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. To further strengthen our role, in December 2014 we launched an initiative focused on physician sexual abuse. In May and September 2015, Council made a series of decisions and recommendations to protect patients from sexual abuse and ensure their voices are being heard within the College’s investigations and discipline processes.

1. **Legislative Amendment Proposals:**

Amendments to the *Regulated Health Professions Act* are recommended to strengthen the sexual abuse-related 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;
- Health colleges file regular 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;
- The Inquiries, Complaints and Reports Committee has the authority to re-open investigations of sexual abuse, sexual impropriety or prescribed acts of professional misconduct that had been disposed of as “no further action;”
• The funding for therapy and counselling program is broadened to better support survivors of sexual abuse.

2. Other measures:

• 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 posted for patients who wish to seek support beyond what the College offers.

• An educational brochure that encourages patients to come forward with complaints about sexual abuse and provides information about the College’s investigation and discipline processes. It will be available in different languages in the fall of 2015.

• A Rights and Responsibilities document, which sets out general rights and responsibilities for both patients and physicians during medical encounters, and specifically addresses sexual abuse and boundary issues by outlining what to expect during physical or intimate examinations is approved for external consultation and feedback.

• A specialized Inquires, Complaints and Reports panel (which oversees investigations) has been established to enhance the process for obtaining penalty and settlement instructions.

• An internal policy that sets out when 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. The policy proposes that, in certain circumstances, College staff will proactively advise the police of potentially criminal physician behaviour even in the absence of the specific patient’s consent.

• A framework for guiding decisions to accept or order gender-based restrictions on a physician’s certificate has been developed. The College will carefully consider the use of this tool based upon the facts of the matter, the history of the matter and of the physician, and the statutory powers available to the College at that stage of proceedings to determine the risks and benefits of using a gender-based restriction.

• Adopting 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).

3. Adopting sexual abuse principles

• Following external consultation, Council approved a series of sexual abuse principles that articulate the College’s approach to sexual abuse of patients by physicians. The six principles include guiding statements on harm and breach of trust, prevention, physician responsibility, respect fairness and transparency, public protection and public confidence.

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