will be addressed by system partners is unclear.

- Given that behaviour in this context may be driven by current incentive structures, eventual billing changes may address some of the issues that have been identified. However, to date CPSO is not aware of any notable movement with respect to billing changes despite frequent commitments from stakeholders that this work will progress.

- We anticipate advocacy to continue in the lead up to Council. The organized letter writing campaign initiated at the beginning of the consultation period has been restarted, targeting MPPs and members of the CPSO. As with before, the primary concern is that approval of the Standard will compromise access or result in clinic closures.

- While concern that the proposed changes will result in clinic closures or compromised access have been raised, anecdotal information also suggests that some physicians have been purchasing ultrasound machines in anticipation of this Standard being approved.

  - It is unclear how physician practice will change in response to these new requirements and whether access to care for this vulnerable population will in fact be impacted by closures.

- Notably, concerns regarding closures were raised in response to the draft standard which was circulated for consultation. The revised draft standard has been significantly amended which is likely to have a different impact on practice.

- Although the speed of administration may be slower at first as physicians adjust to using new technology, the increased accuracy of the blocks has the potential to ultimately benefit patients (e.g., less hit and miss, longer duration of efficacy, fewer complications) and lower the number of nerve blocks required.

- Fundamentally, as technology has evolved so too has the standard of care. While many still see landmarking as being appropriate, physicians practising in hospital-based pain clinics generally already use image guidance as a matter of course when administering nerve blocks for chronic pain. This Standard aims to ensure that the standard of care is being met and that patients are receiving high quality care regardless of setting.

Next Steps

- If the revised Standard is approved by Council, it will be posted on the CPSO website and announced through both *Dialogue* and a specific message to OHP medical directors.

- In recognition of the practice changes that flow from the Standard, it is proposed that OHPs be given 6 months to comply with the new standard should it be approved. This is consistent with a previous approach adopted when Council approved a set of Continuity of Care policies requiring significant practice management adjustments.

Question for Council

1. Does Council approve the revised draft OHP Standard *Image Guidance when Administering Nerve Blocks for Adult Chronic Pain*?

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

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

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

Scope

This Standard only applies to nerve blocks administered for adult chronic pain in Out-of-Hospital Premises.

Standard

1. When administering nerve blocks for adult chronic pain physicians **must** practise in a manner that is consistent with this Standard, relevant practice standards, quality standards, and clinical practice guidelines.
2. Physicians administering neuraxial, paravertebral and plexus nerve blocks for adult chronic pain **must** use image guidance.
3. Physicians administering all other nerve blocks for adult chronic pain **must** use image guidance where indicated in the circumstances, taking into account:
    a. the depth of the nerve being blocked;
    b. proximity to the neuroaxis and/or other vital structures[1];
    c. whether the patient has abnormal or challenging anatomy;
    d. whether the patient has had an injury or undergone previous surgery in the area where the nerve block is to be administered that may affect the anatomy or spread of medications; and
    e. the potential harm to the patient were the block to be administered incorrectly.
4. When using image guidance physicians **must**:
    a. capture an image demonstrating appropriate placement (e.g., an image of needle placement, appropriate contrast spread, or local anesthetic spread) and maintain a copy of the image in the patient's medical record or documentation of how and/or where the image can be accessed;[2]
    b. ensure that the level of imaging used (e.g. ultrasound, computerized tomography (CT) and/or fluoroscopy) is appropriate for the type of nerve block being performed;

[1] For example, major blood vessels and internal organs.
[2] Images must be retained in accordance with CPSO's *Medical Records Management* policy.

   i. For example, it is not appropriate for ultrasound to be used for all nerve blocks. CT and/or fluoroscopy must be used where clinically indicated;[3]

c. be qualified and able to perform the required level of imaging within their premises or have a process in place for the timely referral of patients to a qualified health care professional.[4]

[3] Please see the *Advice to the Profession* document for additional information on practice standards, quality standards, and clinical practice guidelines that indicate where CT and/or fluoroscopy are necessary for proper visualization.

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

Advice to the Profession: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain in Out-of-Hospital Premises

What does quality care look like when treating chronic pain?

As set out in Health Quality Ontario's Chronic Pain Quality Standard, quality care for the management of chronic pain involves a holistic, multi-modal approach, with interventional pain management representing one tool to assist patients suffering from chronic pain. Other tools include physical activity, physically based interventions such as manual therapy and breathing activities, therapeutic exercise, pharmacotherapy, psychologically based interventions such as cognitive behavioural therapy and mindfulness-based interventions, and psychosocial supports.

To provide quality care you will need to ensure a comprehensive patient assessment has been undertaken. Where you are utilizing interventional techniques (such as nerve blocks) these need to be monitored closely for effectiveness in improving pain and function and consider discontinuing such interventional techniques if the patient does not experience clinically meaningful improvements.

Physicians need to exercise due care to ensure that they are providing any interventional treatments in a manner and at a frequency that is appropriate and clinically indicated for that patient and their chronic pain.

In accordance with CPSO's *Medical Records Documentation* policy physicians' documentation must be complete and comprehensive including documentation that supports the rationale for the treatment or procedure. Any treatment or therapy provided, and the patient's response and outcomes must be documented.

