

# Preventing and Addressing Sexual Abuse of Patients

## Background

### Continually Taking Steps to Protect the Public

The College maintains a strong stance in opposition to sexual abuse by physicians and in support of victims of sexual abuse. We believe our foremost responsibility when dealing with sexual abuse by physicians is to protect victims. As such, we have launched a new initiative focused on physician sexual abuse. At the May 2015 meeting, Council approved a series of steps to protect patients from sexual abuse and ensure their voices are being heard within the College's investigations and discipline processes. These initiatives include:

- Recommending amendments to the *Regulated Health Professions Act* to strengthen the legislative framework so that:
  - all physical sexual contact between a physician and a patient results in mandatory revocation of a physician's certificate of registration;
  - mandatory revocation is expanded to circumstances where physicians are found to have engaged in other specified acts of professional misconduct – such as being convicted of a criminal sexual offence or engaging in sexual impropriety with a patient under the age of 16;
  - patients are given a guaranteed right to communicate the impact of abuse on them by submitting victim impact statements to the Discipline Committee following a greater range of professional misconduct findings;
  - there is increased protection for the privacy interest of witnesses involved in discipline cases by raising the legal threshold for the production and disclosure of confidential records of a patient not in the possession of the College;
  - the voices of patients are heard in more cases, by guaranteeing their right to make submissions to the Discipline Committee prior to any order resulting in the disclosure of that person's confidential records not in the possession of the College;
  - all regulated health colleges are required to file periodic reports with the Minister of Health and Long-Term Care on sexual abuse;
  - the Discipline Committee has explicit authority to require that mandatory revocation take effect immediately upon a finding of sexual abuse rather than waiting for a penalty hearing;
  - the Discipline Committee has the power to specify a minimum period of time that must pass prior to an application for reinstatement; and
  - colleges have the discretion to provide information to the police about persons other than doctors – currently the College is prohibited from doing so.



- Improving the College’s website to enhance accessibility of information and resources on sexual abuse, including adding information about the supports available for victims throughout the process of making a complaint through to the discipline hearing. A list of resources, including community services or agencies who offer support to sexual abuse victims, will be made available to patients who wish to seek support beyond what the College offers.
- Developing an educational brochure about sexual abuse that would be used as an outreach tool to provide information about the College and to encourage patients to come forward (launch summer 2015). It will be available in different languages by September 2015.
- Developing a Rights and Responsibilities document, which will set out general rights and responsibilities for both patients and physicians during medical encounters, and will specifically address sexual abuse and boundary issues by outlining what to expect during physical or intimate examinations. Council will consider this document in September 2015.
- Establishing specialized Inquires, Complaints and Reports panels (which oversee investigations) to enhance the process for obtaining penalty and settlement instructions.
- Developing an internal policy that will set out the types of situations in which information-sharing with the police may be appropriate, and the factors to be considered in determining whether to exercise this discretionary power to share information in any given case. Council will consider the policy in September 2015.
- Conducting a survey of patients who have been involved in the investigative and/or discipline processes to obtain feedback on their experience and assess their satisfaction levels with College processes.
- Considering the practice of imposing gender-based restrictions on physicians’ certificates of registration, and providing an analysis for consideration by Council in September 2015.
- Approving a framework for training and educational curricula that focuses on maintaining appropriate physician-patient boundaries and preventing sexual abuse. This framework outlines opportunities for improving, expanding and developing education and training programs that will involve a wide range of audiences/learners with diverse learning needs (i.e., physicians, medical trainees, College staff, Council and committee members, and the public), including:
  - Developing materials as part of the Professionalism and Practice Program for medical students regarding sexual abuse and boundary issues and exploring other ways in which we can support medical student and faculty learning.
  - Expanding the Professionalism and Practice Program to postgraduate trainees.
- Reviewing the College’s Maintaining Appropriate Boundaries and Preventing Sexual Abuse policy, which will include developing patient-specific materials/resources.

The College’s Council will consider its initiative at each meeting in 2015, following which progress and decisions will be communicated.



## Measures Taken by the College to Prevent and Address Sexual Abuse of Patients

In keeping with our mandate to protect the public, the College has taken a number of steps over the years to protect patients and the public from sexual abuse by physicians. In the process of our initiative with respect to sexual abuse, we've developed a [document that outlines the measures taken by the College](#) to support and protect patients from sexual abuse by physicians that have already occurred since the release of the 1991 Task Force Report commissioned by the College.

For more information, please contact Kathryn Clarke at [kclarke@cpsy.on.ca](mailto:kclarke@cpsy.on.ca), (416) 967-2600 ext. 378 or Prithi Yelaja at [pyelaja@cpsy.on.ca](mailto:pyelaja@cpsy.on.ca), (416) 967-2600 ext. 402.