Why have you developed this Standard for OHPs?

CPSO is directly responsible for the regulation and oversight of Out-of-Hospital Premises (OHPs) and as such, sets standards for appropriate practice in these settings.

Why is CPSO requiring the use of image guidance for certain nerve blocks?

There are a number of potential risks associated with different kinds of nerve blocks including: bleeding, infection, vascular puncture, pneumothorax, hematoma, inadvertent epidural or intrathecal injection, pain at injection site, bradycardia, hypotension, and local anesthetic toxicity.[1]

[1] George Deng, Michael Gofeld, Jennifer N Reid, Blayne Welk, Anne MR Agur & Eldon Loh (2021) A *Retrospective Cohort Study of Healthcare Utilization Associated with Paravertebral Blocks for Chronic Pain Management in Ontario*, Canadian Journal of Pain, 5:1, 130-138.

As nerve blocks have become increasingly utilised over the years, the advancement and use of image guidance technologies have dramatically improved the accuracy and safety of these interventions.[2]

Through CPSO's regulatory work we know that significant harm can and does happen when nerve blocks are administered incorrectly. Use of appropriate image guidance can decrease the likelihood of significant adverse events, poor outcomes, and harm to patients, and enhance the efficacy of the nerve block being administered.

Does CPSO require image guidance for all interventional pain management procedures done in Out-of-Hospital-Premises (OHPs)?

No. CPSO does not require image guidance for low risk interventional pain management procedures that are not captured by the OHP program or that are not considered nerve blocks (e.g., trigger point injections, joint injections, and bursa injections).

Which nerve blocks require image guidance?

The Standard requires that physicians use image guidance for all neuraxial, paravertebral and plexus nerve blocks. For all other nerve blocks, the Standard requires that physicians use image guidance where indicated in the circumstances and lists a number of factors for consideration when making this determination. Nerve blocks that are deep, and/or in close proximity to the neuroaxis or to other vital structures (e.g., major blood vessels and internal organs) are more likely to need image guidance. In contrast, superficial peripheral nerve blocks[3] are less likely to need image guidance, unless there are specific considerations related to the patient. Where nerve blocks are being administered to patients with abnormal or challenging anatomy, as well as to those who have had previous injuries or surgeries in the area where the nerve block is to be administered that may affect the anatomy or the spread of medications, image guidance is more likely to be needed. Even where image guidance is not required by the Standard, it can still be beneficial as visualizing the nerve can help to improve the efficacy of the block.

Physicians are always expected to use their clinical judgement and provide care that is in the best interest of the patient.

As technology evolves the standard of care will also evolve and physicians are expected to remain familiar with current standards, clinical practice guidelines, and best practices that are relevant to their practice.

[2] Wang, D. (2018) Image Guidance Technologies for Interventional Pain Procedures: Ultrasound, Fluoroscopy, and CT. *Curr Pain Headac*he Rep 22, 6.

[3] Examples of superficial peripheral nerve blocks include greater and lesser occipital nerve blocks, supraorbital blocks, infraorbital blocks, supratrochlear blocks, greater auricular, auriculotemporal, and mental branch of mandibular nerve blocks.

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

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

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

For additional information and guidance, please see the Spine Intervention Society's website.

Consensus practice guidelines need to be considered where they exist, such as the consensus guidelines on interventions for cervical spine (facet) joint pain that are set out in the American Academy of Pain Medicine practice guidelines[4].

Are epidurals administered for chronic pain considered to be nerve blocks under this Standard?

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

What if ultrasound is not part of my practice?

In general, the adoption of point of care ultrasound for the purposes of supporting the administration of a nerve block is not a change of scope. However, a physician will need to have or obtain the knowledge, skill and judgement to use ultrasound effectively in order to incorporate its use into their practice. This can be obtained through appropriate training to ensure a physician can use the device safely while performing a block, read and interpret the image being produced and capture an image.

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

If you are administering nerve blocks for adult chronic pain, there are likely to be instances where use of CT and/or fluoroscopy will be necessary. If you do not have the qualifications to use CT and/or fluoroscopy as part of your practice and there is no other physician qualified to perform these procedures using CT or fluoroscopy within your premises, you will need to refer patients to another qualified health care professional who can provide them.

[4] *Consensus practice guidelines on interventions for cervical spine (facet) joint pain from a multispecialty international working group*, Pain Medicine, Volume 22, Issue 11, November 2021, Pages 2443–2524, https://doi.org/10.1093/pm/pnab281.

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

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

Council Motion

Motion Title	*Out-of-Hospital Premises Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain* – Standard for Final Approval
Date of Meeting	March 3, 2023

It is moved by_____, and seconded by_____, that:

The Council of the College of Physicians and Surgeons of Ontario approves the Out-of-Hospital Premises Standard "Image Guidance When Administering Nerve Blocks for Adult Chronic Pain" (a copy of which forms Appendix " " to the minutes of this meeting).

Council Motion

Motion Title	Motion to Go In-Camera
Date of Meeting	March 3, 2023

It is moved by_____, and seconded by_____, that:

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

Exclusion of public

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

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public; and

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